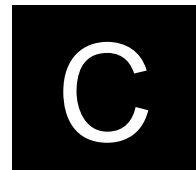


ATTACHMENT C

**PRACTICUM SITE SUPERVISOR
FACULTY PRACTICUM ADVISOR
MID-PRACTICUM MEETING REPORT FORM**



Date of Meeting: _____

Student: _____

Practicum Site: _____

COMMENTS CONCERNING STUDENT PROGRESS TO DATE –

FACULTY PRACTICUM ADVISOR SIGNATURE

STUDENT SIGNATURE

PRACTICUM SITE SUPERVISOR SIGNATURE