



TEACHER/CLINICIAN-WRITTEN SUMMARY REPORT

(To be submitted by June 15th)

The original remains with the teacher/clinician, a copy with the supervisor and personnel file.

(Please use additional pages if required)

School/Assignment

Teacher's/Clinician's Name

Date

Teacher's/Clinician's Signature

Supervisor's Comments

I have read this summary and discussed it with the Teacher/Clinician.

Date

Supervisor's Signature