



Name:

ID#

Email:

Date

**FRASER RIVER COUNSELLING  
Practicum Interim Progress Report**

Site: \_\_\_\_\_

The student demonstrates the following strengths:

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The student is encouraged to work on the following areas:

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*Practicum Supervisor Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Practicum Student Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Clinical Team Member Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*