Family Development Training and Credentialing Program

Advisor's Feedback to Student's Skills Practice Reflection

Student Name: _____ Chapter: _____ Skill #: ____

Advisor's Feedback: Please document strengths, growth, and any additional information needed from the worker/student in relation to completion of this Skills Practice.

Note to advisor: Please address your comments to the student/ worker, <u>not</u> the portfolio reviewer.

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Advisor's Signature: _____ Date: _____

8/27/10