

7. Did the student teach you anything?

8. What did you learn about yourself as a CI with the student?

9. Any comments about the evaluation form you filled out on the student?

10. Did you feel supported in your role as a CI by the CCCE, supervisors and staff?

11. Is there anything the CCCE could do differently next time to help you better?

Therapist Name:_____ Student Name:_____ School:_____ Level:_____