Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable

Date	Description of case	Type  - Observation or assisted  - Direct supervision  - Independent practice	Comments	Trainer signature, if applicable