



## Extra Experience Evaluation – Optional

(Only to be completed if unique or additional opportunities existed for the student)

*Please print:*

**Supervisor/Preceptor** \_\_\_\_\_

**Name of Facility/Service** \_\_\_\_\_

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

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

*Comments:*

**Preceptor Signature:** \_\_\_\_\_

**Fax this form to (780) 608-1235 with all other practicum evaluation forms**