Aquarian Trainer Academy – Level Two Pathway
PRACTICUM FEEDBACK FORM

Today's Date: _____

Practicum Mentor - Legal Name_____

Spiritual Name if different_____

City_____ State_____ Country_____

Phone # _____ Email address _____

Level Two Candidate: _____

City_____ State_____ Country_____

Email address _____

Level Two Practicum Module:

☐ Conscious Communication ☐ Authentic Relationships

☐ Mind and Meditation ☐ Life Cycles & Life Styles ☐ Vitality & Stress

Date: _____Course Location: _____

- Was the Mentee prepared for the roles and responsibilities in this course?

- Were the learning objectives for that module met? Please state how the Mentee has succeeded in effectively delivering the teachings of this module and areas that the Mentee can improve.

- What worked and what could be improved in the areas of admin, logistics, curriculum organization, and presentation.

- Did the Mentee's communication skills facilitated the students experience and supported the course?

Recommendation:

☐ Do another Practicum for this module

☐ Proceed to approval of Level Two Trainer on the following module:

☐ Conscious Communication ☐ Authentic Relationships

☐ Mind and Meditation ☐ LifeCycles & LifeStyles ☐ Vitality & Stress

Practicum Mentor Signature _____ Date _____