

## IPF Training Program in Spiritual Direction Practicum Records

**Name of Student:** \_\_\_\_\_

**Verbatim #**

Date Received:

Date Returned:

Comments:

**Name of Practicum Mentor:** \_\_\_\_\_

- Complete this form and send this form to Kelsa or Kathy at the IPF Office.
  - *There is no need to mail a hard copy of the verbatim to IPF.*
- Email or Mail the reviewed verbatims with your comments to the student.
- Keep a tally of who submitted what verbatim on your "Practicum Records Tally."

Thank you!