



Location of clinical practicum: \_\_\_\_\_

Clinical supervision period: \_\_\_\_\_

Printed name: \_\_\_\_\_  
*Clinical Educator*

Signature: \_\_\_\_\_  
*Clinical Educator*

Date: \_\_\_\_\_

**PLEASE NOTE:** Individuals providing a reference need only complete the evaluation form. Letters and comments will not be considered when grading references. Academic and clinical forms must be emailed directly from the reference to [nancy@sac-oac.ca](mailto:nancy@sac-oac.ca).