

Practicum Report / Sample

Student:

Training Began:

Age:

Grade:

Training Terminated:

Therapist / Teacher: (your name)

Referral: (student name) was referred as an appropriate candidate for intervention using the Take Flight curriculum.

Initial Evaluation/Consideration for Intervention: (Discuss the information considered to determine evidence of dyslexia that merits the student receiving dyslexia intervention – this could include rate, accuracy, decoding, word reading, spelling, verbal expression, comprehension, handwriting, adequate cognitive ability, etc.; indicate source of information – teachers, parents, doctors; testing information; grades; interventions received and duration with indication of response.)

Description of Intervention: (Discuss the frequency, period of time, and number of sessions; areas of greatest need – example, decoding, fluency, spelling, etc.; student level of participation and attention; consistency in completing homework assigned; regularity of attendance; support from parent; any interactions-feedback from teachers.)

Response to Take Flight Intervention: (Discuss the student progress and response to receiving Take Flight intervention; include any benchmark and progress monitoring data.)

Final Evaluation or Present Evaluation: (Discuss the plan to move forward after the practicum period is completed – what benefit/progress has been noted; reason to terminate or to continue; input from parent, teacher, etc.; include student change in performance, attitude, or confidence.)

Summary and Recommendations: (Summarize the progress of the student and the recommendations for moving forward; do you advise the student continue, suspend, or discontinue Take Flight intervention; reasoning and data for decision.)

