**SRMT AND LIFE EMPOWERMENT PROGRAM – PRACTICUM FILE**

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With Stacey Gibbons & SRW Teaching Faculty

**DATE:**

**CLIENT:**

**PRACTITIONER:**

**SESSION #:**

**CLIENT REFLECTION AND REVIEW**

***How did you feel when you arrived for the session today?***

***How do you feel now, following the session?***

***What did you like, and benefit from the most?***

***If there is anything you would change and, if so, what would that be?***

***Please share any other helpful reflections:***

***Your signed name:***

***Thank You!***