SCMH 3990/3910 Journal

Name:  ID#:  Term:

Date(s)/Type of Rotation or PT Cases Observed

Write a paragraph for each rotation/visit, telling the name of the doctor or therapist, the procedures or therapies observed, and your reflections about the visit. Send the journal to me, no later than the last day of classes, as an attachment to a message sent to childbb@auburn.edu. Include a note that thank-you notes/letters were sent to all doctors and contact people after the rotations. The journal is due on the last day of classes for the term.