****SCWK 4302 PEER CONSULTATION GROUP**

**MINUTES**

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| **Date of Peer Consultation:** |  |

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| **Who Attended?** | | |
| Student Name | Practicum Agency | Field Instructor(s) /  Agency Mentor (if applicable) |
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| **Agenda Items for Discussion:** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

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| **Summary of Discussion: (address each agenda item)** |
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| **Action/Follow up from discussion if applicable:**  **Be specific – Who is doing what, time lines, etc.)** |
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| **Date & Time of Next Meeting:** |  |

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| **Recorder:** |  |