

MSC IN GENETIC COUNSELLING: Logbook Case Form

Date:		
Student Name/Signature		
Clinical Supervisor/Signature		
Rotation:		
Case ID#		
Indication/Diagnosis		
Description of ACGC Management, Education, and Counselling Roles Provided		
Supervision Provided	<input type="checkbox"/> Performed part of session only (as per above)	<input type="checkbox"/> Multiple corrections required
	<input type="checkbox"/> Minimal corrections required	<input type="checkbox"/> Counselling independently
	Comments:	
Supervisor's Comments		
Reflection and Student Feedback		

CACG A B C D E F G H I J