**Phase III Report on Experience of Personal, Professional, and Spiritual Growth**

**Student Name:** **Date:**

**Type of Experience:**

Therapeutic (Therapist with whom you worked: )

Workshops (List workshop titles and dates)

 1.

 2.

 3.

Spiritual Direction (Director with whom you worked: )

⁭

Other (Briefly describe what you did, when you did it, and with whom)

1.
2.
3.

How did your Phase III experience inform your professional formation?

How did your Phase III experience inform your personal formation?

How did your Phase III experience inform your spiritual formation?

What is one major learning from my Phase III experience that I want to take with me into my vocation?

I give the Iliff Consultation and Guidance Center and/or Office of Professional Formation permission to contact the person/people with whom I worked to verify my participation.

Signature of Student Date

I acknowledge that I have worked with this student in the capacities described above.

Signature of Therapist/Spiritual Director/Other Facilitator Date