

Guided Observation Program

Participation Verification

| Thank you for participating in the Simucase Guided Observation program. Please complete this form when all video observations are complete. |
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| I verify that I completed hours of observation. |
| I verify that I completed the selected videos in Interactive Mode. |
| I understand that I can access my video transcripts in the My Learning page on the Simucase website. |
| I verify that I participated in a liveguided observation discussion with amember of the Simucase team on (date). |
| |
| Student name: |
| Date: |

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