

Case Study Guidance Form

iUCT31 – Reiki

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner's completed case study work.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Reiki Lineage			
Treatment Plan			
Consultation			
Medical History			
Lifestyle			
Client Profile			
Description of how Reiki practitioner conducted treatment			
How the client felt during each treatment			
How the client felt after each treatment			
Home care advice for each treatment			
One written meditation as sample			
One study is distant/absent Reiki			
Reflective Practice			
Overall conclusion			

Please note; each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the case studies will be referred until the omitted section is completed.

External examiner name: _____

External examiner signature: _____ **Date:** _____

Lecturer/Assessor name: _____

Lecturer/Assessor signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	15/01/2019	First published	Qualifications and Regulation Co-ordinator