**PRACTICUM/INTERNSHIP CHECKLIST**

Please check only **one** Course and **one** Program

|  |  |
| --- | --- |
| Practicum | Mental Health Counseling - Clinical |
| Internship I | Mental Health Counseling - Rehabilitation |
| Internship II | School Counseling |
|  | PhD RCRCE |

|  |  |
| --- | --- |
| **Student’s Name:** |  |
| **Placement Site:** |  |

|  |  |
| --- | --- |
| **REQUIREMENTS** | **DATE** |
| 1. Field Placement Began | Click here to enter a date. |
| 1. Contract Received | Click here to enter a date. |
| 1. Goals and Objectives | Click here to enter a date. |
| 1. Duties and Responsibilities | Click here to enter a date. |
| 1. On-Site Visit by University Supervisor | Click here to enter a date. |
| 1. Mid-Term Evaluation | Click here to enter a date. |
| 1. Total Hours Completion Date | Click here to enter a date. |
| 1. Project Summary Received (Internship II) | Click here to enter a date. |
| 1. Final Evaluation Received | Click here to enter a date. |
| 1. Student Self Rating | Click here to enter a date. |
| 1. Supervisee Evaluation of Site Supervisor | Click here to enter a date. |
| 1. Live Observation/Supervision or Tape Review #1 | Click here to enter a date. |
| 1. Live Observation/Supervision or Tape Review #2 | Click here to enter a date. |
| 1. Live Observation/Supervision or Tape Review #3 | Click here to enter a date. |
| 1. Final Conference with University Supervisor | Click here to enter a date. |

Summative Evaluation:

|  |  |  |
| --- | --- | --- |
| Final Grade: |  | |
| Student’s Signature: | |  | | | |
| University Supervisor’s Signature: | | | |  | |
| Date of Conference: | | Click here to enter a date. | | |