**Goals & OBJECTIVES**

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

|  |  |
| --- | --- |
| ***Course*** | ***Program*** |
| [ ]  Practicum | [ ]  Mental Health Counseling - Clinical |
| [ ]  Internship I | [ ]  Mental Health Counseling - Rehabilitation |
| [ ]  Internship II | [ ]  School Counseling |
|  | [ ]  PhD RCRCE |

List below the goals and objectives       would like to accomplish this semester.

Student Name

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_