**Goals & OBJECTIVES**

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

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| --- | --- |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_