**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 |

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

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| --- | --- |
| **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:

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