



Master of Arts in Counseling Professional Practice

INTERNSHIP Student Records Checklist

Step #1: Submit the original of this checklist with all required forms attached to the Professional Practice Coordinator prior to beginning internship. Forms will be placed in the student's PPF prior to the start date.
Step #2: Subsequent forms are submitted by the student through the semester directly to the PPF.

Keep copies of everything for your records!

Student Name: _____ Faculty Group Supervisor: _____

Internship Site: _____ Individual Site Supervisor: _____

Prerequisite to beginning Internship:

- Liability Insurance Form Expiration date: _____
- Agency Placement Form
- Contract Letter
- Supervision Agreement Form

Verification that all prerequisites have been met:

Signature: _____ Date: _____
Professional Practice Coordinator

Internship I (placed in PPF by student):

- Counselor Assessment Scale Form
 - Completed by Student if requested
 - Completed by Individual Site Supervisor
- Clip review by Individual Site Supervisor
- Entire session review by Individual Site Supervisor
- Hours Summary Form and Hours Tracking Form (proof of summary)
(submit originals, signed by Individual Site Supervisor)

PLEASE SIGN ONLY AFTER VERIFICATION OF ALL FORMS HAS BEEN COMPLETED

Faculty Group Supervisor Signature: _____ Date: _____

Internship II:

- Final Counselor Assessment Scale Form completed by Individual Site Supervisor
- Clip review by Individual Site Supervisor
- Entire session review by Individual Site Supervisor
- Final Hours Summary Form and Hours Tracking Form (proof of summary)
(submit originals, signed by Individual Site Supervisor)
- Individual Site Supervisor Evaluation form completed by student and given to the Professional Practice Coordinator:**

PLEASE SIGN ONLY AFTER VERIFICATION OF ALL FORMS HAS BEEN COMPLETED

Faculty Group Supervisor Signature: _____ Date: _____