

Master of Arts in Counseling **Professional Practice Form** PRACTICUM Student Records Checklist

Step #1: Submit the original of this checklist with all required forms attached to Professional Practice Coordinator for signature PRIOR to beginning practicum.

Step #2: Subsequent forms are to be submitted directly into your Professional Practice Folder.

Keep copies of everything for your records!

Student Name: Faculty Group Supervisor: Practicum Site: Individual Site Supervisor: **Pre-requisite to beginning practicum:** Liability Insurance Form Expiration Date: Agency Placement Form Including Site Supervisor's CV Contract Letter Supervision Agreement Form *Verification that all pre-requisites have been met:* Date: Signature: _____ Professional Practice Coordinator **End of Practicum:** Counselor Assessment Scale Forms (Completed by Student & Completed by Site Supervisor) Clip review by Site Supervisor Entire session review by Site Supervisor Two completed background forms from Faculty Group Supervision Weekly Hours Tracking Forms and Hours Summary Form (submit originals, signed by Site Supervisor and Faculty Group Supervisor) Practicum Final Recommendation completed by Individual Site Supervisor Evaluation Forms completed by *student* and given to the Professional Practice Coordinator: □ Faculty Group Supervisor Evaluation Form □ Site Supervisor Evaluation Form

Please sign only after verification of all forms has been completed.

Faculty Group Supervisor Signature: _____ Date: _____