

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
- Contract Letter
- Supervision Agreement Form

Verification that all pre-requisites have been met:

Signature: _____ Date: _____
Professional Practice Coordinator

End of Practicum:

- Counselor Assessment Scale Form
 - Completed by Student for self assessment (Admission to Internship)
 - Completed by Individual Site Supervisor
- Hours Summary Form and Hours Tracking Form
(submit original, signed by Individual Site Supervisor and Faculty Group Supervisor)
- Practicum Final Evaluation Form completed by Individual Site Supervisor
- Evaluation Forms completed by *student* and given *to the Clinical Training Coordinator*:
 - Faculty Group Supervisor Evaluation Form
 - Individual Site Supervisor Evaluation Form

PLEASE SIGN ONLY AFTER VERIFICATION OF ALL FORMS HAS BEEN COMPLETED

Faculty Group Supervisor Signature: _____ Date: _____