

PROFESSIONAL COUNSELING PRACTICUM DOCUMENTATION FOLDER CHECKLIST

Department of Counselor Education and Family Therapy
Central Connecticut State University

Student Name: _____

Course: CNSL 503 Semester (circle): Fall 20____ / Spring 20____ Professor Name: _____

Site Name / Location / Level(s) of Care: _____

Site Supervisor Name / Title / Credentials: _____

Site Supervisor Phone: _____ Supervisor E-mail: _____

DOCUMENTATION FOLDER/ASSIGNMENT CHECKLIST	COMPLETED
Policy & Procedure for Graduate Student Telebehavioral Health Service Delivery During Field Placement (only when applicable & approved by instructor)	Pre-Approval Required
Acknowledgement of Syllabus	
Letter to Site Supervisor/Practicum Agreement Form	
Agreement to Abide by Ethical Standards	
Professional Liability Insurance (PLI) Declarations Page → \$1million/\$3million required → Active coverage must be maintained at all times → Indicate coverage period in columns to the right	____/____/____ to ____/____/____
Learning Goals	
Monthly Service Hours Logs	
Supervision Agenda	
*Counselor-in-Training Orientation Questions	
Agency Analysis	
Critical Incident Journals	
Site Supervisor Evaluation Link E-Mailed to Supervisor (midterm & final)	
Recorded Counseling Session and Written Transcript	
Case Study/Conceptualization Paper	
*Site Supervisor Evaluation of CPC Practicum Student (midterm & final)	
*Student Survey of Site Experience (end of semester)	

The assignments designated with an asterisk (*) must be uploaded/completed in **TASKSTREAM** while all others are to be submitted to the professor through the designated section in **Blackboard Learn** (or as otherwise directed). Please refer to the syllabus, which is the primary resource, for a full description of these and all other course requirements.

ATTENTION INSTRUCTORS: Practicum instructors should ensure the following documents are printed and placed in each student’s clinical documentation folder, which should be given to the department secretary upon the successful completion of the practicum experience (i.e., conclusion of each semester):

1. Professional Liability Insurance (PLI) Certificate of Coverage
2. Monthly Service Hours Log (one log per month)
3. Letter to Site Supervisor/Practicum Agreement Form
4. Site Supervisor Evaluation of Student (Midterm and Final)

SERVICE HOURS SUMMARY							
FALL				SPRING			
MONTH	DIRECT HOURS	INDIRECT HOURS	TOTAL HOURS	MONTH	DIRECT HOURS	INDIRECT HOURS	TOTAL HOURS
August				January			
September				February			
October				March			
November				April			
December				May			
TOTAL				TOTAL			

NOTE: Clinical Professional Counseling Program forms are located on the program’s webpage via this hyperlink:

<https://www.ccsu.edu/cft/counselorEducation-clinicalProfessionalCounseling.html>