

PROFESSIONAL COUNSELING INTERNSHIP DOCUMENTATION FOLDER CHECKLIST

Department of Counselor Education and Family Therapy
Central Connecticut State University

Student Name: _____

Course: CNSL 594 Academic Year: 20____ / 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	FALL	SPRING
Policy & Procedure for Graduate Student Telebehavioral Health Service Delivery During Field Placement (only when applicable & approved by instructor)	Pre-approval Required	Pre-approval Required
Acknowledge of Syllabus (Fall & Spring)		
Letter to Site Supervisor/Internship Agreement Form (Fall only unless site changed)		
Agreement to Abide by Ethical Standards (Fall)		
Professional Liability Insurance (PLI) Declarations Page (Fall & Spring) → \$1million/\$3million required → Active coverage must be maintained at all times → Indicate coverage period in columns to the right	____/____/____ to ____/____/____	____/____/____ to ____/____/____
Learning Goals (Fall & Spring)		
Supervision Agenda (Fall)		
*Professional Development and Self-Care Plan (Fall)		
*Agency Analysis (Fall)		
Application Cover Letter & Professional Resume (Spring)		
*Clinical Notes (Fall & Spring)		
Monthly Service Hours Logs (Fall & Spring)		
School of Graduate Studies Comprehensive Exam "Plan B" Form (Fall)		
Counselor Preparation Comprehensive Exam Scheduled Date (Fall)		
Recorded Counseling Session and Written Transcript (Fall & Spring)		
*Case Conceptualization & Treatment/Rehabilitation Plan Paper (Fall & Spring)		
Training Module Certificates: Suicide/Violence/Complex Trauma (Spring)		
*Site Supervisor Evaluation of Student: Midterm & Final (Fall & Spring)		
*Student Survey of Site Experience (Fall & Spring)		

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: 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 internship experience (i.e., conclusion of the spring semester):

1. Professional Liability Insurance (PLI) Certificate of Coverage
2. Monthly Service Hours Log (one log per month)
3. Letter to Site Supervisor/Internship 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>