PROFESSIONAL COUNSELING
PRACTICUM DOCUMENTATION FOLDER CHECKLIST
Department of Counselor Education & Family Therapy
Central Connecticut State University

Student Name:

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

Site Placement:

Site Address:

Site Supervisor Name / Title / Credentials:

Site Supervisor Phone:

Site Supervisor E-mail:

COURSE REQUIREMENTS

Assignments / Documents Check Once Completed
Acknowledgement of Syllabus
Agreement to Abide by Ethical Standards
Practicum Agreement Form & Site Information
Professional Liability Insurance (PLI) Declarations Page
  • $1 million / $3 million required
  • Indicate coverage period in column to the right
  • Active coverage must be maintained at all times

Letter to Site Supervisor
Learning Goals
Supervision Agenda with Site Supervisor (weekly)
Counselor-in-Training Orientation Questions
Agency Analysis/Interview Paper
Critical Incident Journals (3)
Recorded Counseling Session / Case Study & Conceptualization Paper
Service Hours Logs (monthly)
Site Supervisor Evaluation Link E-mailed to Supervisor (midterm / final)
Student Evaluation of Practicum Site (end of semester)

SERVICE HOURS SUMMARY

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
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<tbody>
<tr>
<td>MONTH</td>
<td>DIRECT HOURS</td>
</tr>
<tr>
<td>August</td>
<td></td>
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<tr>
<td>September</td>
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<tr>
<td>October</td>
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<td>November</td>
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<td>December</td>
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<td>TOTAL</td>
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Student Signature: ___________________________  Date: ____________

Professor Signature: _________________________  Date: ____________