

College of Education and Human Services
Counseling, Administration, Supervision and Adult Learning

CNS 686/687 Internship Checklist

Name: _	
Si	te Placement Information Sheet (two copies on first day of class)
Li	ability Insurance Verification (Due first day of class)
In	ternship Learning Contract- Signed by site supervisor and student (first day)
	te Supervisor completion of student evaluations, preferably done with student-Clinical Mental Health Student or School Counseling Trainee
W	Veekly Time Log
Re	equired Recordings
1 2 3	4 5 6
Ev	valuation
_	Assessment of Student by Site Supervisor Student Assessment of Site Supervisor & Site
Cl	lass Requirements

Clinical Mental Health Counseling students only:

In addition to the forms listed above, register for the Counselor Trainee (CT) credential status with the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, if site requires it.

Checklist Rev. 9/2017