PRACTICUM READINESS FORM
Student Health and Counseling Services
The University of Memphis
214 Wilder Tower
University of Memphis

Applicant: ________________________________  Department: __________________

Faculty: ________________________________

Academic Standing

1) The applicant is in good standing within her/his academic program.   ____Yes  ____No

2) The applicant has satisfactorily completed an advanced applied counseling skills course (e.g., Clinical Techniques).   ____Yes  ____No

3) The applicant has satisfactorily completed cognitive and personality assessment courses.   ____Yes  ____No

4) The applicant possesses an adequate theoretical/academic foundation that she/he will be able to effectively integrate into counseling/clinical work.   ____Yes  ____No

5) The applicant has satisfactorily completed the Counseling/Counseling Psychology program’s required pre-practicum screening session.   ____Yes  ____No  ____N/A

If you responded “NO” to any of the previous items, please explain:  ____________________________

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___________________________________________________________________________

Evaluation of Applicant

6) The applicant possesses the emotional stability and maturity to handle the challenges of practicum.   ____Yes  ____No

7) The applicant has demonstrated the capacity to participate in supervision constructively and can modify her/his behavior in response to feedback.   ____Yes  ____No

8) The applicant has demonstrated interpersonal awareness and skill through her/his interactions with faculty members/colleagues/cohort peers.   ____Yes  ____No
9) The applicant has been trained and has demonstrated compliance with all ethical standards and principles as defined by APA/ACA professional codes.  

[ ] Yes  [ ] No

If you responded “NO” to any of the previous items, please explain: ________________________________________________________________

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___________________________________________________________________________
___________________________________________________________________________

10) Please identify applicant’s strengths relevant to practicum training:

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___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

11) Please identify applicant’s challenges or areas for growth relevant to practicum training:

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12) Please discuss any additional issues or areas of concern that you may have about the applicant that may include activities that she/he will be involved in during the practicum experience (e.g., comprehensive exams, research projects, language programs, etc):

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Faculty Signature ___________________________ Date ___________________________

Please return this form in a sealed envelope or as an email attachment to:
Jennifer Moore, Ph.D., Practicum Coordinator
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