PRACTICUM & INTERN Reporting Form

(Site Visits / Telephone Contacts)

CEPR The University of Memphis

Clinical Mental Health / School Counseling / Clinical Rehabilitation/Rehabilitation

Note CACREP Change: You must now provide an opportunity for internship students to receive live supervision and/or taped supervision as part of their internship experiences.

Please note your feedback from site supervisors regarding your counseling supervisee’s professional and interpersonal development including points such as strengths, skills, ethics and areas of growth.

Intern Name: ______________________________
Group Supervisor: _________________________ Site ______________________

**Period I – Prac/Intern Progress Comments:**

________________________________________________________________________________________

Signature and Date: ________________________________

**Period II- Prac/Intern Progress Comments:**

________________________________________________________________________________________

Signature and Date: ________________________________

**Period III – Prac/Intern Progress Comments:**

________________________________________________________________________________________

Signature and Date: ________________________________
Bi-Monthly Prac/Intern Progress Reporting Form

Period IV - Prac/Intern Progress Comments:

Signature and Date: ____________________________________________

Period V – Prac/Intern Progress Comments

Signature and Date: ____________________________________________

Period VI – Prac/ Intern Progress Comments

Signature and Date: ____________________________________________