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: ___________________________________________
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:__________________________________________