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: __________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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: __________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

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

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

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.):
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

Faculty Signature ___________________________ Date __________________________

Please return this form in a sealed envelope or as an email attachment to:
Chris Carden, Ph.D.,
Training Director, Student Health and Counseling Services
214 Wilder Tower
University of Memphis
Memphis, TN 38152
(901) 678-2068
dccarden@memphis.edu