SYRACUSE UNIVERSITY
Counseling and Human Services

** No grade can be given until all paperwork is completed. **

Internship Forms Checklist

Student Name: _______________________

_____   Site Supervisor Information Form
_____   Internship Agreement
_____   Data Transfer and Storage Policy acknowledgement form
_____   Permission to Record Form(s)
_____   Weekly Hour Log
_____   Semester Summary Form (tabulated at the conclusion of the course to reflect all weekly hour logs.)
_____   Site Supervisor Evaluation of Internship Student (completed by site supervisor and reviewed by instructor). *This form is Program Specific.*
_____   Consultation Summary Form
_____   Group counseling (Co-)Facilitation Experience (minimum 10 hours)
_____   Internship Site Evaluation Form
_____   Site Supervisor Evaluation of Program (completed by supervisors of graduating interns only)
_____   Student Review of program objectives. *This for is Program Specific.*
_____   Verification of Deleted Data

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