SYRACUSE UNIVERSITY
Counseling and Human Services

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

Practicum Forms Checklist

Student Name: _______________________

_____ Practicum Site Supervisor Information Form
_____ Practicum Agreement
_____ Permission to Record Form(s)
_____ Practicum Counseling Session Progress Notes
_____ Group Work Progress Notes (if applicable)
_____ Practicum Weekly Hour Log
_____ Practicum Semester Summary Form (tabulated at the conclusion of the course to reflect all weekly hour logs.)
_____ Practicum Clinical Skills Evaluation Form
_____ Practicum Site Evaluation Form
_____ Practicum Student Evaluation of Doctoral Supervisor Form
_____ Practicum Site Supervision Evaluation of Student Form
_____ Practicum Student Evaluation of Site Supervisor Form
_____ Verification of Deleted Data

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