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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