End of Semester Check-Out

Class: 530 ___ 584 ___ 590 ___ 591 ___ Spring _____ Fall ______ Year ______

Name of Student: _________________________________________________________

Practicum Instructor: __________________________ Date turned in to CTD*: _______
(*within 2 weeks after grades are due)

Please check the following items off:

Student Evaluation of Supervisor ______

Student Evaluation of Agency ______

Signed Supervisor Rating of Student _____ (Supervisor, Student, Instructor & CTD)

Signed Practicum Instructor Final Clinical Skills Evaluation _____ (Student & Instructor)

Signed Practicum Instructor Dispositions & Professionalism Eval ____ (Student & Instructor)

Signed Fieldwork Summary (Log) _______ (Supervisor & Student)

Discussed disposal of confidential material ______

Site visit completed ______ Date of visit: ______

NOTE: Please assemble Student’s forms in the same order as this check-out sheet.

Please also check for signatures – parties to sign are designated following each form’s name.

{Unsigned or inaccurate forms cannot be accepted by the Clinical Training Director and students should receive a grade of “Incomplete” for Practicum class until properly completed documentation has been received by the Practicum Instructor.}