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, Prac Instructor & CTD)

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

Signed Practicum Instructor Final Evaluation ___ (Student & Practicum Instructor)

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.}