
CALIFORNIA STATE UNIVERSITY, FULLERTON
DEPARTMENT OF COUNSELING

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 will receive on-line survey from CT)

Student Evaluation of Agency _____ (Student will receive on-line survey from CT)

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 save the signed forms to their respective Dropbox folders found here:
https://www.dropbox.com/sh/usiquxqha41dynl/AADEZlBEygcYlh-4Pi_L6rYfa?dl=0

For ease of review/processing by the Fieldwork Coordinator, please use the following naming convention when saving your files to Dropbox: **Instructor Last Name.Course.FormName. Student Last Name, Student First Name (i.e. Read.530A.ClinicalSkillsEval.Folmer, Nicole).**

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.}