Intern Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERNSHIP PAPERWORK ( ) CLINICAL MENTAL HEALTH ( ) SCHOOL COUNSELING

Internship: ( ) Summer\_\_/\_\_/\_\_ ( ) Fall\_\_/\_\_/\_\_ ( ) Spring\_\_/\_\_/\_\_

**Required paperwork** (please check off items as you place them in the file):

( ) Signed Contracts(s) (by Site and University Supervisor)

 Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Copy of Insurance (Expiration Date \_\_/\_\_/\_\_)

( ) Ethical Agreement with University Supervisor

 ( ) Internship Site Supervisor Evaluation of Student

( ) Final approval of intern evaluation signed by University Supervisor

( ) Counseling Intern Evaluation of site and site supervisor

( ) Final semester summary of hours (signed by Site and University Supervisor)

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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