

# PRACTICUM & INTERN Reporting Form

(Site Visits / Telephone Contacts)

## CEPR The University of Memphis

**Clinical Mental Health /School Counseling / Clinical Rehabilitation/Rehabilitation**

Note CACREP Change: You must now provide an opportunity for internship students to receive live supervision and /or taped supervision as part of their internship experiences.

Please note your feedback from site supervisors regarding your counseling supervisee's professional and interpersonal development including points such as strengths, skills, ethics and areas of growth.

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

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

**Period I – Prac/Intern Progress Comments:**

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Signature and Date: \_\_\_\_\_

**Period II- Prac/Intern Progress Comments:**

Signature and Date: \_\_\_\_\_

**Period III – Prac/Intern Progress Comments:**

Signature and Date: \_\_\_\_\_

Period IV- Prac/Intern Progress Comments:

Signature and Date: \_\_\_\_\_

Period V – Prac/Intern Progress Comments

Signature and Date: \_\_\_\_\_

Period VI – Prac/ Intern Progress Comments

Signature and Date: \_\_\_\_\_