



Cleveland State University

College of Education and Human Services
Counseling, Administration, Supervision and Adult Learning

CNS 685 Internship Checklist

Name: _____

____ Site Placement Information Sheet (two copies on first day of class)

____ Liability Insurance Verification (Due first day of class)

____ Internship Learning Contract- Signed by site supervisor and student (first day)

____ Site Supervisor completion of student evaluations, preferably done with student- Clinical Mental Health Student or School Counseling Trainee

____ Weekly Time Log

____ Required Recordings

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

____ Evaluation

____ Assessment of Student by Site Supervisor

____ Student Assessment of Site Supervisor & Site

____ Class Requirements

Clinical Mental Health Counseling students only:

In addition to the forms listed above, register for the Counselor Trainee (CT) credential status with the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, if site requires it.