



## File Checklist – Fieldwork Experience

Student Name : \_\_\_\_\_ Student Phone # : \_\_\_\_\_

<b>1<sup>st</sup> Semester</b>	
Date: _____ (Sem/Yr)	Placement: _____ Supervisor: _____
Application/ Continuance:	_____
Supervisor's Evaluation:	_____
Hours: Counseling/Supervision Hours:	_____
Other Hours:	_____
Total Hours:	_____
<b>2<sup>nd</sup> Semester</b>	
Date: _____ (Sem/Yr)	Placement: _____ Supervisor: _____
Application/ Continuance:	_____
Supervisor's Evaluation:	_____
Hours: Counseling/Supervision Hours:	_____
Other Hours:	_____
Total Hours:	_____
<b>3<sup>rd</sup> Semester</b>	
Date: _____ (Sem/Yr)	Placement: _____ Supervisor: _____
Application/ Continuance:	_____
Supervisor's Evaluation:	_____
Hours: Counseling/Supervision Hours:	_____
Other Hours:	_____
Total Hours:	_____
<b>4<sup>th</sup> Semester</b>	
Date: _____ (Sem/Yr)	Placement: _____ Supervisor: _____
Application/ Continuance:	_____
Supervisor's Evaluation:	_____
Hours: Counseling/Supervision Hours:	_____
Other Hours:	_____
Total Hours:	_____

**Total Hours:** \_\_\_\_\_