



File Checklist – Fieldwork Experience

Student Name : _____ Student Phone # : _____

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

Total Hours: _____