

FIELD PLACEMENT SUMMARY SHEET
Valparaiso University CMHC Program

To be submitted with COUN 688 Advanced Internship paperwork.

COURSE	SEMESTER TOTALS						CUMULATIVE TOTAL (DIRECT + INDIRECT + SUPERVISION)
	DIRECT		INDIRECT	SUPERVISION			
	Group	Other Direct		Ind.	Group	Triadic	
COUN 685 PRACTICUM							
COUN 686 INTERNSHIP							
COUN 687 INTERNSHIP							
COUN 688 ADVANCED INTERNSHIP							
FIELD PLACEMENT TOTALS <i>(ADD DIRECT, INDIRECT, & SUPERVISION COLUMNS TO HAVE ONE TOTAL FOR EACH CATEGORY)</i>	<i>(Group + Other Direct)</i> _____ +		<i>(Indirect)</i> _____ +	<i>Practicum Supervision Total</i> _____ +	<i>Internship Supervision Total</i> _____	<i>(Cumulative Field Placement Total)</i> = _____	

Practicum On-Site Supervisor Name & Credentials: _____

Internship I On-Site Supervisor Name & Credentials: _____

Internship II On-Site Supervisor Name & Credentials: _____

Advanced Internship On-Site Supervisor Name & Credentials: _____

Student Name (printed): _____

Student Signature: _____

Date: _____

Clinical Training Director Signature: _____

Date: _____