School Counseling
Internship Completion Form

KENT STATE UNIVERSITY
College of Education, Health and Human Services

The following signatures indicate that_____ satisfactorily fulfilled the expectations of the
(Name of Student Intern)
Internship experience and met all requirements of the School Counseling Master's degree Internship.

Site Name and Address: _____

	Internship I	Internship II	Total
1. Individual Client Contact Hours			
2. Group Counseling Contact Hours			
3. Classroom Guidance			
4. Consultation: Family			
5. Consultation: Teacher/Administrator			
6. Consultation: Counselor			
7. Direct Service Other			
8. Total # of Direct Service Hours (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 + Line 6 + Line 7)			
9. Individual Supervision Hours			
10. All Non-Direct Service Hours (excluding Supervision)			
11. Total # of Non-Direct Hours (Line 9 + Line 10)			
12. Total # of Direct and Non-Direct Service Hours (Line 8 + Line 11)			
13. Total Hours of Group Supervision (1.5 hours per class session attended)			
14. Total Hours of Class Instruction (1 hour per class session attended)			
15. Total Hours of Supervision (Line 9 + Line 13)			
16. Total (Line 12 + Line 13 + Line 14)			

Internship I

_____ _____ _____
Student Name (Print) Student's Signature Date

_____ _____ _____
Site Supervisor Name (Print) Site-Supervisor's Signature Date

_____ _____ _____
Internship I Instructor Name (Print) Internship I Instructor's Signature Date

Internship II

_____ _____ _____
Student Name (Print) Student's Signature Date

_____ _____ _____
Site Supervisor Name (Print) Site-Supervisor's Signature: Date

_____ _____ _____
Internship II Instructor Name (Print) Internship II Instructor's Signature Date

_____ _____
Master's Practicum and Internship Coordinator Signature Date

Revised August 2017