

## COUN 239 Folder Assembly Completion Checklist MFCC / PCC Programs

Trainee: _____	Date: _____
Field Site: _____	Semester: _____

Field Placement Data File	Present in Folder?	Notes
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**LEFT SIDE OF FOLDER**

1. Field Placement Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Course Completion Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Site - Supervisor - Terms of Experience Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Supervised Fieldwork Clinical Agreement <input type="checkbox"/> 4 Initials <input type="checkbox"/> 4 Signatures <input type="checkbox"/> B/E dates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Supervisor License	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current
6. Supervisor Responsibility Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**RIGHT SIDE OF FOLDER**

8. COUN 239 Attendance Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current
9. CSUF Experience Log (Excel <b>Original</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current
10. BBS Experience Log ( <b>Copy</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Current
11. Trainee Evaluation of Field Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
12. Field Supervisor Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
13. University Supervisor Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
14. Final Evaluation of Counselor Trainee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
15. Empl/Supv Eval of MFT Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
16. Case Write-up ( <b>1 for each grading period</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
17. Supervisor Correspondence/Email	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
18. Student Malpractice Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Expires:</b>

CSUF Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

- This is an interim review.
- This is a final review