



Graduate Program in Counseling

Internship/Practicum Planning Sheet (side 1)

Internship/Practicum				
Semesters:	Fall	_____	Spring	_____
Credits:	___3	___6	___9	___12

DIRECTIONS:

____ With your advisor, complete this form, discuss internship/practicum options, and confirm materials are in order.

____ **Complete Stage 2 Form 5: Stage 2 Review** (pg. 1) with your advisor. Give advisor all Field Experience Packets (Acceptance Agreements, Candidate Dispositions) for submission with Stage 2 Review. Advisor will present Stage 2 materials to Behavioral Science Committee for approval for Practicum/Internship.

Note: SGC Students submit ORIGINALS for FSU Licensure Office: MHC students attach a copy

____ Attach your resume to this Internship Planning Sheet.

____ If requesting internship/practicum at current work site, attach letter of request and proposed weekly calendar that minimally includes a 3 hr. time block dedicated to your internship/practicum.

____ **Advisors:** Once this packet is complete, please submit to fieldwork coordinator, Dr. Megan Krell.

Students, you will be contacted by Dr. Megan Krell with instructions on how to make an appointment to move forward with the internship/practicum planning process, once your Stage II review has been approved.

To be completed by STUDENT:

FSU Student: _____ **Student ID:@** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip** _____

Telephones: Home: _____ Work: _____ Cell: _____

Email: _____

Check program and concentration below (check more than one for additional licensures/concentrations):

Program	<input type="checkbox"/> Masters of Science	<input type="checkbox"/> Masters of Science	<input type="checkbox"/> CAGS - IS	
Concentration/ Direction/ Licensure	<input type="checkbox"/> MS: SGC - PK - 8	<input type="checkbox"/> MS: MHC	<input type="checkbox"/> CAGS: MHC	<input type="checkbox"/> CAGS: SGC - PK-8
	<input type="checkbox"/> MS: SGC - 5-12		<input type="checkbox"/> CAGS: General	<input type="checkbox"/> CAGS: SGC - 5-12

Internship/Practicum Preferences:

Geographic: _____ **Scheduling:** _____

Areas of Interest/Skills: _____

Preferred Placement Site(s): _____

List any prior contact with this site: _____

Check all that apply:

____ Seeking mental health placement in an organization where presently employed or have been employed.*

____ Seeking School Guidance Counseling placement:

____ in school or school system where employed*

____ in an out-of-State school

____ Seeking paid internship/practicum**

*These requests require the student to submit a formal letter of request to the BSCGP that includes a proposed schedule for achieving internship/practicum required hours (this must include at least one three-hour block of time per week.) Please talk with your advisor about the need to initiate the approval process.

** Requests for paid internships/practicums must meet BSCGP guidelines. Please discuss your request with your advisor.



**Graduate Program in Counseling
Internship/Practicum Planning Sheet (side 2)**

To be completed by ADVISOR:

Mental Health Counseling

Psychological Testing and Assessment

Hours: _____ Site: _____

Counseling Techniques and Case Analysis

Hours: _____ Site: _____

Psychopathology: Diagnosis and Assessment

Hours: _____ Site: _____

Has client hours needed

Has supervision hours needed

School Guidance Counseling

Psychological Testing and Assessment

Hours: _____ Site: _____

Principles of Guidance

Hours: _____ Site: _____

Counseling in the Elementary School (Elementary)*

Hours: _____ Site: _____

Occupational Info and Career Counseling (Secondary)*

Hours: _____ Site: _____

Counseling Techniques and Case Analysis

Hours: _____ Site: _____

*Both forms required if applying for additional license

Eligibility approval:

Date of matriculation into program (Stage 1 Candidacy) _____

(Note: Only matriculated students in good standing are eligible for Internship/Practicum.)

GPA: _____

Remaining academic requirements:

___ Counseling Techniques & Case Analysis; 25-hour field experience required. - *Scheduled to take:* _____

___ Social & Cultural Foundations - *Scheduled to take:* _____

___ Group Work and Leadership - *Scheduled to take:* _____

___ Research and Evaluation - *Scheduled to take:* _____

___ Waiver letter needed for: _____

Advisor's Recommendation (check one):

___ Approved ___ Approved contingent on successful completion of remaining academic requirements.

___ Denied ___ Discussion with BSCGP necessary

Advisor's Signature: _____ **Date:** _____

For office use only:

Date Approved by BSCGP: _____