

# The University of Memphis

## DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH

### INTENT TO TAKE PRACTICUM/INTERNSHIP FORM School Counseling

*\*Please note: you must do one of these forms for each semester that you are applying (e.g., one for Summer and one for Fall). Please do not use the same form for more than 1 semester.*

Semester in which you are  
applying (PICK JUST ONE):

SPRING \_\_\_\_\_

SUMMER \_\_\_\_\_

FALL \_\_\_\_\_

Course you are applying to (PICK JUST ONE):

COUN 7650 (3 HOURS- PRACTICUM) \_\_\_\_\_

COUN 7660 (4 HOURS- PART-TIME INTERNSHIP) \_\_\_\_\_

COUN 7660 (6 HOURS- FULL-TIME INTERNSHIP) \_\_\_\_\_

For Interns Only: I have already completed placements at the following grade levels (check what applies): Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School \_\_\_\_\_

Print Name (First and Last): \_\_\_\_\_

UUID: \_\_\_\_\_ Best phone number to reach you: \_\_\_\_\_

Street Address (with city, state, and zip code): \_\_\_\_\_

Your Memphis E-mail (how we will be reaching out to you): \_\_\_\_\_@memphis.edu

Please initial next to the following statements acknowledging that you have read and understood them:

\_\_\_\_\_ I understand that this form must be completely filled out before I turn it in and if it is not, it may delay my ability to take practicum and/or internship for the intended semester in which I am filling out this form.

\_\_\_\_\_ I understand that if I am receiving funding from a specific grant for my program, I may need to complete my practicum and/or my internship at a specific site/setting. I will contact the grant coordinator and/or my advisor if this applies to me. (If this is not you, please just write N/A).

\_\_\_\_\_ I understand that I must do the following after securing my site (and BEFORE) I can start at my site: attend a practicum/internship orientation, supply the Practicum/Internship Coordinator my site supervisor's information, turn in a copy of my current liability insurance, and create a site agreement with my site supervisor. Failure to attend orientation and/or turn in this information can delay my start date at my site and/or result in not being able to take practicum/internship that semester.

\_\_\_\_\_ If needed, the P/I coordinator can speak to a site on my behalf (e.g., to confirm if taking a course, etc.).

List **suggestions** for your placement. You may include specific schools or general locations. *(Please note: this does not guarantee that you will get this placement).*

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**COURSE COMPLETION CHECKLIST:**

In the blank spaces beside each course, indicate the grade received. If you are currently enrolled in one of the courses, note IP. Must pass all required classes with B or above.

_____ COUN 7411- Foundations of Counseling – Required for Practicum	_____ COUN 7571- Clinical Techniques- Required for Practicum
_____ COUN 7531- Group Counseling Processes- Required before Internship (can take with Practicum)	_____ COUN 7730- Crisis Interventions- Required before Internship (can take with Practicum)
_____ COUN 7541- Theories of Counseling and Personality- Required for Practicum	_____ COUN 7640- Principles of School Counseling- Required before Internship (can take with Practicum)
_____ COUN 7825- K12 Career Counseling- Required before Internship (can take with Practicum)	_____ COUN 7542- Counseling and Consulting in Schools- Required before Internship (can take with Practicum)

Have you applied for liability insurance? \_\_\_\_\_ If so, when does it expire? \_\_\_\_\_

Do you currently work at the site(s) listed above? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_

Are you employed? If so, what hours/days do you work? \_\_\_\_\_

Have you read the program's Practicum and Internship Manual? \_\_\_\_\_

If sites want to know what courses you have completed, may I tell them (will not disclose grades)? \_\_\_\_\_

Have you completed a security check before working in school settings or when will you complete it?

Do you currently or have you ever worked in a school setting? If so, how long, what school, and in what capacity? Please explain in detail

Have you completed your 25 school observation hours (if needed)? If so, when? \_\_\_\_\_

Please sign below (and do not forget that your signature means you understand the deadlines above):

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*DUE TO DR. DEMPSEY (MCWLLAMS@MEMPHIS.EDU) BY: FEBRUARY 15<sup>TH</sup> (FOR SUMMER AND FALL APPLICATIONS) AND BY SEPTEMBER 15<sup>TH</sup> FOR SPRING APPLICATIONS\*\***