

INTERNSHIP COMPLETION CHECKLIST

Name_____ Instructor_____

- _____ Site Visit
- _____ School Registration
- _____ Internship Covenant
- _____ Attendance & Clinical Case Participation
- _____ Log Entries and Review
- _____ Mid-Point Evaluation and Diagnosis and Treatment Discussion
- _____ Final Evaluation by Site Supervisor
- _____ Closure Review by MTSO Faculty Supervisor
- _____ CSWMFT Internship Supervisor Evaluation Rating Form (must be submitted by your site supervisor to the State licensing board within 30 days of completion of Internship)