

## Readiness for Supervision Experience and Case Facilitation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

ID Number: \_\_\_\_\_

### A. Coursework Completed

	Yes	No	Course/Equivalency
Analysis of the Individual (CED 545*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assessment and Testing (CED 523*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Career Development (CED 534*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Group Counseling (CED 567*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Human Growth Development (CED 529*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pre-Practicum (CED 577*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Counseling Orientation and Ethics (CPY 645*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Research and Program Evaluation (CED 501*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social and Cultural Diversity (CPY 671*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supervision Theory** (CPY 678*)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Theories/Helping Relationships (CED 522*)	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*Or equivalent

\*\*Can be concurrent for CED684 case-facilitation consultant

Minimum number of entry level credits should total at least 60 and must include course work listed above

### B. Clinical Coursework

	Direct Client Hours	Supervised Hours	Total Hours
Practicum (CED 680*)	_____	_____	_____
Practicum (CPY 780*)	_____	_____	_____
Internship (CED 684*)	_____	_____	_____
Field Placement (CPY 783*)	_____	_____	_____
Field Placement (CPY 783*)	_____	_____	_____
<b>Total</b>	_____	_____	_____

\*Or equivalent

•Supervised clinical hours must be a minimum of 700 with 280 of those being direct client contact

### C. Please attach the following required documents

- Unofficial Transcript
- Most recent clinical evaluations for CPY 783 Field Placement or equivalent

**Unofficial transcript and iPOS has been verified and meet criteria**

ADVISOR SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_