



Graduate Counseling Programs

Mentor Form (Minimum of 6 hours)

Pre-Practicum Student _____ Semester _____

Name of Practicum Mentor _____

Pre-Practicum Student should fill out the Date and Time when Module was completed.
Practicum Student, after each Module, should sign and add comments when necessary.

Module 1 – 3: Must meet with a LSC and go over intakes, HIPAA information, role with teachers, and what to do for crisis in schools and any programs or systems schools have in place (e-school).

Date: _____ Time Spent: _____ Mentor: _____

Date: _____ Time Spent: _____ Mentor: _____

Date: _____ Time Spent: _____ Mentor: _____

Module 4 - 12: Live Observation (With Minor preferably a school issue)

Pre-Practicum student shall watch a live session of mentor and after session speak with the Practicum Student about the session.

Date: _____ Time Spent: _____ Mentor: _____

Date: _____ Time Spent: _____ Mentor: _____

Date: _____ Time Spent: _____ Mentor: _____

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Date: _____ Time Spent: _____ Mentor: _____

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