

**FOUNDATION YEAR INTERNSHIP PORTFOLIO
REQUIREMENTS & CHECKLIST
SW Internship II**

Learning Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activity Logs (n=15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Process Recordings (n=15 in chronological order) with feedback from instructor AND including:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. one recording of a group meeting/session	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. one recordings of an ending	<input type="checkbox"/> Yes	<input type="checkbox"/> No
One family assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
One group assessment (or organizational)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
One community assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation of 1 home visit (process recording or other)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Three intervention plans and documentation of implementation:		
1. One with an individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. One with a family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. One with a group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation of an organizational intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation of a community intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluation of practice (process or outcome)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second semester final evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Organization

Portfolio free of client identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organized with dividers according to above sections	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: