

**Niagara University**  
**Mental Health Counseling Program**  
**EDU 679 Counseling Practicum**  
**BiWeekly Contact Form**

Due Date:

Student:

Name of Site Supervisor:

Practicum Site:

1. How is the practicum student progressing? (Choose one):  
Performing Excellent \_\_\_\_  
Performing Satisfactory \_\_\_\_  
Performance is Unsatisfactory \_\_\_\_  
Comments:
  
2. If the student is not performing satisfactorily, what does she/he need to do to improve?
  
3. Are there any questions or other concerns? If so, please give your preferred phone or email contact information here and we will contact you shortly.  
Phone:  
Email:  
Comments:
  
4. Next Biweekly Contact Date:
  
5. University Contact:  
**Tatjana Cownie, M.S., LMHC** (she/her/hers)  
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Thank you for your time!