

**Counseling Programs
Practicum and Internship Handbook**



**Alabama Locations: Dothan,
Montgomery, Phenix City, Troy;
Southeast Region at Augusta,
Ft. Walton Beach, Orlando, Panama
City/Tyndall AFB, Pensacola, Tampa**

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INTRODUCTION TO PRACTICUM AND INTERNSHIP

All counseling programs at Troy University incorporate professional practice, which includes practicum and internship. Counseling programs include: Clinical Mental Health Counseling, Rehabilitation Counseling, School Counseling, Student Affairs Counseling, and Substance Abuse Counseling. Each program of study requires a minimum of a 100 hour practicum and a 600 hour internship (900 hour internship in Florida). Social Services Counseling is a non-certification and non-licensure program requiring a 100 practicum only.

Professional practice provides for the application of theory and the development of counseling skills under supervision. These experiences provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. The first clinical experience is practicum, in which the student must complete 100 hours of supervised practicum experience in a school or community site, with 40 hours of direct client contact, over a 10-week academic term. Practicum includes individual and group counseling. Practicum faculty and on-site supervisors provide one hour of individual supervision weekly. Practicum faculty provide 1 1/2 hours of group supervision with no more than 12 students weekly. For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member.

After successful completion of the practicum, students begin internship, which includes 300 hours of comprehensive work experience of a professional counselor in the student's designated program area, with 120 hours of direct client contact. Direct client contact includes individual and group counseling. Internship faculty provide 1 1/2 hours of group supervision to no more than 12 students weekly. On site supervisors provide one hour of individual supervision weekly. Students complete two internships, except in Florida where three internships are required to meet Florida licensure required hours for supervised clinical hours prior to graduation

Each student's practicum includes all of the following:

1. A site supervisor with the following qualifications:
 - a. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
 - b. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
 - c. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
 - d. Relevant training in counseling supervision.

2. Proof of professional liability insurance prior to beginning practicum and throughout the practicum experience.
3. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member.
5. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member with no more than 12 students. For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member.
6. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
7. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

The internship requires 300 hours of comprehensive work experience of a professional counselor appropriate to the student's designated program area. The internship is begun after successful completion of the practicum. Students complete two internships, except in Florida, where three internships are required to meet Florida licensure required hours for supervised clinical hours prior to graduation. Each student's internship includes all of the following:

1. An internship site that provides a counseling environment conducive to modeling, demonstration, supervision, and training, including:
 - a. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
 - b. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
 - c. Necessary and appropriate technologies and other observational capabilities that assist learning.
 - d. Procedures that ensure that the client's confidentiality and legal rights are protected.
2. A site supervisor with the following qualifications:
 - a. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.

- b. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
 - c. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
 - d. Relevant training in counseling supervision.
3. At least 120 clock hours of direct service, including experience leading groups.
 4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor.
 5. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member with no more than 12 students.
 6. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
 7. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.
 8. Evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

Selecting Practicum and Internship Site

The following steps should be followed by students in selecting practicum and internship sites:

1. Consult your "Graduate Degree Plan/Admission to Candidacy"

When you began your graduate studies in counseling, you met with your advisor to complete a "Graduate Degree Plan/Admission to Candidacy" form. The form indicates the semester/term that you are eligible to begin your practicum or internship. Apply for practicum and internship two terms or one semester prior to eligibility.

2. Pre-Practicum Assessment

After a student has completed the Mid-Point Evaluation, he/she will be required to complete a Pre-Practicum Assessment.

- a. An application for Practicum/CPCE must be completed in Live Text.

- b. Registration and completion of the CPCE. Students will apply for the pre-practicum assessment when they have completed all core courses covered by the CPCE plus any pre-practicum courses dictated by their specialties. Core courses include:

CP 6600 Professional Orientation and Ethics
CP 6610 Facilitation Skills and Counseling Techniques
CP 6642 Group Counseling
CP 6649 Theories of Counseling
CP 6651 Counseling Diverse Populations
CP 6691 Research Methodology
PSY 6635 Vocational Psychology and Career Development
PSY6645 Evaluation and Assessment of the Individual
PSY 6668 Human Lifespan and Development

- c. An application for Practicum must be completed in LiveText.
d. Registration and completion of the CPCE.

Students will not be able to register for Practicum until the Pre-Practicum Assessment is completed and the student has the approval of both the academic and program advisors.

3. Meet with your advisor

Your advisor will help you identify practicum and internship sites appropriate for your degree program, interests, and professional goals. Obtain your advisor's signature on the application. A variety of school, community mental health, and rehabilitation counseling sites are available. Discuss possible sites with your advisor.

4. Contact prospective sites

Students make an appointment with the site contact person to interview for a placement. Students should have a current resume ready to take to the site. When a site is selected, the student should have the site supervisor sign the completed application.

5. Finalize Site Selection

When the site has been selected, a Practicum and Internship Application and Contract must be completed and returned to the clinical coordinator so that communication can take place between site personnel and university faculty. This should happen no later than one full semester (two terms) prior to practicum or internship placement. If the site has not been previously approved and listed in the directory, the coordinator will have to determine whether the site is appropriate before placement. Students may not begin either practicum or internship until the site placement has been approved and the application and contract signed by all parties. Students must check with the practicum and internship

coordinator to ensure approval has been granted. When the site has been approved, the student will give a copy of the Site Supervisor Manual to the site supervisor.

6. Obtain Liability Insurance

Students are required to obtain and provide proof of liability insurance coverage before they begin practicum or internship and maintain coverage throughout their professional practice.

PRACTICUM AND INTERNSHIP SITE REQUIREMENTS

Practicum and internship sites must provide students with the opportunity for the comprehensive work experience of a professional counselor in the student's designated program area. The sites will provide the opportunity for the student to apply theory and to develop individual and group counseling skills under supervision. The sites give students the opportunity to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings). The sites provides one hour individual supervision weekly and evaluation of the student at the midterm and the end of the course.

The practicum and internship sites will provide a counseling environment conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following (CACREP I H):

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
3. Necessary and appropriate technologies and other observational capabilities that assist learning.
4. Procedures that ensure that the client's confidentiality and legal rights are protected.

The practicum and internship sites will also provide:

1. 100 hours of counseling experience, with 40 hours of direct client contact, for practicum students.
2. 300 hours of counseling experience, with 120 hours of direct client contact for internship students.
3. A site supervisor to provide one hour of individual and/or triadic supervision weekly.
4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
5. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.

SITE SUPERVISOR REQUIREMENTS

The practicum and internship site will provide a site supervisor with the following qualifications (CACREP III C):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Supervisors for school counselors must be a certified school counselor with two years experience.

The practicum and internship site supervisor will provide:

1. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member.
2. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.
3. Live supervision of the student's interactions with clients if there is not an opportunity for the development of program-appropriate audio/video recordings for use in supervision.

PROFESSIONAL ISSUES

The purpose of the practicum and internship experiences are to assist students with the application of theory and the development of counseling skills under supervision. These clinical experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. The student is expected to demonstrate professional and ethical behavior at the practicum and internship placement.

Informed Consent

Before initiating a counseling relationship, inform client of any limits to confidentiality, your status as a counselor-in-training, and any site specific information which your site supervisor has provided. Students must also secure the client's permission to tape the counseling sessions. A sample consent form is included in this manual.

Emergency Procedure

Students must know practicum and internship site's emergency procedures and follow them. Students must notify their supervisor immediately with any emergencies.

Ethical Guidelines

When a student enters into a counseling relationship, he or she is entering into an agreement with the client to keep his/her welfare foremost. In addition, students are agreeing to provide the counseling most appropriate to address the client's concern, to treat the client with respect, to refer when appropriate, and not to exceed your level of competence. You must follow the *ACA Ethical Guidelines* or other relevant codes of ethics and use it as a guide for behaving in a professional, ethical manner.

Professional Liability Insurance

Professional liability insurance is required. Insurance may be obtained through professional associations (i.e. www.counseling.org, www.hpsso.com, www.amhca.org) or private insurance agents. Sites may also provide insurance coverage for student counselors. This should be documented on agency letterhead.

The Supervisory Relationship

Clinical supervision helps the counselor in training apply counseling theories and develop counseling skills. Students present their clinical experiences in supervision to increase their self awareness, case conceptualization, and self-evaluation. You are expected to be prepared for supervision. You will need to listen to your tapes, identify your strengths, weaknesses, and be prepared to request specific help from your supervisor. The clinical supervisor's roles include teaching, consulting, and mentoring. The clinical supervisor is ultimately responsible for ensuring the client's welfare.

For both the practicum and the internship, all students have a faculty supervisor as well as an on-site supervisor who collaborate to evaluate the student's work. Evaluation is based on the quality of the student's work (i.e., meeting competencies listed in syllabus), and quantity of the student's work (i.e., completion of appropriate number of hours of direct and indirect client contact hours).

Practicum

PRACTICUM

Course Requirements

Practicum is a tutorial form of instruction that provides students the opportunity to apply theory and develop counseling skills under supervision. Practicum includes individual and small group counseling with clients who represent the ethnic and demographic diversity of the community (CACREP III).

The student must complete the practicum at a site that provides a counseling environment conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following (CACREP I H):

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
3. Necessary and appropriate technologies and other observational capabilities that assist learning.
4. Procedures that ensure that the client's confidentiality and legal rights are protected.

Program faculty provide individual or triadic supervision for one hour (weekly) for up to 6 students in a class. Program faculty provide group supervision for up to 12 students for one and one half (1 1/2) hour during weekly classes during the term. For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member. The program faculty providing supervision have the following qualifications (CACREP III A):

1. A doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Relevant supervision training and experience.

The student must provide the Site Supervisor with the Site Supervisor Manual. The Site Supervisor must have the following qualifications (CACREP III C):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.

3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term. Each student's practicum includes all of the following (CACREP III F):

1. Completion of a Practicum and Internship Contract prior to beginning the course. This contract defines the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship (CACREP III E).
2. Documentation that students have professional liability insurance prior to beginning practicum and throughout the practicum experience (CACREP I S).
3. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member.
5. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member.
6. Documentation of all practicum and internship experiences on the appropriate form.
7. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
8. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

Practicum Forms

Practicum Application

Practicum Contract

Practicum Student Evaluation

Practicum Student Evaluation of Site Supervision

Practicum Student Site Evaluation

Rehabilitation Student Evaluation

School Counseling Memorandum of Agreement

Student Affairs Student Evaluation

Individual Supervision Summaries

Group Supervision

Information and Consent Form

Parental Consent Form

Weekly Activities Journal

Direct and Indirect Hours Log

Note: School Counseling and Rehabilitation Counseling students will use forms specific to their respective programs. See specialty sections in manual and/or LiveText student page.

Department of Counseling
Troy University _____ Campus/Site
MASTER'S PRACTICUM AND INTERNSHIP APPLICATION

Fall____ Spring____ Summer____ OR
Term 1____ Term 2 ____ Term 3 ____ Term 4 ____ Term 5____

- | | |
|--|---|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Clinical Mental Health |
| <input type="checkbox"/> Amended Application | <input type="checkbox"/> Rehabilitation |
| | <input type="checkbox"/> School |
| | <input type="checkbox"/> Social Services |
| | <input type="checkbox"/> Substance Abuse |
| | <input type="checkbox"/> Student Affairs |

Note: Clinical Coordinator's approval and signature must be obtained after you have your on-site supervisor's signature. BOTH signatures MUST be on the application as well as a FULL mailing address for your site supervisor. Do not begin collecting hours until application is approved.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

Student's Name: _____ Date: _____

Address: _____

City, State, Zip _____

Home Telephone: _____ Office Telephone: _____

E-Mail Address: _____

Specific Dates of Collection of Internship Hours: **(Must be completed)**

Beginning _____, 20____ Ending _____ 20____

List the term you will register for the course: _____ 20____

Site Information

(This must be a **complete mailing address** that is *legible*, if not you will not be approved)

Name of Site: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Site is within a 50-mile radius of Troy University Campus/Site: _____ Yes _____ No

On-Site Supervisor Information

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

On-Site Supervisor: _____ Title: _____

Address: (if different from site address) _____

City, State, Zip: _____

Telephone Number: _____ E-Mail Address: _____

On-Site Supervisor's Graduate Degrees (s) and major(s): _____

Number Years of Relevant Post Masters Experience _____

On-Site Supervisor's Credentials:

School Counselor Certification _____ NCC _____ CCMHC _____
CRC _____ LPC _____ Other _____

On-Site Supervisor Signature Date

Advisor's Signature Date

Note: Placement may begin only after the clinical coordinator has signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to collection of hours. For more information, contact academic advisors. Please list insurance information below.

Name of Company _____

Policy # _____

Coverage Dates _____

If you have questions or need further information, please contact the Practicum and internship Coordinator.

Approved _____ Denied _____

Clinical Coordinator's Signature

Date

Reason(s) for Denial:

Department of Counseling
Troy University _____ Campus/Site
MASTER'S PRACTICUM AND INTERNSHIP CONTRACT

Fall ___ Spring ___ Summer ___ OR
Term 1 ___ Term 2 ___ Term 3 ___ Term 4 ___ Term 5 ___

- _____ Clinical Mental Health
- _____ Rehabilitation
- _____ School
- _____ Social Services
- _____ Substance Abuse
- _____ Student Affairs

This agreement is made on _____ by and between _____
(date) (Field Site)

and the **Troy University Counseling Program on the _____ Campus/Site.**

The agreement will be effective for a period from _____ to _____ for
(begin date) (end date)

(Check one:)

_____ **100** Practicum Hours (**40** clinical hours of direct contact with clients (10 hours in leading or co-leading group activities); **60** Administrative hours)

_____ **600** Internship Hours (**240** clinical hours of direct contact with clients; **360** Administrative hours)

_____ **900** Internship Hours (**360** clinical hours of direct contact with clients; **540** Administrative hours)

for _____ .
(Student's name)

Purpose:

The purpose of this agreement is to provide a qualified graduate student with a practicum/internship experience to apply knowledge and develop counseling skills under supervision.

The University Program agrees:

1. To assign a university faculty liaison to facilitate communication between the university and the placement site;
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;

3. To be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and,
4. To provide practicum students weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member (CACREP III F. 2.) and 1 1/2 hours per week of group supervision with no more than 12 students (CACREP I R. & III F. 3). For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member. To provide internship students an average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.
5. To be responsible for the evaluation of the student's counseling performance throughout the practicum and internship, including documentation of a formal evaluation after the student completes the practicum and internship in consultation with the site supervisor and (CACREP II G. 6) assignment of a fieldwork grade.
6. To provide orientation, assistance, consultation, and professional development opportunities by the counseling program faculty to the site supervisors (CACREP III D.).
7. To provide site supervisors with information on the program's expectations, requirements, and evaluation procedures for students (CACREP III C. 4.).

The Practicum/Internship Site agrees:

1. To assign a practicum/internship supervisor who has the following qualifications (CACREP III C.): a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses; a minimum of two years of pertinent professional experience in the program area in which the student is enrolled; knowledge of the program's expectations, requirements, and evaluation procedures for students; relevant training in counseling supervision; and a commitment to preparing professional

counselors and promoting the development of the student's professional counselor identity. The onsite supervisor for students in the school counseling program must be a certified school counselor with two years of experience in the field.

2. To provide a practicum/internship site conducive to modeling, demonstration, supervision, and training (CACREP I H). The counseling environment includes all of the following (CACREP I H) : settings for individual counseling, with assured privacy and sufficient space for appropriate equipment; settings for small-group work, with assured privacy and sufficient space for appropriate equipment; necessary and appropriate technologies and other observational capabilities that assist learning; procedures that ensure that the client's confidentiality and legal rights are protected.
3. To provide the opportunity for students to apply theory and to develop counseling skills under supervision, including counseling clients who represent the ethnic and demographic diversity of the community (CACREP III).
4. To provide the opportunity for practicum students to complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term, including the following (CACREP III F): 40 clock hours of direct service with actual clients that contributes to the development of counseling skills; the opportunity to become familiar with a variety of professional activities in addition to direct service, including record keeping, supervision, information and referral, in-service and staff meetings; the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients; one hour of individual and/or triadic supervision throughout the practicum by a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract: and evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

5. To provide internship students with the opportunity to complete supervised internships in the students designated program area of 300 clock hours which includes the comprehensive work experience of a professional counselor appropriate to the designated program area. The internship includes all of the following (CACREP III G): at least 120 clock hours of direct service, including experience leading groups. weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship; the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings); the opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients; evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship.
6. To provide a copy of the site supervisor's appropriate license or certification;
7. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;

The student agrees:

1. I hereby attest that I have read and understood the American Counseling Association and the American Mental Health Counseling Association ethical standards and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.
3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.

4. I understand that in order to earn a passing grade in practicum/internship, I must demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.
5. I agree not to divulge any information regarding material, cases, names, concerns, etc., to any party outside this class meeting. Failure to do so will constitute violation of confidentiality and be representative of unprofessional conduct.
6. I absolve Troy University of any liability in the performance of my counseling practicum/internship activities for the term . year .
7. I agree to obtain and provide verification of my professional liability insurance to the university supervisor prior to the first night of class and to the Site/Agency supervisor.

SITE SUPERVISOR CRITERIA

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program’s expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Within the specified time frame, _____
(Site Supervisor)

will be the primary site supervisor. The training activities (indicated below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level or competence in each activity.

_____ will be the faculty liaison with whom
(Practicum/Internship Faculty)
 the student and site supervisor will communicate regarding progress, problems, and performance evaluations.

SUGGESTED PRACTICUM AND INTERNSHIP ACTIVITIES

1. Individual Counseling/Psychotherapy
Personal/Social Nature
Occupational/Education Nature
2. Group Counseling/Psychotherapy
Co-leading
Leading
3. Intake Interviewing
Including taking personal/social history information
4. Testing
Administration
Analysis
Interpretation of Results
5. Report Writing
Record Keeping
Treatment Plans
Treatment Summaries
6. Consultation
Referrals
Professional Team Collaboration
7. Psycho/Educational Activities
Parent Conferences
Outreach
Client Orientation
Contact with Community Resources
In-service
8. Career Counseling
9. Individual Supervision
10. Group or Peer Supervision

11. Case Conferences or Staff Meetings

12. Other as identified by faculty supervisor of specialty

EQUAL OPPORTUNITY

It is mutually agreed that neither party shall discriminate on the basis of race, gender, color, age, religion, national origin, or handicap.

Practicum Site Supervisor: _____ Date: _____

Student: _____ Date: _____

Clinical Coordinator _____ Date: _____

Practicum Student Evaluation

Student Name _____

Troy University Campus/Site _____

Evaluation Period Beginning
and End Dates _____

Check Course #: _CP 6650 _CP 6655

Please Check One Midterm Final (Complete in LiveText)

- Purpose:**
1. To provide the student with an opportunity to review levels of competency in counseling knowledge, skills, and professional development.
 2. To provide the student with a basis for formulating practicum or internship and supervision goals.

- Directions:**
1. The site and faculty supervisor completes this form with the student at the midterm and end of practicum or supervision
 2. Circle a number to indicate your assessment of current competency.
 3. Complete the supervision recommendations.

SKILLS ASSESSMENT

Directions Circle the desired rating for each item (1= Poor; 2= Below Average; 3= Average; 4= Mastery; 5= Exceptional; NA= not able to observe) and make comments in the space provided.

1. Knowledge of opening skills (nonverbal, open/closed questions, minimal encouragers, door openers)	1	2	3	4	5	NA
2. Ability to apply opening skills	1	2	3	4	5	NA
3. Knowledge of reflecting skills (paraphrase, reflection of feeling, and reflection of meaning, summaries)	1	2	3	4	5	NA
4. Ability to apply reflecting skills	1	2	3	4	5	NA
5. Ability to recognize and handle positive affect	1	2	3	4	5	NA
6. Ability to recognize and handle negative affect	1	2	3	4	5	NA
7. Knowledge of challenging skills (feedback, confrontation)	1	2	3	4	5	NA
8. Ability to apply challenging skills, confrontation and feedback	1	2	3	4	5	NA
9. Knowledge of group counseling process and practice, including group counseling skills	1	2	3	4	5	NA
10. Ability to apply knowledge of group process and practice, and apply group counseling skills.	1	2	3	4	5	NA
11. Applies comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural	1	2	3	4	5	NA

bias (genogram, mental health assessment, mental status exam, screening for addictions, aggression, and danger to self and others)							
12. Ability to assess client's stage of dependence, change, or recovery for determining treatment and placement within the continuum of care	1	2	3	4	5	NA	
13. Ability to discriminate between meaningful and irrelevant client data	1	2	3	4	5	NA	
14. Ability to formulate clinical hypothesis	1	2	3	4	5	NA	
15. Ability to test and revise a clinical hypothesis	1	2	3	4	5	NA	
16. Ability to identify diagnostic criteria and accurate multi-axial diagnosis	1	2	3	4	5	NA	
17. Ability to differentiate developmentally appropriate reactions during crisis, disasters, and other trauma causing events	1	2	3	4	5	NA	
18. Ability to identify goals from diagnosis with client	1	2	3	4	5	NA	
19. Ability to identify objectives for goals with client	1	2	3	4	5	NA	
20. Develops and uses measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	1	2	3	4	5	NA	
21. Knowledge of solution skills	1	2	3	4	5	NA	
22. Ability to apply solution skills	1	2	3	4	5	NA	
23. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders	1	2	3	4	5	NA	
24. Ability to begin and end session (summaries)	1	2	3	4	5	NA	
25. Ability to establish continuity from session to session	1	2	3	4	5	NA	
26. Ability to apply ethical and legal standards	1	2	3	4	5	NA	
27. Ability to apply multicultural counseling competencies to case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders in individual, couple, family, and group counseling	1	2	3	4	5	NA	
28. Promotes optimal human development, wellness and mental health through prevention, education and advocacy	1	2	3	4	5	NA	
29. Knowledge of community resources	1	2	3	4	5	NA	
30. Ability to promote client understanding of and access to community resources	1	2	3	4	5	NA	
31. Knowledge of couple, family, group, and systems theories and techniques	1	2	3	4	5	NA	
32. Ability to apply couple, family, group, and systems theories and techniques in assessment and treatment	1	2	3	4	5	NA	
33. Ability to apply procedures for assessing and managing suicide risk	1	2	3	4	5	NA	
34. Ability to apply current record keeping standards	1	2	3	4	5	NA	
Ability to demonstrate reflective practitioner skills:							
35. Self awareness of counselor thoughts, feelings, and skills	1	2	3	4	5	NA	

36. Correct identification of skills	1	2	3	4	5	NA
37. Accurate assessment of skill demonstration	1	2	3	4	5	NA
38. Accurate assessment of skill effectiveness with client	1	2	3	4	5	NA
39. Accurate identification of alternative skill interventions	1	2	3	4	5	NA
40. Applies relevant research findings to inform counseling practice	1	2	3	4	5	NA
41. Accurate recognition of limitations as a counselor and seeks supervision and provides appropriate referrals	1	2	3	4	5	NA
42. Advocates for policies, programs, and services that are equitable and responsive to the needs of clients	1	2	3	4	5	NA
Knowledge of counseling theory-based techniques (Please list)						
43.	1	2	3	4	5	NA
44.	1	2	3	4	5	NA
45.	1	2	3	4	5	NA
Ability to apply theory-based techniques (Please list)						
46.	1	2	3	4	5	NA
47.	1	2	3	4	5	NA
48.	1	2	3	4	5	NA
49. Ability to apply knowledge of public mental health policy, financing, and regulatory process to improve service delivery opportunities in clinical mental health counseling	1	2	3	4	5	NA

Write a brief statement concerning student's needs in supervision

STUDENT SIGNATURE

DATE

SITE SUPERVISOR SIGNATURE

DATE

FACULTY SUPERVISOR SIGNATURE

DATE

Practicum
Student Evaluation of Site Supervision

Student Name _____
 Troy University Campus/Site _____
 Site Supervisor Name _____
 Agency _____
 Evaluation Period Beginning
 and End Dates _____
 Check Course #: __CP 6650 __CP 6655

Please Check One _____ Midterm _____ Final

DIRECTIONS: Please circle a number which best evaluates the supervisor for the above specified time period.

	Poor	Below Average	Average	Mastery	Except- ional	N/A
1. Helps student identify strengths and challenges in knowledge in the eight core counseling areas.	1	2	3	4	5	N/A
2. Models and helps student identify, evaluate, and gain mastery of basic counseling skills.	1	2	3	4	5	N/A
3. Models and requires student to adhere to ethical and legal standards.	1	2	3	4	5	N/A
4. Assists student in understanding the public mental health policy, financing, and regulation at the site to improve service delivery.	1	2	3	4	5	N/A
5. Assists student in identifying multicultural competencies and applying to case conceptualization, diagnosis, treatment, referral, and prevention in counseling.	1	2	3	4	5	N/A
6. Helps student identify, apply, and master the principles and practices of assessment and diagnosis.	1	2	3	4	5	N/A
7. Helps student conceptualize an accurate multi-axial diagnosis through discussion of differential diagnosis.						N/A
8. Helps student differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma events.						N/A
9. Helps student identify, apply, and master the principles and practices of treatment planning.	1	2	3	4	5	N/A
10. Helps student identify, apply, and master the principles	1	2	3	4	5	N/A

	and practices of evidence-based treatment interventions.						
11.	Helps student identify and apply prevention, education, and advocacy to promote optimal human development, wellness, and mental health.	1	2	3	4	5	N/A
12.	Works with student to understand community resources and provide clients with knowledge, access, and referrals to resources.	1	2	3	4	5	N/A
13.	Models and helps student to apply culturally responsive couple, family, group and other systems modalities.	1	2	3	4	5	N/A
14.	Provides clear procedures and supervision for assessment and intervention for suicide, homicide, aggression, and crisis intervention.	1	2	3	4	5	N/A
15.	Provides procedures and supervision for record keeping in compliance with federal, state, and ethical standards.	1	2	3	4	5	N/A
16.	Helps student identify, provide, and master appropriate counseling assessment and interventions for clients with addiction and co-occurring disorders.	1	2	3	4	5	N/A
17.	Helps student identify limitations as a counselor and when to refer clients.	1	2	3	4	5	N/A
18.	Encourages student to use relevant research to inform counseling practice.	1	2	3	4	5	N/A
19.	Provides or assists student to develop data analysis and measurable outcomes to increase the effectiveness of the counseling program and interventions	1	2	3	4	5	N/A

Overall Student's Evaluation of Site Supervision	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

	_____ Supervisor Name (Please Print)
_____ Student Signature	_____ Supervisor Signature
_____ Date	_____ Date

**Practicum
STUDENT SITE EVALUATION**

DIRECTIONS: Students should complete this form at the end of each internship placement. This should be turned in to the University Supervisor.

Student Name: _____

Troy University Campus: _____ Term: _____

Agency Site: _____

Supervisor: _____

Check Course #: _CP 6650 _CP 6655

Rate the following questions about your site and experiences by the following:

1. Poor 2. Below Average 3. Average 4. Mastery 5. Exceptional

1. ___ Amount of site supervision.
2. ___ Quality and usefulness of site supervision.
3. ___ Usefulness and helpfulness of faculty liaison.
4. ___ Relevance of experience to career goals.
5. ___ Exposure to and communication of agency goals.
6. ___ Exposure to and communication of agency procedures.
7. ___ Exposure to professional roles and functions within the agency.
8. ___ Exposure to information about community resources.
9. ___ Rate all of the applicable experiences which you had at our site:

___ Report Writing	___ Intake Interviewing
___ Administration and Interpretations of tests	___ Staff Conferences
___ Individual Counseling	___ Family Counseling
___ Group Counseling	___ Psycho-educational Activities
___ Consultation	___ Career Counseling

10. Overall rating of the site: _____

COMMENTS: _____

Signature

Date

Practicum Evaluation Form
REHABILITATION COUNSELING PROGRAM
 CP 6650

(This form is used as the Student Self-Evaluation and the Site Supervisor Final Evaluation of Practicum/Internship)

Student: _____

Agency: _____ Department: _____

As a **rehabilitation counseling** practicum/internship student, you are asked to complete this progress report to reflect your evaluation of your performance and growth at your practicum/internship site using the following criteria.

Definitions of Rating terms

Exceptional (5): Always performs above the minimum requirements and shows outstanding aptitude, application of techniques and concepts of rehabilitation counseling

Below Average (2): Occasionally fails to meet minimum requirements in a satisfactory manner; performing at a level somewhat below that expected of an intern

Mastery (4): Always meets minimum requirements in a satisfactory manner, and performs considerably above that normally expected of an intern

Poor (1): Usually fails to meet minimum requirements in a satisfactory manner; performs at a level considerably below that expected of an intern

Average (3): Usually meets minimum requirements in a satisfactory manner; performing as might be expected of an intern

No Basis: There is no basis on which to evaluate the intern for the item in the question

I. Success in Forming Effective Relationships

Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Exceptional 5	No Basis
A. With Clients						
B. With other Professionals and Staff						
C. Supervisors						
D. Outside Agencies						

II. Skills in Counseling Techniques

A. KNOWLEDGE AND UNDERSTANDING						
Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Exceptional 5	No Basis
1. Principles and Process						
a. Knowledge of history, philosophy, and legislation affecting rehabilitation						
b. Application of principles of Disability-related legislation (i.e. rights of persons with disabilities, inclusion, access)						
c. Application of relevant Professional literature and Research into rehabilitation Counseling						
d. Participation in agency or Community research Activities or projects						
2. Psychological Aspects						
3. Human Behavior						
4. Case Work Principles and Practices						
a. Application of cultural, social, economic, disability-related, and environmental factors in planning						
b. Ability to collaboratively develop a client-centered rehabilitation and/or independent living plan with the consumer						
5. Professional Ethics						
a. Application of ethical principles and standards						
b. Application of appropriate legal principles and utilization of ethical decision-making skills to resolve ethical dilemmas						
6. Medical Aspects of Rehabilitation						
7. The World of Work						
a. Ability to facilitate consumer involvement in determining						

vocational goals and capabilities						
b. Utilization of career/occupational materials and labor market information for vocational planning						
c. Exploration of occupational alternatives, develop career plans						
d. Knowledge of career development theories and the importance of work to individuals						
e. Ability to identify prerequisite experiences, relevant training, and functional capacities needed for selected consumer career goals						
f. Ability to determine and resolve job adjustment problems through the provision of post-employment services to consumer						
8. Community Resources						
a. Knowledge of community resources for consumer and referral purposes						
b. Ability to identify community resources with the consumer to develop an appropriate rehabilitation plan						
c. Ability to establish working relationships and determine mutual responsibilities with other service providers, family, or client advocates involved with the consumer						
d. Consultation with professionals in other disciplines within the community						
e. Ability to serve as a consultant and market rehabilitation services to other community agencies for integration of individuals with disabilities into the community						
f. Ability to assist the consumer in identifying areas of personal responsibility including potential fiscal resources to obtain services						

g. Ability to identify and plan for the need and appropriate use of rehabilitation and assistive technology						
9. Assessment						
a. Knowledge of and capability to plan comprehensive and individual assessments to determine appropriate services						
b. Utilization of information regarding the existence, onset, severity, progression, and expected duration of an individual disability						
c. Ability to determine eligibility for rehabilitation services and/or programs including entering, engaging in, or retaining gainful employment						
d. Assessment of individual strengths, resources, experiences, career knowledge and interests, and individual capabilities to make decisions						
e. Evaluation of feasibility of individual rehabilitation or independent living objectives & determine vocational & independent living skills						
f. Ability to interpret assessment results with consumer or family						
10. Job Development and Placement						
a. Evaluation of work activities through job and task analyses						
b. Ability to restructure or modify jobs where appropriate						
c. Consultation with experts to increase individual level of functioning						
d. Education of perspective employers regarding benefits of hiring persons with disabilities						
e. Ability to assist employers to identify, modify, and/or eliminate architectural, procedural, and/or attitudinal barriers						

f. Ability to review data in order to determine potential person-job match						
g. Ability to provide support services for and teach job-seeking and retention skills						
h. Ability to establish follow-up or follow-along procedures to maximize independent functioning through post-employment services						
B. CASE WORK and ABILITIES						
11. Skill in Developing a Treatment Plan						
12. Skill in Effectively Coordinating & Implementing a Treatment Plan						
13. Ability to Practice Rehabilitation Counseling						
a. Ability to practice with individuals						
b. Ability to practice with groups and/or families						
c. Ability to develop and maintain the counseling relationship, assist a client in crisis resolution, & facilitate individual decision-making						
d. Ability to conduct group counseling sessions on adjustment or vocational problems & recommend strategies to resolve problems impeding the rehabilitation process						

III. Professionalism

Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Exceptional 5	No Basis
A. Completed agreed upon assignments with agency						
B. Was consistently prepared and punctual						

C. Demonstrated appropriate professional and ethical behavior throughout experience						
D. Maintained appropriate confidentiality throughout experience						
E. Demonstrated knowledge and abilities related to advocating for consumers						

IV. Classroom and Lab Activities

Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Exceptional 5	No Basis
A. Was able to maintain client files as instructed						
B. Presentations were well prepared and clear						
C. Participated in receiving and giving feedback during supervision sessions						
D. Maintained quality internship journals						

Practicum/Internship Student: _____ Date: _____

Faculty Supervisor: _____

Date: _____

Individual Supervision Summaries

Evaluation Period Beginning _____
 and End Dates _____

Check Course #: _CP 6638 _CP 6639 _CP 6650 _CP 6655 __CP 6659 _CP 6660 _CP 6661

For each week give a brief overview (summary) of your session with your site supervisor.

Week of:	Summary:
_____	_____ _____ _____ _____ _____ _____ _____

Troy University
Department of Counseling & Psychology

Information and Consent Form

I would like to take this opportunity to welcome you to counseling and provide you with some information that you may find valuable. I am currently a counselor-in-training at Troy University _____ (campus/region/location). When I complete my program, I will hold a graduate degree in Counseling.

Our relationship, although psychologically personal at times, should be regarded as strictly professional in nature. We will meet once a week for approximately 50 minutes. Since we will be limited in the amount of time we have to work together, our highest priority will be on the short-term goals we work together to establish. As your counselor, all I request is that you be willing to work with me towards the goals you set for yourself.

Should you need to cancel an appointment, please attempt to do so at least 24 hours in advance. Additionally, it will benefit you to know that I am not on call. Should you have a problem that needs immediate attention, contact the designated individual at your site.

I am ethically bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I determine that you are a danger to yourself or others, or if someone else is harming you; (2) if I am ordered to do so by a court of law; (3) if you direct me to disclose information to another; and, (4) for consultation purposes. In order for me to provide you with the best care possible, I will regularly audio and/or video tape our sessions and consult with my supervisor and peer counselors. Your identity will be protected in these circumstances.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is _____ . My site supervisor is _____ .

If you have any questions now or in the future, please feel free to ask at any time. Please indicate your understanding and consent by signing below.

Signature of Counselor: _____ Date: _____

Signature of Client: _____ Date: _____

Troy University
Department of Counseling & Psychology

Parental Consent Form

Dear Parent or Guardian:

Counseling students from Troy University are enrolled in a practicum course as part of their graduate work. This course involves working in the school or agency where your child is served. Student counselors provide individual and group counseling for those students or clients who have been identified by an official at the site, or through self or parent referral, as someone who might benefit from participating in counseling. If you have questions about the reason you are receiving this request, please contact the counselor at your child's school.

Counseling Student's Name _____ would like to work with your son/daughter, a student at _____ School.

Counseling students are required to audio and/or video record counseling sessions as part of their course and degree requirements. The sessions are listened to by supervisors and peer counselors who are committed to monitoring the well-being of your child and to help the student counselor develop the skills needed to enter the counseling profession upon graduation. The counseling sessions conducted with your child will be reviewed by the student counselor's supervisor, _____(name) . All audio and video recordings made will be erased at the completion of your child's involvement in the program. If at any time you wish to speak with your child's student counselor, please call the school and leave a message.

If you are interested and willing to have your child participate, please sign the form where indicated.
Thank you.

Parent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: Home _____ **Work** _____

Parent's Signature: _____

Date: _____

Weekly Activities Journal

<u>Student Name:</u>	
-----------------------------	--

TOTAL DIRECT AND INDIRECT CONTACT HOURS

WEEK OF:	INDIVIDUAL	GROUP	INDIRECT	SUPERVISION	TOTAL
TOTAL HOURS COMPLETED=					

Student Signature

Date

Supervisor's Name (please print)

Supervisor Signature

Date

Direct & Indirect Hours Log

Due End of Term

Student Name:

Total Direct Contact Hours

	WEEK OF:	TYPE OF ACTIVITY				TOTAL
		#CLIENTS	INDIVIDUAL	GROUP	OTHER	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
	TOTAL HOURS =					

Total Indirect Contact Hours

	WEEK OF:	#CLIENTS	TYPE OF ACTIVITY		TOTAL
			OTHER	SUPERVISION	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

15					
16					
	TOTAL HOURS =				

Student Signature

Date

Supervisor's Name (please print)

Supervisor Signature

Date

**School Counseling Program
Memorandum of Agreement**

To be completed at the beginning of internship by the following: the intern, site supervisor, university supervisor, and system superintendent. Each party should retain copies, and the university supervisor shall place one copy in the student's folder.

Course Information (Circle) CP 6650 CP 6657 CP 6658

University group supervisor: _____

Faculty Advisor: _____

University group supervision schedule: _____

Period of Internship: _____

Number of internship credit hours for which you are enrolled: _____

Practicum/Internship Schedule (total number of hours per week): _____

Student Information

Name of Student: _____

Address: _____

Home Phone: _____ **Office or Cell Phone:** _____

Email address: _____

Internship Site Information

School Name: _____

Elementary **Middle** **High School**

Address: _____

Site Supervisor: _____ **Title:** _____

Office Phone: _____ **Email address:** _____

Supervisors' Qualifications (degree, years of experience as a School Counselor):

Requirements

1. Minimum of a master's degree in counseling or a closely related field and appropriate certifications and/or licenses.
2. Minimum of two (2) years of pertinent professional experience.
3. Knowledge of Troy University's program's expectations, requirements and evaluation procedures for students.

Internship Goals & Objectives (Identify at least 3-5)

- 1.
- 2.
- 3.
- 4.
- 5.

Agreement:

This agreement is made on _____ by and between _____
(date) (School Site)
and Troy University. The agreement will be effective from _____ to _____
for _____ hours per week for _____
(Student's Name)

NOTE

The term of service should be accurate here. If the internship is to run for 9 to 12 months, dates should reflect that term and no new memorandum need be signed. If students are serving a one-semester term for any reason, a new agreement form should be completed each semester.

PURPOSE

The purpose of this agreement is to provide a qualified graduate student with a practicum and/or internship experience in the field of school counseling.

Troy University agrees:

- 1. to assign a University faculty liaison to facilitate communication between the University and the placement site;**
- 2. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;**
- 3. to be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or University occur;**
- 4. to be responsible for the assignment of a fieldwork grade and**
- 5. to inform students of, and support individual site laws, policies and procedures such as background searches and the destruction of supervision tapes when needed.**

The Practicum/Internship Site agrees:

- 1. to assign a practicum supervisor who has appropriate credentials, time, and interest for training the practicum student;**
- 2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance (see Suggested Practicum and Internship Activities, page);**
- 3. to provide a copy of the site supervisor's appropriate license or certification when appropriate;**
- 4. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;**
- 5. to provide supervisory contact which involves some examination of the student's work using audio/visual tapes, observation, and/or live supervision and**
- 6. to provide written evaluation of student based on criteria established by the University.**

Within the above specified time frame _____

(Site Supervisor)

will be the primary site supervisor. The training activities (indicated on the Practicum/Internship Activities form) below will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

_____ will be the faculty liaison with whom the
(University Supervisor)
student and site supervisor will communicate regarding progress, problems, and performance evaluations. In witness whereof, the parties hereto have caused this memorandum of agreement to be signed the day and year first written above.

Intern Date

Site Supervisor Date

University Supervisor Date

Superintendent/Principal Date

Student Affairs

**TROY UNIVERSITY
DEPARTMENT OF COUNSELING AND PSYCHOLOGY**

**Student Affairs Counseling
Site Supervisor Evaluation Form**

Intern:

Please complete the following before submitting this form to your Site supervisor for completion.

Student's Name: _____ **Date:** _____

Course: CP 6650 CP 6638 CP 6639 **Semester:** _____

University Supervisor: _____

Internship Site: _____

Site Supervisor's Name: _____ **Position:** _____

Site Supervisor: _____

Please rate the student intern using the following scale based on the student's current level of professional development.

- 1. Poor 2. Below Average 3. Average 4. Mastery 5. Exceptional**

This evaluation will be used for the professional development of our internship students. After you have completed this form, you may share your responses and rationale for your responses with the student. Students will then submit this form to their university supervisor to be placed in their internship folders.

PERSONAL AND PROFESSIONAL CHARACTERISTICS

The Intern demonstrates:	1.	2.	3.	4.	5.
Self-awareness					
Emotional Stability					
Self-confidence					
Dependability					
Ethical decision-making behavior					
Cooperativeness					
Ability to be tactful					
Initiative and leadership					

Openness to constructive feedback					
Ability to interact appropriately with clients					
Ability to interact/collaborate appropriately with peers, staff, and administrators					
Recognizes personal limitations					

COUNSELING SKILLS AND PROCESS

The Intern demonstrates:	1.	2.	3.	4.	5.
Ability to assess student needs and utilize appropriate intervention strategies					
Ability to work effectively with diverse students					
Ability to document/keep appropriate client records					
Ability to assess for client danger to self/others					
Ability to help clients with decision-making					
Knowledge of site's functions					
Knowledge of relationships among educational, personal/ social, career roles and responsibilities of students and others.					

PROFESSIONAL COMPETENCIES

The Intern demonstrates:	1.	2.	3.	4.	5.
Ability to apply knowledge of issues that affect Student Affairs practice (e.g., public policy, finance, governance, cultural issues ,international education)					
Knowledge of leadership, organization, and management practices that help the institution accomplish its mission					
Awareness of various systems and environmental contexts that affect students					
Knowledge of the psychological impact of crises, disasters, and other trauma-causing events on students, faculty, and institutions					
Ability to apply multicultural competencies to the practice of Student Affairs					

Skills in facilitating the academic, social, and career success of postsecondary students					
Skills in helping postsecondary students cope with personal and interpersonal problems					
Skills in crisis intervention in response to personal, educational, and community crises					
Ability to assess and manage suicide risk					

PROFESSIONAL COMPETENCIES (continued)

	1.	2.	3.	4.	5.
Ability to assist in the design, implementation, and evaluation of programs that promote wellness					
Knowledge of how student learning and learning opportunities are influenced by the characteristics of both the student and the college environment					
Ability to assess postsecondary student needs for appropriate learning and developmental opportunities					

OVERALL RATING OF STUDENT :

Intern demonstrates:	1.	2.	3.	4.	5.
Counseling ability					
Coordination ability					
Consultation ability					
Potential for success in a similar setting					

Are there other evaluation issues specific to your site on which the intern should be evaluated? If so, please comment on them in the space provided.

Please comment on the following questions.

1. What are the strengths of the student as an intern?

2. What areas need further development?

3. What recommendations would you make to enhance this student's development?

4. Please add any other comments.

Student's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Internship

Internship

Internship is a tutorial form of instruction that provides students the opportunity to apply theory and develop counseling skills under supervision. Internship includes individual and small group counseling with clients who represent the ethnic and demographic diversity of the community (CACREP III).

The student must complete the internship at a site that provides a counseling environment conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following (CACREP I H):

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
3. Necessary and appropriate technologies and other observational capabilities that assist learning.
4. Procedures that ensure that the client's confidentiality and legal rights are protected.

Program faculty provide group supervision for up to 12 students for one and one half (1 1/2) hour during weekly classes during the term. The program faculty providing supervision have the following qualifications (CACREP III A):

1. A doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.
2. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Relevant supervision training and experience.

The student must provide the Site Supervisor with the Site Supervisor Manual. The Site Supervisor must have the following qualifications (CACREP III C):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

The program requires completion of 2 supervised internships (3 in Florida) in the student's designated program area of 300 clock hours begun after successful completion of the practicum. The student must have the comprehensive work experience of a professional counselor appropriate to the designated program area (CACREP III G).

Each student's internship includes all of the following (CACREP III G):

1. Completion of a Practicum and internship Contract prior to beginning the course. This supervision contract defines the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship (CACREP III E).
2. Documentation that students have professional liability insurance prior to beginning internship and throughout the internship experience (CACREP I S).
3. At least 120 clock hours of direct service (360 hours total), including experience leading groups.
4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor. Documentation of supervision on Individual Supervision Summaries.
5. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.
6. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
7. Documentation of all practicum and internship experiences on the appropriate form.
8. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.
9. Evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

Internship Forms

Internship Application

Internship Contract

Note: School Counseling Interns see School Counseling Section, Pages 83-86 for Internship Contract.

Department of Counseling
Troy University _____ Campus/Site
MASTER'S PRACTICUM AND INTERNSHIP APPLICATION

Fall ___ Spring ___ Summer ___ OR
Term 1 ___ Term 2 ___ Term 3 ___ Term 4 ___ Term 5 ___

___ New Application
___ Amended Application

___ Clinical Mental Health
___ Rehabilitation
___ School
___ Social Services
___ Substance Abuse
___ Student Affairs

Note: Clinical Coordinator's approval and signature must be obtained after you have your on-site supervisor's signature. BOTH signatures MUST be on the application as well as a FULL mailing address for your site supervisor. Do not begin collecting hours until application is approved. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Student's Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Office Telephone: _____

E-Mail Address: _____

Specific Dates of Collection of Internship Hours: **(Must be completed)**

Beginning _____, 20____ Ending _____, 20____

List the term you will register for the course: _____ 20____

Site Information

(This must be a **complete mailing address** that is *legible*, if not you will not be approved)

Name of Site: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Site is within a 50-mile radius of Troy University Campus/Site: ___ Yes ___ No

On-Site Supervisor Information

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

On-Site Supervisor: _____ Title: _____

Address: (if different from site address)

City, State, Zip: _____

Telephone Number: _____ E-Mail Address: _____

On-Site Supervisor's Graduate Degrees (s) and major(s): _____

Number Years of Relevant Post Masters Experience _____

On-Site Supervisor's Credentials:

School Counselor Certification _____ NCC _____ CCMHC _____

CRC _____ LPC _____ Other _____

On-Site Supervisor Signature _____ Date _____

Advisor's Signature _____ Date _____

Note: Placement may begin only after the clinical coordinator has signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to collection of hours. For more information, contact academic advisors. Please list insurance information below.

Name of Company _____

Policy # _____

Coverage Dates _____

If you have questions or need further information, please contact the Practicum and internship Coordinator.

Approved _____ Denied _____

Clinical Coordinator's Signature

Date

Reason(s) for Denial:

Department of Counseling
Troy University _____ Campus/Site
MASTER'S PRACTICUM AND INTERNSHIP CONTRACT

Fall _____ Spring _____ Summer _____ OR
Term 1 _____ Term 2 _____ Term 3 _____ Term 4 _____ Term 5 _____

- _____ Clinical Mental Health
- _____ Rehabilitation
- _____ School
- _____ Social Services
- _____ Substance Abuse
- _____ Student Affairs

This agreement is made on _____ by and between _____
(date) (Field Site)

and the **Troy University Counseling Program on the _____ Campus/Site.** The agreement will be effective for a period from _____ to _____ for
(begin date) (end date)

(Check one:)

_____ **100** Practicum Hours (**40** clinical hours of direct contact with clients (10 hours in leading or co-leading group activities); **60** Administrative hours)

_____ **600** Internship Hours (**240** clinical hours of direct contact with clients; **360** Administrative hours)

_____ **900** Internship Hours (**360** clinical hours of direct contact with clients; **540** Administrative hours)

for _____ .
(Student's name)

Purpose:

The purpose of this agreement is to provide a qualified graduate student with a practicum/internship experience to apply knowledge and develop counseling skills under supervision.

The University Program agrees:

1. To assign a university faculty liaison to facilitate communication between the university and the placement site;
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;

3. To be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and,
4. To provide practicum students weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member (CACREP III F. 2.) and 1 1/2 hours per week of group supervision with no more than 12 students (CACREP I R. & III F. 3). For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member. To provide internship students an average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.
5. To be responsible for the evaluation of the student's counseling performance throughout the practicum and internship, including documentation of a formal evaluation after the student completes the practicum and internship in consultation with the site supervisor and (CACREP II G. 6) assignment of a fieldwork grade.
6. To provide orientation, assistance, consultation, and professional development opportunities by the counseling program faculty to the site supervisors (CACREP III D.).
7. To provide site supervisors with information on the program's expectations, requirements, and evaluation procedures for students (CACREP III C. 4.).

The Practicum/Internship Site agrees:

1. To assign a practicum/internship supervisor who has the following qualifications (CACREP III C.): a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses; a minimum of two years of pertinent professional experience in the program area in which the student is enrolled; knowledge of the program's expectations, requirements, and evaluation procedures for students; relevant training in counseling supervision; and a commitment to preparing professional counselors and promoting the development of the student's professional counselor identity. The onsite supervisor for students in the school counseling program must be a certified school counselor with two years of experience in the field.
2. To provide a practicum/internship site conducive to modeling, demonstration, supervision, and training (CACREP I H). The counseling environment includes all of the following (CACREP I H) : settings for individual counseling, with assured privacy and sufficient space for appropriate equipment; settings for small-group work, with assured privacy and sufficient

space for appropriate equipment; necessary and appropriate technologies and other observational capabilities that assist learning; procedures that ensure that the client's confidentiality and legal rights are protected.

3. To provide the opportunity for students to apply theory and to develop counseling skills under supervision, including counseling clients who represent the ethnic and demographic diversity of the community (CACREP III).
4. To provide the opportunity for practicum students to complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term, including the following (CACREP III F): 40 clock hours of direct service with actual clients that contributes to the development of counseling skills; the opportunity to become familiar with a variety of professional activities in addition to direct service, including record keeping, supervision, information and referral, in-service and staff meetings; the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients; one hour of individual and/or triadic supervision throughout the practicum by a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract: and evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.
5. To provide internship students with the opportunity to complete supervised internships in the students designated program area of 300 clock hours which includes the comprehensive work experience of a professional counselor appropriate to the designated program area. The internship includes all of the following (CACREP III G): at least 120 clock hours of direct service, including experience leading groups. weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship; the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings); the opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients; evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship.
6. To provide a copy of the site supervisor's appropriate license or certification;

7. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities.

The student agrees:

1. I hereby attest that I have read and understood the American Counseling Association and the American Mental Health Counseling Association ethical standards and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.
3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.
4. I understand that in order to earn a passing grade in practicum/internship, I must demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.
5. I agree not to divulge any information regarding material, cases, names, concerns, etc., to any party outside this class meeting. Failure to do so will constitute violation of confidentiality and be representative of unprofessional conduct.
6. I absolve Troy University of any liability in the performance of my counseling practicum/internship activities for the term year.
7. I agree to obtain and provide verification of my professional liability insurance to the university supervisor prior to the first night of class and to the Site/Agency supervisor.

SITE SUPERVISOR CRITERIA

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Within the specified time frame, _____

(Site Supervisor)

will be the primary site supervisor. The training activities (indicated below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level or competence in each activity.

_____ will be the faculty liaison with whom

(Practicum/Internship Faculty)

the student and site supervisor will communicate regarding progress, problems, and performance evaluations.

SUGGESTED PRACTICUM AND INTERNSHIP ACTIVITIES

1. Individual Counseling/Psychotherapy
 - Personal/Social Nature
 - Occupational/Education Nature
2. Group Counseling/Psychotherapy
 - Co-leading
 - Leading
3. Intake Interviewing
 - Including taking personal/social history information
4. Testing
 - Administration
 - Analysis
 - Interpretation of Results
5. Report Writing
 - Record Keeping
 - Treatment Plans
 - Treatment Summaries
6. Consultation
 - Referrals
 - Professional Team Collaboration
7. Psycho/Educational Activities
 - Parent Conferences
 - Outreach
 - Client Orientation
 - Contact with Community Resources
 - In-service
8. Career Counseling

9. Individual Supervision

10. Group or Peer Supervision

11. Case Conferences or Staff Meetings

12. Other as identified by faculty supervisor of specialty

EQUAL OPPORTUNITY

It is mutually agreed that neither party shall discriminate on the basis of race, gender, color, age, religion, national origin, or handicap.

Practicum Site Supervisor: _____ Date: _____

Student: _____ Date: _____

Clinical Coordinator _____ Date: _____

STUDENT AFFAIRS INTERNSHIP FORMS

Site Supervisor Evaluation Form

Student Evaluation of Site Supervisor

Student Site Evaluation

Weekly Activities Journal

Direct & Indirect Hours Log

Individual Supervision Summaries

Group Supervision Experience

**TROY UNIVERSITY
DEPARTMENT OF COUNSELING AND PSYCHOLOGY**

**Student Affairs Counseling
Site Supervisor Evaluation Form**

Intern:

Please complete the following before submitting this form to your Site supervisor for completion.

Student's Name: _____ **Date:** _____

Course: CP 6638 CP 6639 **Semester:** _____

University Supervisor: _____

Internship Site: _____

Site Supervisor's Name: _____ **Position:** _____

Site Supervisor: _____

Please rate the student intern using the following scale based on the student's current level of professional development.

- 1. Poor 2. Below Average 3. Average 4. Mastery 5. Exceptional**

This evaluation will be used for the professional development of our internship students. After you have completed this form, you may share your responses and rationale for your responses with the student. Students will then submit this form to their university supervisor to be placed in their internship folders.

PERSONAL AND PROFESSIONAL CHARACTERISTICS

The Intern demonstrates:	1.	2.	3.	4.	5.
Self-awareness					
Emotional Stability					
Self-confidence					
Dependability					
Ethical decision-making behavior					
Cooperativeness					
Ability to be tactful					
Initiative and leadership					
Openness to constructive feedback					
Ability to interact appropriately with clients					

Ability to interact/collaborate appropriately with peers, staff, and administrators					
Recognizes personal limitations					

COUNSELING SKILLS AND PROCESS

The Intern demonstrates:	1.	2.	3.	4.	5.
Ability to assess student needs and utilize appropriate intervention strategies					
Ability to work effectively with diverse students					
Ability to document/keep appropriate client records					
Ability to assess for client danger to self/others					
Ability to help clients with decision-making					
Knowledge of site's functions					
Knowledge of relationships among educational, personal/social, career roles and responsibilities of students and others.					

PROFESSIONAL COMPETENCIES

The Intern demonstrates:	1.	2.	3.	4.	5.
Ability to apply knowledge of issues that affect Student Affairs practice (e.g., public policy, finance, governance, cultural issues ,international education)					
Knowledge of leadership, organization, and management practices that help the institution accomplish its mission					
Awareness of various systems and environmental contexts that affect students					
Knowledge of the psychological impact of crises, disasters, and other trauma-causing events on students, faculty, and institutions					
Ability to apply multicultural competencies to the practice of Student Affairs					

Skills in facilitating the academic, social, and career success of postsecondary students					
Skills in helping postsecondary students cope with personal and interpersonal problems					
Skills in crisis intervention in response to personal, educational, and community crises					
Ability to assess and manage suicide risk					

PROFESSIONAL COMPETENCIES (continued)

	1.	2.	3.	4.	5.
Ability to assist in the design, implementation, and evaluation of programs that promote wellness					
Knowledge of how student learning and learning opportunities are influenced by the characteristics of both the student and the college environment					
Ability to assess postsecondary student needs for appropriate learning and developmental opportunities					

OVERALL RATING OF STUDENT:

Intern demonstrates:	1.	2.	3.	4.	5.
Counseling ability					
Coordination ability					
Consultation ability					
Potential for success in a similar setting					

Are there other evaluation issues specific to your site on which the intern should be evaluated? If so, please comment on them in the space provided.

Please comment on the following questions.

5. What are the strengths of the student as an intern?

6. What areas need further development?

7. What recommendations would you make to enhance this student's development?

8. Please add any other comments.

Student's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Practicum
Student Evaluation of Site Supervision

Student Name _____
 Troy University Campus/Site _____
 Site Supervisor Name _____
 Agency _____
 Evaluation Period Beginning
 and End Dates _____
 Check Course #: __CP 6638 __CP 6639

Please Check One _____ Midterm _____ Final

DIRECTIONS: Please circle a number which best evaluates the supervisor for the above specified time period.

	Poor	Below Average	Average	Mastery	Except- ional	N/A
1. Helps student identify strengths and challenges in knowledge in the eight core counseling areas.	1	2	3	4	5	N/A
2. Models and helps student identify, evaluate, and gain mastery of basic counseling skills.	1	2	3	4	5	N/A
3. Models and requires student to adhere to ethical and legal standards.	1	2	3	4	5	N/A
4. Assists student in understanding the public mental health policy, financing, and regulation at the site to improve service delivery.	1	2	3	4	5	N/A
5. Assists student in identifying multicultural competencies and applying to case conceptualization, diagnosis, treatment, referral, and prevention in counseling.	1	2	3	4	5	N/A
6. Helps student identify, apply, and master the principles and practices of assessment and diagnosis.	1	2	3	4	5	N/A
7. Helps student conceptualize an accurate multi-axial diagnosis through discussion of differential diagnosis.						N/A
8. Helps student differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma events.						N/A
9. Helps student identify, apply, and master the principles and practices of treatment planning.	1	2	3	4	5	N/A
10. Helps student identify, apply, and master the principles and practices of evidence-based treatment interventions.	1	2	3	4	5	N/A
11. Helps student identify and apply prevention, education, and advocacy to promote optimal human development, wellness, and mental health.	1	2	3	4	5	N/A

12. Works with student to understand community resources and provide clients with knowledge, access, and referrals to resources.	1	2	3	4	5	N/A
13. Models and helps student to apply culturally responsive couple, family, group and other systems modalities.	1	2	3	4	5	N/A
14. Provides clear procedures and supervision for assessment and intervention for suicide, homicide, aggression, and crisis intervention.	1	2	3	4	5	N/A
15. Provides procedures and supervision for record keeping in compliance with federal, state, and ethical standards.	1	2	3	4	5	N/A
16. Helps student identify, provide, and master appropriate counseling assessment and interventions for clients with addiction and co-occurring disorders.	1	2	3	4	5	N/A
17. Helps student identify limitations as a counselor and when to refer clients.	1	2	3	4	5	N/A
18. Encourages student to use relevant research to inform counseling practice.	1	2	3	4	5	N/A
19. Provides or assists student to develop data analysis and measurable outcomes to increase the effectiveness of the counseling program and interventions	1	2	3	4	5	N/A

Overall Student's Evaluation of Site Supervision	1	2	3	4	5	N/A
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ADDITIONAL COMMENTS AND/OR SUGGESTIONS

	_____ Supervisor Name (Please Print)
_____ Student Signature	_____ Supervisor Signature
_____ Date	_____ Date

Student Affairs
STUDENT SITE EVALUATION

DIRECTIONS: Students should complete this form at the end of each internship placement. This should be turned in to the University Supervisor.

Student Name: _____

Troy University Campus: _____ Term: _____

Course #: __CP 6638 __ CP 6639

Agency Site: _____

Supervisor: _____

Rate the following questions about your site and experiences by the following:

1. Poor 2. Below Average 3. Average 4. Mastery 5. Exceptional

1. ___ Amount of site supervision.
2. ___ Quality and usefulness of site supervision.
3. ___ Usefulness and helpfulness of faculty liaison.
4. ___ Relevance of experience to career goals.
5. ___ Exposure to and communication of agency goals.
6. ___ Exposure to and communication of agency procedures.
7. ___ Exposure to professional roles and functions within the agency.
8. ___ Exposure to information about community resources.
9. ___ Rate all of the applicable experiences which you had at our site:

___ Report Writing	___ Intake Interviewing
___ Administration and Interpretations of tests	___ Staff Conferences
___ Individual Counseling	___ Family Counseling
___ Group Counseling	___ Psycho-educational Activities
___ Consultation	___ Career Counseling
10. Overall rating of the site: _____

COMMENTS: _____

Signature

Date

Weekly Activities Journal

Student Name: _____

TOTAL DIRECT AND INDIRECT CONTACT HOURS

WEEK OF:	INDIVIDUAL	GROUP	INDIRECT	SUPERVISION	TOTAL
TOTAL HOURS COMPLETED=					

Supervisor Name (Please Print)

Student Signature

Supervisor Signature

Date

Date

Direct & Indirect Hours Log

Due End of Term

Student Name:

Total Direct Contact Hours

	WEEK OF:	TYPE OF ACTIVITY				TOTAL
		#CLIENTS	INDIVIDUAL	GROUP	OTHER	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
	TOTAL HOURS =					

Total Indirect Contact Hours

	WEEK OF:	TYPE OF ACTIVITY			TOTAL
		#CLIENTS	OTHER	SUPERVISION	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

14					
15					
16					
	TOTAL HOURS =				

 Supervisor's Name (please print)

 Student Signature

 Supervisor Signature

 Date

 Date

<hr/>	<p>Summary:</p> <hr/>
<p>Week of:</p>	
<hr/>	<p>Summary:</p> <hr/>
<hr/>	<p>Summary:</p> <hr/>
<hr/>	<p>Summary:</p> <hr/>
<hr/>	<p>Summary:</p> <hr/>

	Summary:

Site Supervisor's Signature _____ Date _____

**INTERNSHIP
GROUP SUPERVISION EXPERIENCE**

Evaluation Period Beginning _____
and End Dates _____

Check Course #: _CP 6638 _CP 6639 _CP 6650 _CP 6659 _CP 6660 _CP 6661

An average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member. (CACREP 2009 Section III G. 3)

Student's Name _____

	DATE	TOPIC	HOURS	FACULTY SIGNATURE
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				
Session 7				
Session 8				
Session 9				
Session 10				
Session 11				
Session 12				
Session 13				
Session 14				
Session 15				
Session 16				

TOTAL HOURS: _____ **Date** _____ **Semester** _____

Instructor's Signature _____

SCHOOL COUNSELING

Summary of Internship Requirements

Memorandum of Agreement

Statement of Confidentiality

Consent to Record Counseling Session

Internship Activity Log

Direct Service Notes

Group Counseling Summary Form

Indirect Service Notes

Individual Supervision

Group Supervision Experience

Rating of a Counseling Session

Site Supervisor/ Instructor Evaluation

Summary Form

Student Site and Supervisor Evaluation

Student Evaluation of Site-Supervisor

**Troy University School Counseling
Summary of Internship Requirements – CP 6657**

CP 6657 Internship School Counseling

300 Clock Hours - School Site

Direct Service Hours - 180 (include leading groups)

Indirect Service Hours – 120

Note: Internships (CP 6657-58 must include hours at both Elementary and Secondary Schools – split half with each level)

Agreement Contact with Schools

Confidentiality Agreement

Parent Consent Forms – Counsel and Record (audio/video) School Students

Student Logs – Hours Completed – Activity Sheets – Supervision Documentation

Evaluations:

Student Evaluates Site and Site Supervisor

Instructor Evaluates Student in Knowledge and Skills (**LiveText**)

On-Site School Counselor Evaluates Student (**url LiveText**)

Instructor Evaluates Student Taped Counseling Sessions

Instructor Evaluates all Activity and Supervision Documentation

Supervision

Weekly individual or triadic supervision sessions – On-site supervisor or faculty member may provide this supervision

Average of 1 1/2 hours per week of group supervision – faculty member provides group supervision and individual supervision

LiveText Assignments – CP 6657

Portfolio II

Web Page

Instructor Requirements/Assignments (Specific to Instructor)

**Troy University School Counseling
Summary of Internship Requirements – CP 6658**

CP 6658 Internship School Counseling

300 Clock Hours - School Site

Direct Service Hours - 180 (include leading groups)

Indirect Service Hours – 120

Note: Internships (CP 6657-58 must include hours at both Elementary and Secondary Schools – split half with each level)

Agreement Contact with Schools

Confidentiality Agreement

Parent Consent Forms – Counsel and Record (audio/video) School Students

Student Logs – Hours – Activity Sheets – Supervision Documentation

Evaluations:

Student Evaluates Site and Site Supervisor

Instructor Evaluates Student in Knowledge and Skills (**LiveText**)

On-Site School Counselor Evaluates Student (**url LiveText**)

Instructor Evaluates Student Taped Counseling Sessions

Instructor Evaluates all Activity and Supervision Documentation

Student Completes Exit Survey to Evaluate Program (**LiveText**)

Supervision

Weekly individual or triadic supervision sessions – On-site supervisor or faculty member may provide this supervision

Average of 1 1/2 hours per week of group supervision – faculty member provides group supervision and individual supervision

LiveText Assignments – CP 6658

Case Presentation

Exit Survey

Dispositions - *Student, Instructor and On-site Supervisor*

Instructor Requirements/Assignments (Specific to Instructor)

**Troy University
Department of Counseling and Psychology
School Counseling Program
Memorandum of Agreement**

To be completed at the beginning of internship by the following: the intern, site supervisor, university supervisor, and system superintendent. Each party should retain copies, and the university supervisor shall place one copy in the student's folder.

Course Information (Circle) CP 6650 CP 6657 CP 6658

University group supervisor: _____

Faculty Advisor: _____

University group supervision schedule: _____

Period of Internship: _____

Number of internship credit hours for which you are enrolled: _____

Practicum/Internship Schedule (total number of hours per week): _____

Student Information

Name of Student: _____

Address: _____

Home Phone: _____ **Office or Cell Phone:** _____

Email address: _____

Internship Site Information

School Name: _____

Elementary Middle High School

Address: _____

Site Supervisor: _____ **Title:** _____

Office Phone: _____ **Email address:** _____

Supervisors' Qualifications (degree, years of experience as a School Counselor):

Requirements

4. Minimum of a master's degree in counseling or a closely related field and appropriate certifications and/or licenses.
5. Minimum of two (2) years of pertinent professional experience.
6. Knowledge of Troy University's program's expectations, requirements and evaluation procedures for students.

Internship Goals & Objectives (Identify at least 3-5)

- 1.
- 2.
- 3.
- 4.
- 5.

Agreement:

This agreement is made on _____ by and between _____
(date) (School Site)
and Troy University. The agreement will be effective from _____ to
_____ for _____ hours per week for _____
(Student's Name)

NOTE

The term of service should be accurate here. If the internship is to run for 9 to 12 months, dates should reflect that term and no new memorandum need be signed. If students are serving a one-semester term for any reason, a new agreement form should be completed each semester.

PURPOSE

The purpose of this agreement is to provide a qualified graduate student with a practicum and/or internship experience in the field of school counseling.

Troy University agrees:

1. to assign a University faculty liaison to facilitate communication between the University and the placement site;
2. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. to be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or University occur;
4. to be responsible for the assignment of a fieldwork grade and
5. to inform students of, and support individual site laws, policies and procedures such as background searches and the destruction of supervision tapes when needed.

The Practicum/Internship Site agrees:

1. to assign a practicum supervisor who has appropriate credentials, time, and interest for training the practicum student;
2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance (see Suggested Practicum and Internship Activities, page);
3. to provide a copy of the site supervisor's appropriate license or certification when appropriate;
4. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
5. to provide supervisory contact which involves some examination of the student's work using audio/visual tapes, observation, and/or live supervision and
6. to provide written evaluation of student based on criteria established by the University.

Within the above specified time frame _____
(Site Supervisor)

will be the primary site supervisor. The training activities (indicated on the Practicum/Internship Activities form) below will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

_____ will be the faculty liaison with whom the
(University Supervisor)
student and site supervisor will communicate regarding progress, problems, and performance evaluations. In witness whereof, the parties hereto have caused this memorandum of agreement to be signed the day and year first written above.

Intern Date

Site Supervisor Date

University Supervisor Date

Superintendent/Principal Date

Troy University
CP 6657/6658 School Counseling Practicum/Internships
STATEMENT OF CONFIDENTIALITY

I, _____ agree not to divulge any information regarding material, cases, names (students/parents), concerns, etc., to any party outside of group supervision. Failure to abide by this agreement will constitute violation of confidentiality and be representative of unprofessional conduct.

Signature

Date

LIABILITY – INTERNSHIP RESPONSIBILITIES

I, _____ absolve
Troy University of any liability in the performance of my counseling
Internship (CP 6675/6658) activities for the _____ Semester, 20____.

I will begin the internship hours when the university professor has evidence of student internship insurance.

Student's Signature

Date

TROY UNIVERSITY
School Counseling Program
CP 6650/6657/6658

CONSENT TO RECORD COUNSELING SESSION

I, _____, (*client or client's parent or guardian*) give permission for _____ a student enrolled in the Graduate School Counseling Program at Troy University, to audio/video tape a counseling session with _____.

I understand that:

1. This tape may be reviewed with the graduate student's site supervisor, university supervisor, and peers in a group supervision session to assess the counseling students' skills.
2. The contents of this tape will be held confidential based on the American Counseling Association Code of Ethics and will be destroyed after review or when the purpose for keeping it no longer exists.
3. The student-counselor in training is required to report situations where there is possible evidence of (a) harm to the client or others (b) child abuse or neglect (c) abuse of individuals with disability or (d) the information is ordered by a court and (e) a medical emergency.

Client Signature

Date

Parent/Guardian Signature (if client is a minor)

Date

Troy Student Counselor Signature

Date

Site Supervisor Signature

Date

Troy University
 CP 6657/6658 SCHOOL INTERNSHIP SUMMARY LOG
 Completed Monthly

DIRECTIONS:

1. Record the dates of each week at the site where indicated.
2. Record the total number of hours per week in each activity under the appropriate column.
3. Total the number of hours for the week and indicate at the bottom of the week column.
4. At the end of the month, total the hours spent in each activity by adding the hours across each activity and indicate the total in the monthly totals column.
5. Student will not participate in all activities each month.
6. Obtain your Site Supervisor's signature. Submit to the University internship supervisor at the completion of the internship.

ACTIVITIES	WEEK 1	WEEK 2	WEEK 3	WEEK 4	MONTHLY TOTAL
	Date/Hrs.	Date/Hrs.	Date/Hrs.	Date/Hrs.	

Individual Counseling					
Group Counseling					
Group Guidance					
Testing – Assessment – Inservice (Workshops)					
Participate in Crisis Mgt - Intervention					
Promote Professional Identity					
Health and Wellness Activity					
Assess Suicide Risk					
Referral of Students					
Consultation					
Guidance Program Mgt – Evaluation – Leadership					
Career Counseling					
Counseling Substance Abuse					

Collaboration					
Technology					
Research Evaluation					
Advocacy - policies, diversity, positive school climate,					
Individual Supervision					
Group Supervision					
Present Educational Programs – teachers/parents					
Other					
WEEKLY TOTALS					

Student's Name _____

Site Supervisor's Signature _____

Troy University
CP 6657/6658 SCHOOL COUNSELING INTERNSHIPS

DIRECT SERVICE NOTES

Opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his/her interaction with students/clients. (CACREP 2009 Section III G. 5)

Check One: Audio_____ Video_____

Length of Session_____ Client I.D._____ Individual_____

Intended goals:

Comment on positive counseling behaviors:

Comment on areas of counseling practice needing improvement:

Concerns or comment regarding student/client dynamics:

Plans (plan of action) for further counseling with this student:

Tape submitted to:_____ Date:_____

Internship Student's Signature_____

Site or University Supervisor's Signature_____

Troy University
CP 6657/6658 School Counseling Internships
GROUP COUNSELING SUMMARY FORM
DIRECT SERVICE

Student's internship includes 120 hours of direct service, including experience leading groups. (CACREP 2009 Section III G 1.

Date _____

Name _____

Number of Students _____ **Amount of Time** _____

Type of Activity (include grade level) _____

Describe Activity: (Type of session, etc.) Provide an adequate description.

Troy University
CP 6657/6658 School Counseling Internships
INDIRECT SERVICE NOTES

Date_____ Amount of Time_____

Activity_____

SUMMARY:

Write a summary of this activity. Briefly outline the activity. In the summary, please evaluate your skills, what you learned, etc.

**TROY UNIVERSITY
 CP 6657/6658 SCHOOL COUNSELING
 INDIVIDUAL AND/OR TRIADIC SUPERVISION**

Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor. (CACREP 2009 Section III .G 2)

Please Circle: CP 6657 CP 6658

Student's Name: _____

	Client ID	Hours	Date	Supervisor
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				
Session 7				
Session 8				
Session 9				
Session 10				
Session 11				
Session 12				
Session 13				
Session 14				
Session 15				
Session 16				

On-Site or Faculty Supervisor's Signature: _____

Date: _____

Troy University
CP 6657/6658 INTERNSHIP IN SCHOOL COUNSELING
GROUP SUPERVISION EXPERIENCE

An average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member. (CACREP 2009 Section III G. 3)

Student's Name _____

	DATE	TOPIC	HOURS	FACULTY SIGNATURE
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				
Session 7				
Session 8				
Session 9				
Session 10				
Session 11				
Session 12				
Session 13				
Session 14				
Session 15				
Session 16				

TOTAL HOURS: _____ Date _____ Semester _____

Instructor's Signature _____

**SCHOOL COUNSELING SESSION RATING FORM
INSTRUCTOR EVALUATION**

Rating of a Counseling Session Conducted by a Student Counselor

Client Name or Identification _____

Student Counselor Name _____

CHECK ONE

Audio Tape ____

Video Tape ____ Signature of Supervisor _____

Observation ____ Date _____

Other (Specify) _____ Date of Session _____

DIRECTIONS: Supervisor is to mark a rating for each item and as much as possible is to provide remarks that will help the student counselor in his/her development.

SPECIFIC CRITERIA	RATING (poor to exceptional)	REMARKS
1. OPENING: Was opening unstructured, friendly, and pleasant? Any role definition needed? Any introduction necessary?	1 2 3 4 5	
2. RAPPORT: Did student counselor establish good rapport with client? Was the stage set for a productive session?	1 2 3 4 5	
3. INTERVIEW RESPONSIBILITY: If not assumed by the client, did student counselor assume appropriate level of responsibility for session conduct? Did student counselor or client take initiative?	1 2 3 4 5	
4. INTERACTION: Were the client and student counselor really communicating in a meaningful manner?	1 2 3 4 5	
5. ACCEPTANCE/PERMISSIVENESS: Was the student counselor accepting and permissive of client's emotions, feelings, and thoughts expressed?	1 2 3 4 5	
6. REFLECTIONS OF FEELINGS: Did student counselor reflect and react to feelings or did session remain on an intellectual level?	1 2 3 4 5	

- | | |
|--|------------------|
| 7. STUDENT COUNSELOR RESPONSES:
Were student counselor responses appropriate in view of what the client was expressing, or were responses concerned with trivia and minutia? Meaningful questions? | 1 2 3 4 5 |
| 8. VALUE MANAGEMENT: How did the student counselor cope with values? Were attempts made to impose counselor values during the session? | 1 2 3 4 5 |
| 9. COUNSELING RELATIONSHIP: Were student: counselor-client relationships conducive to productive counseling? Was a counseling relationship established? | 1 2 3 4 5 |
| 10. CLOSING: Was closing student counselor or or client initiated? Was it abrupt or brusque? Any follow-up or further session scheduling accomplished? | 1 2 3 4 5 |
| 10. GENERAL TECHNIQUES: How well did the student counselor conduct the mechanics of the session? | 1 2 3 4 5 |

OVERALL EVALUATION:

- A. Duration of session.** Was the session too long or too short? Should the session have been terminated sooner or later?

- B. Vocabulary level:** Was student counselor's vocabulary appropriate for the client?

- C. Mannerisms:** Did the student counselor display any mannerism which might have conversely affected the session or portions thereof?

D. Verbosity: Did the student counselor dominate the session, interrupt, override, or become too wordy?

E. Silences: Were silences broken to meet student counselor needs or were they dealt within an effectual manner?

Student's Signature _____ **Date** _____

Supervisor's Signature _____ **Date** _____

Troy University
School Counseling Internship – CP 6657/6658
Site Supervisor’s Evaluation
and
Instructors’s Evaluation
 Department of Counseling and Psychology
 Troy University

Complete in LiveText

Semester/Term Academic Year
Person Completing Form (Select One)
Instructor (Type in Name)
On-Site School Counselor (Type in Name)

Student Name
Student ID (not SS#)
Ethnicity
Gender (Male/Female)
Home Location:
 Alabama (School Counseling Programs)
 Dothan
 Montgomery
 Phenix City
 Troy

Rate the School Counseling Intern in the Following Areas:

1-Poor; 2-Below Average; 3-Average; 4-Mastery; 5-Exceptional		1	2	3	4	5	Not Observed
I.	PERSONAL AND PROFESSIONAL ATTRIBUTES OF INTERN						
	A. The Intern demonstrates the following personal qualities						
	1. Flexibility						
	2. Dependability						
	3. Enthusiasm						
	4. Sense of Humor						
	5. Stability						
	6. Human Relations Skills						
	7. Initiative						
	8. Professional Appearance						
	9. Clear Voice and Speech						
	10. Sensitivity						
	B. The Intern demonstrates the following professional attributes						
	1. Identifies and plans professional growth and development						
	2. Ethical decision making and behavior						

1-Poor; 2-Below Average; 3-Average; 4-Mastery; 5-Exceptional		1	2	3	4	5	Not Observed
3. Creativity ability and leadership							
4. Professional interest							
5. Knowledge							
6. Openness to constructive feedback							
7. Ability to evaluate self							
8. Awareness of self							
9. Ability to work with supervisors							
10. Ability to collaborate and/or consult with peers/colleagues							
11. Ability to work with diverse student populations							
12. Professional potential as school counselor							
C. The Intern demonstrates the following indicators of professional effectiveness							
1. Ability to establish objectives							
2. Awareness of student needs							
3. Ability to establish short-range program plans							
4. Ability to establish a long-range program plan							
5. Efficiency in keeping records							
6. Efficiency in use of time							
7. Ability to motivate interest							
8. Ability to establish effective counseling relationships							
9. Ability to evaluate progress of students							
10. Ability to conduct effective student interviews							
11. Ability to identify and use resources							
12. Recognition of and provision for individual differences							
13. Effective classroom management							
14. Efficiency in follow-up							
II.	PERFORMANCE OF INTERN IN SCHOOL						
A. The Intern demonstrates the following knowledge of the organization/structure of the school							
1. Knowledge of organizational structure							
2. Awareness of staff responsibilities							
3. Knowledge of school procedures and services							
4. Knowledge of available resources							

1-Poor; 2-Below Average; 3-Average; 4-Mastery; 5-Exceptional		1	2	3	4	5	Not Observed
5. Knowledge of cooperating agencies and referral sources							
B. The Intern is able to use the following counseling and guidance activities to promote school success							
1. Intake interview (including developmentally appropriate disclosure)							
2. Assess student needs and plan interventions accordingly							
3a. Individual counseling							
3b. Group counseling							
4. Make referrals							
5. Form constructive relationships with parents and other stakeholders							
C. The Intern demonstrates the following abilities/skills in program management							
1. Organization of work and time including the use of available technologies to assist planning, design, implementation and evaluation of program components							
2. Effective planning of lessons and interventions to achieve program goals							
3. Use available data to plan/revise program							
4. Implement processes and activities that assist in achieving program-identified student competencies							
5. Work with multiple systems (staff, family, community) that affect students							
D. The Intern demonstrates the consultation skills needed to participate fully in the following							
1. Parent/Teacher conferences							
2. Committee meetings (504, student support teams, grade level teams, etc.)							
E. The Intern engages in evaluations and research activities that enhance the school counseling program and counselor effectiveness							

III. Overall evaluation of this School Counseling Intern as a potential employee.

IV. Additional Comments (unique strengths or skills, areas needing further development, professional potential, etc.)

V. Have you discussed your evaluation with the Intern? _____

If you are the on-site school counselor, are you willing for the university supervisor to share this evaluation with the Intern? _____

VI. Final grade recommended: _____ Pass (P) _____ Fail (F)

Troy University
CP 6657/6658 INTERNSHIP IN SCHOOL COUNSELING
SUMMARY FORM - COMPLETED AT END OF INTERNSHIP COURSE
Course No. _____

I. TO BE COMPLETED BY STUDENT

1. Student _____

2. Internship Site: _____

3. Address: _____

4. Telephone: _____

5. Describe the nature of your internship at this site:

II. TO BE COMPLETED BY INTERNSHIP ON-SITE DIRECTOR AND/OR SUPERVISOR

1. Supervisor/Director's Name: _____

2. Title: _____

3. Please review the student's description of the Internship experience. Provide any additional information which may be helpful in evaluating this student.

I attest that I provided the Supervision and Internship training described above and that it is a true and accurate representation of this individual's experience.

Site Supervisor's Signature _____

Date _____

Troy University
CP 6657/6658 INTERNSHIP IN COUNSELING
SUMMARY FORM
(continued)

III TO BE COMPLETED BY TROY UNIVERSITY INTERNSHIP INSTRUCTOR.

1. Number of on-campus supervisory hours provided to this student:

2. Description of supervisory activities provided by instructor:

4. Number of on-site supervision hours – provided by on-site supervisor:

5. Number of Internship Direct Hours _____

Number of Internship Indirect Hours _____

6. Total Number of Internship Hours _____

**Student completed the 300 hours for internship, of which 120 hours were direct hours.
Student completed the required hours of supervision.**

Student Signature _____

Faculty Instructor's Signature _____

Troy University
STUDENT SITE AND SUPERVISOR'S EVALUATION - ELEMENTARY

CP 6650 PRACTICUM AND
CP 6657/6658 SCHOOL COUNSELING INTERNSHIP

DIRECTIONS: Student completes this form at the end of the internship. This should be turned in to the University Supervisor or Internship Coordinator as indicated by the University Program.

Please Circle: CP 6650 CP 6657 CP 6658

Name _____

Elementary School _____

Dates of Placement _____

Site Supervisor _____

ELEMENTARY SITE EVALUATION

Rate the following areas regarding your site and experiences:

1. Poor – would not recommend for student interns
2. Below Average
3. Average
4. Outstanding – would recommend for student interns
5. Exceptional – would recommend for student interns

A. _____ Amount of site supervision

B. _____ Quality and usefulness of site supervision

C. _____ Usefulness and helpfulness of faculty liaison

D. _____ Relevance of experience to career goals

E. _____ Exposure to and communication of school counseling program goals

F. _____ Exposure to and communication of school counseling goal program procedures

G. _____ Exposure to professional roles and functions of a school counselor

H. _____ Exposure to information about school, community resources

I. Rate all applicable experiences which you had at your site:

- _____ Academic counseling with students
- _____ Personal counseling with student issues
- _____ Career counseling with students
- _____ Administration and interpretation of tests
- _____ Parent-Teacher conferences regarding students
- _____ Individual counseling
- _____ Group counseling – Develop groups for students
- _____ Counseling with student families
- _____ Psycho – educational activities
- _____ Group Guidance or Classroom Guidance
- _____ Collaboration and Consultation
- _____ Intervention plans/implantation with students
- _____ Advocacy
- _____ Leadership experiences as school counseling leader

J. _____ Overall evaluation of the site.

COMMENTS: Include any suggestions for improvements in the experiences you have rated
1- average, 2- below average, or 3- poor.

STUDENT EVALUATION OF SITE-SUPERVISOR
ELEMENTARY SITE-SUPERVISOR (SCHOOL COUNSELOR) EVALUATION

Rate the following regarding your supervision experiences with the school counselor.

1. No Understanding of Supervision
2. Below Average Supervision
3. Average Supervision
4. Outstanding Supervision
5. Exceptional Supervision

1. ____ Gives time and energy in observing tape processing and student cases.
2. ____ Accepts and maintains respects during supervision.
3. ____ Recognizes and encourages development of my strengths and capabilities.
4. ____ Give useful feedback, constructive criticism.
5. ____ Provides freedom to develop flexible and effective counseling styles.
6. ____ Encourages and listens to idea/ suggestions for developing my counseling skills.
7. ____ Assists in understanding the dynamics of counseling supervision.
8. ____ Encourages use of new and different techniques when appropriate.
9. ____ Is spontaneous and flexible in the supervisory sessions.
10. ____ Helps me define and achieve specific concrete goals during supervision.
11. ____ Allows discussion of problems I encounter in the school setting.
12. ____ Pays appropriate amount of attention to both me and my students.
13. ____ Focuses on both verbal and nonverbal behavior with me and my students.
14. ____ Helps define and maintain ethical and legal behavior in school counseling.
15. ____ Encourages engagement in professional behavior.
16. ____ Maintains confidentiality regarding supervisory sessions.
17. ____ Helps organize relevant information in planning goals/strategies for students.
18. ____ Helps formulate a theoretically sound rationale of human behavior.
19. ____ Offers resource information when requested.
20. ____ Helps develop skill in assessing and gaining insight from my counseling tapes.
21. ____ Allows and encourages self-evaluation.

ADDITIONAL COMMENTS REGARDING SUPERVISION BY THE SCHOOL COUNSELOR:

My signature indicates that I have read the above report and have discussed the content with my supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date **Signature of Faculty Supervisor**

Date **Signature of Internship Student**

Troy University
STUDENT SITE AND SUPERVISOR'S EVALUATION – SECONDARY

CP 6650 PRACTICUM AND
CP 6657/6658 SCHOOL COUNSELING INTERNSHIP

DIRECTIONS: Student completes this form at the end of the internship. This should be turned in to the University Supervisor or Internship Coordinator as indicated by the University Program.

Please Circle: CP 6650 CP 6657 CP 6658

Name _____

Secondary School _____

Dates of Placement _____

Site Supervisor _____

SECONDARY SITE EVALUATION

Rate the following areas regarding your site and experiences:

1. Poor – would not recommend for student interns
2. Below Average
3. Average
4. Outstanding – would recommend for student interns
5. Exceptional – would recommend for student interns

A. _____ Amount of site supervision

B. _____ Quality and usefulness of site supervision

C. _____ Usefulness and helpfulness of faculty liaison

D. _____ Relevance of experience to career goals

E. _____ Exposure to and communication of school counseling program goals

F. _____ Exposure to and communication of school counseling goal program procedures

G. _____ Exposure to professional roles and functions of a school counselor

H. _____ Exposure to information about school, community resources

I. Rate all applicable experiences which you had at your site:

_____ Academic counseling with students

_____ Personal counseling with student issues

_____ Career counseling with students

_____ Administration and interpretation of tests

_____ Parent-Teacher conferences regarding students

_____ Individual counseling

_____ Group counseling – Develop groups for students

_____ Counseling with student families

_____ Psycho – educational activities

_____ Group Guidance or Classroom Guidance

_____ Collaboration and Consultation

_____ Intervention plans/implantation with students

_____ Advocacy

_____ Leadership experiences as school counseling leader

J. _____ Overall evaluation of the site.

COMMENTS: Include any suggestions for improvements in the experiences you have rated
1- average, 2- below average, or 3- poor.

STUDENT EVALUATION OF SITE-SUPERVISOR
SECONDARY SITE-SUPERVISOR (SCHOOL COUNSELOR) EVALUATION

Rate the following regarding your supervision experiences with the school counselor.

1. No Understanding of Supervision
2. Below Average Supervision
3. Average Supervision
4. Outstanding Supervision
5. Exceptional Supervision

1. ____ Gives time and energy in observing tape processing and student cases.
5. ____ Accepts and maintains respects during supervision.
6. ____ Recognizes and encourages development of my strengths and capabilities.
7. ____ Give useful feedback, constructive criticism.
5. ____ Provides freedom to develop flexible and effective counseling styles.
6. ____ Encourages and listens to idea/ suggestions for developing my counseling skills.
7. ____ Assists in understanding the dynamics of counseling supervision.
8. ____ Encourages use of new and different techniques when appropriate.
9. ____ Is spontaneous and flexible in the supervisory sessions.
10. ____ Helps me define and achieve specific concrete goals during supervision.
11. ____ Allows discussion of problems I encounter in the school setting.
12. ____ Pays appropriate amount of attention to both me and my students.
13. ____ Focuses on both verbal and nonverbal behavior with me and my students.
14. ____ Helps define and maintain ethical and legal behavior in school counseling.
15. ____ Encourages engagement in professional behavior.
16. ____ Maintains confidentiality regarding supervisory sessions.
17. ____ Helps organize relevant information in planning goals/strategies for students.
18. ____ Helps formulate a theoretically sound rationale of human behavior.
19. ____ Offers resource information when requested.
20. ____ Helps develop skill in assessing and gaining insight from my counseling tapes.
21. ____ Allows and encourages self-evaluation.

ADDITIONAL COMMENTS REGARDING SUPERVISION BY THE SCHOOL COUNSELOR:

My signature indicates that I have read the above report and have discussed the content with my supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date	Signature of Faculty Supervisor
-------------	--

Date	Signature of Internship Student
-------------	--

Clinical Mental Health Substance Abuse

Internship Mental Health Forms

Student Evaluation

Student Evaluation of Site Supervisor

Student Site Evaluation

Statement of Confidentiality

Liability Insurance

Information and Consent Form

Parental Consent Form

Weekly Activities Journal

Direct & Indirect Hours Log

Individual Supervision Summaries

Group Supervision Experience

Internship Student Evaluation

Student Name _____
 Troy University Campus/Site _____
 Evaluation Period Beginning
 and End Dates _____
 Check Course #: _ CP 6659 _CP 6660 _CP 6661

Please Check One _____ Midterm _____ Final (Complete in LiveText)

- Purpose:**
1. To provide the student with an opportunity to review levels of competency in counseling knowledge, skills, and professional development.
 2. To provide the student with a basis for formulating practicum or internship and supervision goals.

- Directions:**
1. The site and faculty supervisor completes this form with the student at the midterm and end of practicum or supervision
 2. Circle a number to indicate your assessment of current competency.
 3. Complete the supervision recommendations.

SKILLS ASSESSMENT

Directions Circle the desired rating for each item (1= Poor; 2= Below average; 3= Average; 4= Mastery; 5= Exceptional; NA= not able to observe) and make comments in the space provided.

1. Knowledge of opening skills (nonverbal, open/closed questions, minimal encouragers, door openers)	1	2	3	4	5	NA
2. Ability to apply opening skills	1	2	3	4	5	NA
3. Knowledge of reflecting skills (paraphrase, reflection of feeling, and reflection of meaning, summaries)	1	2	3	4	5	NA
4. Ability to apply reflecting skills	1	2	3	4	5	NA
5. Ability to recognize and handle positive affect	1	2	3	4	5	NA
6. Ability to recognize and handle negative affect	1	2	3	4	5	NA
7. Knowledge of challenging skills (feedback, confrontation)	1	2	3	4	5	NA
8. Ability to apply challenging skills, confrontation and feedback	1	2	3	4	5	NA
9. Knowledge of group counseling process and practice, including group counseling skills	1	2	3	4	5	NA
10. Ability to apply knowledge of group process and practice, and apply group counseling skills.	1	2	3	4	5	NA

11. Applies comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias (genogram, mental health assessment, mental status exam, screening for addictions, aggression, and danger to self and others)	1	2	3	4	5	NA
12. Ability to assess client's stage of dependence, change, or recovery for determining treatment and placement within the continuum of care	1	2	3	4	5	NA
13. Ability to discriminate between meaningful and irrelevant client data	1	2	3	4	5	NA
14. Ability to formulate clinical hypothesis	1	2	3	4	5	NA
15. Ability to test and revise a clinical hypothesis	1	2	3	4	5	NA
16. Ability to identify diagnostic criteria and accurate multi-axial diagnosis	1	2	3	4	5	NA
17. Ability to differentiate developmentally appropriate reactions during crisis, disasters, and other trauma causing events	1	2	3	4	5	NA
18. Ability to identify goals from diagnosis with client	1	2	3	4	5	NA
19. Ability to identify objectives for goals with client	1	2	3	4	5	NA
20. Develops and uses measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	1	2	3	4	5	NA
21. Knowledge of solution skills	1	2	3	4	5	NA
22. Ability to apply solution skills	1	2	3	4	5	NA
23. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders	1	2	3	4	5	NA
24. Ability to begin and end session (summaries)	1	2	3	4	5	NA
25. Ability to establish continuity from session to session	1	2	3	4	5	NA
26. Ability to apply ethical and legal standards	1	2	3	4	5	NA
27. Ability to apply multicultural counseling competencies to case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders in individual, couple, family, and group counseling	1	2	3	4	5	NA
28. Promotes optimal human development, wellness and mental health through prevention, education and advocacy	1	2	3	4	5	NA
29. Knowledge of community resources	1	2	3	4	5	NA
30. Ability to promote client understanding of and access to community resources	1	2	3	4	5	NA
31. Knowledge of couple, family, group, and systems theories and techniques	1	2	3	4	5	NA
32. Ability to apply couple, family, group, and systems theories and techniques in assessment and treatment	1	2	3	4	5	NA
33. Ability to apply procedures for assessing and managing suicide risk	1	2	3	4	5	NA
34. Ability to apply current record keeping standards	1	2	3	4	5	NA

Ability to demonstrate reflective practitioner skills:

35. Self awareness of counselor thoughts, feelings, and skills	1	2	3	4	5	NA
36. Correct identification of skills	1	2	3	4	5	NA
37. Accurate assessment of skill demonstration	1	2	3	4	5	NA
38. Accurate assessment of skill effectiveness with client	1	2	3	4	5	NA
39. Accurate identification of alternative skill interventions	1	2	3	4	5	NA
40. Applies relevant research findings to inform counseling practice	1	2	3	4	5	NA
41. Accurate recognition of limitations as a counselor and seeks supervision and provides appropriate referrals	1	2	3	4	5	NA
42. Advocates for policies, programs, and services that are equitable and responsive to the needs of clients	1	2	3	4	5	NA
Knowledge of counseling theory-based techniques (Please list)						
43.	1	2	3	4	5	NA
44.	1	2	3	4	5	NA
45.	1	2	3	4	5	NA
Ability to apply theory-based techniques (Please list)						
46.	1	2	3	4	5	NA
47.	1	2	3	4	5	NA
48.	1	2	3	4	5	NA
49. Ability to apply knowledge of public mental health policy, financing, and regulatory process to improve service delivery opportunities in clinical mental health counseling	1	2	3	4	5	NA

Write a brief statement concerning student's needs in supervision

STUDENT SIGNATURE

DATE

SITE SUPERVISOR SIGNATURE

DATE

FACULTY SUPERVISOR SIGNATURE

DATE

Internship
Student Evaluation of Site Supervision

Student Name _____
 Troy University Campus/Site _____
 Site Supervisor Name _____
 Agency _____
 Evaluation Period Beginning
 and End Dates _____
 Check Course #: _CP 6659 _CP 6660 _CP 6661

Please Check One _____ Midterm _____ Final

DIRECTIONS: Please circle a number which best evaluates the supervisor for the above specified time period.

	Poor	Below Average	Average	Mastery	Except- ional	N/A
1. Helps student identify strengths and challenges in knowledge in the eight core counseling areas.	1	2	3	4	5	N/A
2. Models and helps student identify, evaluate, and gain mastery of basic counseling skills.	1	2	3	4	5	N/A
3. Models and requires student to adhere to ethical and legal standards.	1	2	3	4	5	N/A
4. Assists student in understanding the public mental health policy, financing, and regulation at the site to improve service delivery.	1	2	3	4	5	N/A
5. Assists student in identifying multicultural competencies and applying to case conceptualization, diagnosis, treatment, referral, and prevention in counseling.	1	2	3	4	5	N/A
6. Helps student identify, apply, and master the principles and practices of assessment and diagnosis.	1	2	3	4	5	N/A
7. Helps student conceptualize an accurate multi-axial diagnosis through discussion of differential diagnosis.						N/A
8. Helps student differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma events.						N/A
9. Helps student identify, apply, and master the principles and practices of treatment planning.	1	2	3	4	5	N/A
10. Helps student identify, apply, and master the principles	1	2	3	4	5	N/A

- and practices of evidence-based treatment interventions.
- | | | | | | | |
|--|---|---|---|---|---|-----|
| 11. Helps student identify and apply prevention, education, and advocacy to promote optimal human development, wellness, and mental health. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. Works with student to understand community resources and provide clients with knowledge, access, and referrals to resources. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Models and helps student to apply culturally responsive couple, family, group and other systems modalities. | 1 | 2 | 3 | 4 | 5 | N/A |
| 14. Provides clear procedures and supervision for assessment and intervention for suicide, homicide, aggression, and crisis intervention. | 1 | 2 | 3 | 4 | 5 | N/A |
| 15. Provides procedures and supervision for record keeping in compliance with federal, state, and ethical standards. | 1 | 2 | 3 | 4 | 5 | N/A |
| 16. Helps student identify, provide, and master appropriate counseling assessment and interventions for clients with addiction and co-occurring disorders. | 1 | 2 | 3 | 4 | 5 | N/A |
| 17. Helps student identify limitations as a counselor and when to refer clients. | 1 | 2 | 3 | 4 | 5 | N/A |
| 18. Encourages student to use relevant research to inform counseling practice. | 1 | 2 | 3 | 4 | 5 | N/A |
| 19. Provides or assists student to develop data analysis and measurable outcomes to increase the effectiveness of the counseling program and interventions | 1 | 2 | 3 | 4 | 5 | N/A |

Overall Student's Evaluation of Site Supervision

1	2	3	4	5	NA
---	---	---	---	---	----

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

Supervisor Name (Please Print)

Student Signature

Supervisor Signature

Date

Date

STUDENT SITE EVALUATION

DIRECTIONS: Students should complete this form at the end of each internship placement. This should be turned in to the University Supervisor.

Student Name: _____

Troy University Campus: _____ Term: _____

Course #: __CP 6638 __ CP 6639

Agency Site: _____

Supervisor: _____

Rate the following questions about your site and experiences by the following:

1. Poor 2. Below Average 3. Average 4. Mastery 5. Exceptional

1. ___ Amount of site supervision.
2. ___ Quality and usefulness of site supervision.
3. ___ Usefulness and helpfulness of faculty liaison.
4. ___ Relevance of experience to career goals.
5. ___ Exposure to and communication of agency goals.
6. ___ Exposure to and communication of agency procedures.
7. ___ Exposure to professional roles and functions within the agency.
8. ___ Exposure to information about community resources.
9. ___ Rate all of the applicable experiences which you had at our site:

___ Report Writing	___ Intake Interviewing
___ Administration and Interpretations of tests	___ Staff Conferences
___ Individual Counseling	___ Family Counseling
___ Group Counseling	___ Psycho-educational Activities
___ Consultation	___ Career Counseling

10. Overall rating of the site: _____

COMMENTS: _____

Signature

Date

STATEMENT OF CONFIDENTIALITY

I, _____, agree not to divulge any information regarding material, cases, names, concerns to any party outside of group supervision. Failure to abide by this agreement will constitute a violation of confidentiality and is unprofessional and unethical conduct.

Signature _____ Date _____

LIABILITY INSURANCE

I, _____, absolve Troy University of any liability in the performance of my counseling Practicum and/or Internship activities. I will begin the internship hours when the university professor has evidence of student liability insurance.

Signature _____ Date _____

Troy University
Department of Counseling & Psychology

Information and Consent Form

I would like to take this opportunity to welcome you to counseling and provide you with some information that you may find valuable. I am currently a counselor-in-training at Troy University _____ (campus/region/location). When I complete my program, I will hold a graduate degree in Counseling.

Our relationship, although psychologically personal at times, should be regarded as strictly professional in nature. We will meet once a week for approximately 50 minutes. Since we will be limited in the amount of time we have to work together, our highest priority will be on the short-term goals we work together to establish. As your counselor, all I request is that you be willing to work with me towards the goals you set for yourself.

Should you need to cancel an appointment, please attempt to do so at least 24 hours in advance. Additionally, it will benefit you to know that I am not on call. Should you have a problem that needs immediate attention, contact the designated individual at your site.

I am ethically bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I determine that you are a danger to yourself or others, or if someone else is harming you; (2) if I am ordered to do so by a court of law; (3) if you direct me to disclose information to another; and, (4) for consultation purposes. In order for me to provide you with the best care possible, I will regularly audio and/or video tape our sessions and consult with my supervisor and peer counselors. Your identity will be protected in these circumstances.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is _____. My site supervisor is _____.

If you have any questions now or in the future, please feel free to ask at any time. Please indicate your understanding and consent by signing below.

Signature of Counselor: _____ Date: _____

Signature of Client: _____ Date: _____

Troy University
Department of Counseling & Psychology

Parental Consent Form

Dear Parent or Guardian:

Counseling students from Troy University are enrolled in a practicum course as part of their graduate work. This course involves working in the school or agency where your child is served. Student counselors provide individual and group counseling for those students or clients who have been identified by an official at the site, or through self or parent referral, as someone who might benefit from participating in counseling. If you have questions about the reason you are receiving this request, please contact the counselor at your child's school.

Counseling Student's Name _____ would like to work with your son/daughter, a student at _____ School.

Counseling students are required to audio and/or video record counseling sessions as part of their course and degree requirements. The sessions are listened to by supervisors and peer counselors who are committed to monitoring the well-being of your child and to help the student counselor develop the skills needed to enter the counseling profession upon graduation. The counseling sessions conducted with your child will be reviewed by the student counselor's supervisor, _____ (name) . All audio and video recordings made will be erased at the completion of your child's involvement in the program. If at any time you wish to speak with your child's student counselor, please call the school and leave a message.

If you are interested and willing to have your child participate, please sign the form where indicated.

Thank you.

Parent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: Home _____ **Work** _____

Parent's Signature: _____

Date: _____

Weekly Activities Journal

<u>Student Name:</u>	
-----------------------------	--

TOTAL DIRECT AND INDIRECT CONTACT HOURS

WEEK OF:	INDIVIDUAL	GROUP	INDIRECT	SUPERVISION	TOTAL
TOTAL HOURS COMPLETED=					

Supervisor's Name (please print)

Student Signature

Supervisor Signature

Date

Date

Direct & Indirect Hours Log

Due End of Term

Student Name:

Total Direct Contact Hours

	WEEK OF:	TYPE OF ACTIVITY				TOTAL
		#CLIENTS	INDIVIDUAL	GROUP	OTHER	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
	TOTAL HOURS =					

Total Indirect Contact Hours

	WEEK OF:	#CLIENTS	TYPE OF ACTIVITY		TOTAL
			OTHER	SUPERVISION	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

15					
16					
	TOTAL HOURS =				

Supervisor's Name (please print)

Student Signature

Supervisor Signature

Date

Date

<hr/>	Summary: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Week of:	
<hr/>	Summary: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/>	Summary: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/>	Summary: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/>	Summary: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

	Summary:

Site Supervisor's Signature _____ Date _____

**INTERNSHIP
GROUP SUPERVISION EXPERIENCE**

Evaluation Period Beginning _____
and End Dates _____

Check Course #: _CP 6638 _CP 6639 _CP 6650 _CP 6659 _CP 6660 _CP 6661

An average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member. (CACREP 2009 Section III G. 3)

Student's Name _____

	DATE	TOPIC	HOURS	FACULTY SIGNATURE
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				
Session 7				
Session 8				
Session 9				
Session 10				
Session 11				
Session 12				
Session 13				
Session 14				
Session 15				
Session 16				

TOTAL HOURS: _____ **Date** _____ **Semester** _____

Instructor's Signature _____

Rehabilitation Counseling

Internship Rehabilitation Counseling Forms

Student Evaluation

Practicum/Internship Evaluation Form
REHABILITATION COUNSELING PROGRAM
 CP 6670/CP 6671

(This form is used as the Student Self-Evaluation and the Site Supervisor Final Evaluation of Practicum/Internship)

Student: _____

Agency: _____ Department: _____

As a **rehabilitation counseling** practicum/internship student, you are asked to complete this progress report to reflect your evaluation of your performance and growth at your practicum/internship site using the following criteria.

Definitions of Rating terms

Exceptional (5): Always performs above the minimum requirements and shows outstanding aptitude, application of techniques and concepts of rehabilitation counseling

Mastery (4): Always meets minimum requirements in a satisfactory manner, and performs considerably above that normally expected of an intern

Average (3): Usually meets minimum requirements in a satisfactory manner; performing as might be expected of an intern

Below Average (2): Occasionally fails to meet minimum requirements in a satisfactory manner; performing at a level somewhat below that expected of an intern

Poor (1): Usually fails to meet minimum requirements in a satisfactory manner; performs at a level considerably below that expected of an intern

No Basis: There is no basis on which to evaluate the intern for the item in the question

I. Success in Forming Effective Relationships

Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Exceptional 5	No Basis
A. With Clients						
B. With other Professionals and Staff						
C. Supervisors						
D. Outside Agencies						

II. Skills in Counseling Techniques

A. KNOWLEDGE AND UNDERSTANDING						
Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Except- ional 5	No Basis
1. Principles and Process						
A. Knowledge of history, philosophy, and legislation affecting rehabilitation						
B. Application of principles of Disability-related legislation (i.e. rights of persons with disabilities, inclusion, access)						
C. Application of relevant Professional literature and Research into Rehabilitation Counseling						
D. Participation in agency or Community research Activities or projects						
2. Psychological Aspects						
3. Human Behavior						
4. Case Work Principles and Practices						
A. Application of cultural, social, economic, disability-related, and environmental factors in planning						
B. Ability to collaboratively develop a client-centered rehabilitation and/or independent living plan with the consumer						
5. Professional Ethics						
A. Application of ethical principles and standards						
B. Application of appropriate legal principles and utilization of ethical decision-making skills to resolve ethical dilemmas						
6. Medical Aspects of Rehabilitation						
7. The World of Work						
A. Ability to facilitate consumer involvement in determining vocational						

goals and capabilities						
B. Utilization of career/occupational materials and labor market information for vocational planning						
C. Exploration of occupational alternatives, develop career plans						
D. Knowledge of career development theories and the importance of work to individuals						
E. Ability to identify prerequisite experiences, relevant training, and functional capacities needed for selected consumer career goals						
F. Ability to determine and resolve job adjustment problems through the provision of post-employment services to consumer						
8. Community Resources						
A. Knowledge of community resources for consumer and referral purposes						
B. Ability to identify community resources with the consumer to develop an appropriate rehabilitation plan						
C. Ability to establish working relationships and determine mutual responsibilities with other service providers, family, or client advocates involved with the consumer						
D. Consultation with professionals in other disciplines within the community						
E. Ability to serve as a consultant and market rehabilitation services to other community agencies for integration of individuals with disabilities into the community						
F. Ability to assist the consumer in identifying areas of personal responsibility including						

potential fiscal resources to obtain services						
G. Ability to identify and plan for the need and appropriate use of rehabilitation and assistive technology						
9. Assessment						
A. Knowledge of and capability to plan comprehensive and individual assessments to determine appropriate services						
B. Utilization of information regarding the existence, onset, severity, progression, and expected duration of an individual disability						
C. Ability to determine eligibility for rehabilitation services and/or programs including entering, engaging in, or retaining gainful employment						
D. Assessment of individual strengths, resources, experiences, career knowledge and interests, and individual capabilities to make decisions						
E. Evaluation of feasibility of individual rehabilitation or independent living objectives & determine vocational & independent living skills						
F. Ability to interpret assessment results with consumer or family						
10. Job Development and Placement						
A. Evaluation of work activities through job and task analyses						
B. Ability to restructure or modify jobs where appropriate						
C. Consultation with experts to increase individual level of functioning						
D. Education of perspective employers regarding						

benefits of hiring persons with disabilities						
E. Ability to assist employers to identify, modify, and/or eliminate architectural, procedural, and/or attitudinal barriers						
F. Ability to review data in order to determine potential person-job match						
G. Ability to provide support services for and teach job-seeking and retention skills						
H. Ability to establish follow-up or follow-along procedures to maximize independent functioning through post-employment services						
B. CASE WORK and ABILITIES						
11. Skill in Developing a Treatment Plan						
12. Skill in Effectively Coordinating & Implementing a Treatment Plan						
13. Ability to Practice Rehabilitation Counseling						
A. Ability to practice with individuals						
B. Ability to practice with groups and/or families						
C. Ability to develop and maintain the counseling relationship, assist a client in crisis resolution, & facilitate individual decision-making						
D. Ability to conduct group counseling sessions on adjustment or vocational problems & recommend strategies to resolve problems impeding the rehabilitation process						

III. Professionalism

Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Except- ional 5	No Basis
A. Completed agreed upon assignments with agency						
B. Was consistently prepared and punctual						
C. Demonstrated appropriate professional and ethical behavior throughout experience						
D. Maintained appropriate confidentiality throughout experience						
E. Demonstrated knowledge and abilities related to advocating for consumers						

IV. Classroom and Lab Activities

Area of Competence	Poor 1	Below Average 2	Average 3	Mastery 4	Except- ional 5	No Basis
A. Was able to maintain client files as instructed						
B. Presentations were well prepared and clear						
C. Participated in receiving and giving feedback during supervision sessions						
D. Maintained quality internship journals						

Practicum/Internship Student: _____ Date: _____

Faculty Supervisor: _____

Date: _____

Ed.S. Counseling Programs

Application

Contract

Student Evaluation

Student Evaluation of Site Supervisor

On-Site Supervisor Information

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

On-Site Supervisor: _____ Title: _____

Address: (if different from site address) _____

City, State, Zip: _____

Telephone Number: _____ E-Mail Address: _____

On-Site Supervisor's Graduate Degrees (s) and major(s): _____

Number Years of Relevant Post Masters Experience _____

On-Site Supervisor's Credentials:

School Counselor Certification _____ NCC _____ CCMHC _____
CRC _____ LPC _____ Other _____

On-Site Supervisor Signature _____ Date _____

Advisor's Signature _____ Date _____

Note: Placement may begin only after the **clinical coordinator has signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to collection of hours. For more information, contact academic advisors. Please list insurance information below.**

Name of Company _____

Policy # _____

Coverage Dates _____

If you have questions or need further information, please contact the Practicum and internship Coordinator.

Approved _____ Denied _____

Clinical Coordinator's Signature

Date

Reason(s) for Denial:

PLEASE RETURN TO:

Address

Department of Counseling
Troy University _____ Campus/Site
Ed.S. INTERNSHIP CONTRACT

Fall ___ Spring ___ Summer ___ OR
Term 1 ___ Term 2 ___ Term 3 ___ Term 4 ___ Term 5 ___

___ Community
___ School

This agreement is made on _____ by and between _____
(Field Site)
and the **Troy University Counseling Program on the _____ Campus/Site**. The
agreement will be effective for a period from _____ to _____ for
(begin date) (end date)
(Check one:)

___ **100 to 600** Internship Hours (**40%** clinical hours of direct contact with clients; **60%**
Administrative hours)

for _____ .
(Student's name)

Purpose:

The purpose of this agreement is to provide a qualified graduate student with a practicum/internship experience to apply knowledge and develop counseling skills under supervision.

The University Program agrees:

1. To assign a university faculty liaison to facilitate communication between the university and the placement site;
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. To be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and,
4. To provide practicum students weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member (CACREP III F. 2.) and 1 1/2 hours per week of group supervision with no more than 12 students (CACREP I R. & III F. 3).

5. To be responsible for the evaluation of the student's counseling performance throughout the practicum and internship, including documentation of a formal evaluation after the student completes the practicum and internship in consultation with the site supervisor and (CACREP II G. 6) assignment of a fieldwork grade.
6. To provide orientation, assistance, consultation, and professional development opportunities by the counseling program faculty to the site supervisors (CACREP III D.).
7. To provide site supervisors with information on the program's expectations, requirements, and evaluation procedures for students (CACREP III C. 4.).

The Practicum/Internship Site agrees:

1. To assign a practicum/internship supervisor who has the following qualifications (CACREP III C.): a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses; a minimum of two years of pertinent professional experience in the program area in which the student is enrolled; knowledge of the program's expectations, requirements, and evaluation procedures for students; relevant training in counseling supervision; and a commitment to preparing professional counselors and promoting the development of the student's professional counselor identity. The onsite supervisor for students in the school counseling program must be a certified school counselor with two years of experience in the field.
2. To provide a practicum/internship site conducive to modeling, demonstration, supervision, and training (CACREP I H). The counseling environment includes all of the following (CACREP I H) : settings for individual counseling, with assured privacy and sufficient space for appropriate equipment; settings for small-group work, with assured privacy and sufficient space for appropriate equipment; necessary and appropriate technologies and other observational capabilities that assist learning; procedures that ensure that the client's confidentiality and legal rights are protected.
3. To provide the opportunity for students to apply theory and to develop counseling skills under supervision, including counseling clients who represent the ethnic and demographic diversity of the community (CACREP III).
4. To provide the opportunity for practicum students to complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term, including the following (CACREP III F): 40 clock hours of direct service with actual clients that contributes to the development of counseling skills; the opportunity to become familiar with a variety of professional activities in addition to direct service, including record keeping, supervision, information and referral, in-service and staff meetings; the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients; one hour of individual and/or triadic supervision throughout the practicum by a site supervisor who is working in biweekly

consultation with a program faculty member in accordance with the supervision contract: and evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

5. To provide internship students with the opportunity to complete supervised internships in the students designated program area of 300 clock hours which includes the comprehensive work experience of a professional counselor appropriate to the designated program area. The internship includes all of the following (CACREP III G): at least 120 clock hours of direct service, including experience leading groups. weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship; the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings); the opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients; evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship.
6. To provide a copy of the site supervisor's appropriate license or certification;
7. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;

The student agrees:

1. I hereby attest that I have read and understood the American Counseling Association and the American Mental Health Counseling Association ethical standards and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.
3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.
4. I understand that in order to earn a passing grade in practicum/internship, I must demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.
5. I agree not to divulge any information regarding material, cases, names, concerns, etc., to any party outside this class meeting. Failure to do so will constitute violation of confidentiality and be representative of unprofessional conduct.
6. I absolve Troy University of any liability in the performance of my counseling practicum/internship activities for the term . year .

7. I agree to obtain and provide verification of my professional liability insurance to the university supervisor prior to the first night of class and to the Site/Agency supervisor.

SITE SUPERVISOR CRITERIA

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Within the specified time frame, _____
(Site Supervisor)

will be the primary site supervisor. The training activities (indicated below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level or competence in each activity.

_____ will be the faculty liaison with whom
(Practicum/Internship Faculty)

the student and site supervisor will communicate regarding progress, problems, and performance evaluations.

SUGGESTED PRACTICUM AND INTERNSHIP ACTIVITIES

1. Individual Counseling/Psychotherapy
Personal/Social Nature
Occupational/Education Nature
2. Group Counseling/Psychotherapy
Co-leading
Leading
3. Intake Interviewing
Including taking personal/social history information
4. Testing
Administration
Analysis

Interpretation of Results

5. Report Writing
Record Keeping
Treatment Plans
Treatment Summaries
6. Consultation
Referrals
Professional Team Collaboration
7. Psycho/Educational Activities
Parent Conferences
Outreach
Client Orientation
Contact with Community Resources
In-service
8. Career Counseling
9. Individual Supervision
10. Group or Peer Supervision
11. Case Conferences or Staff Meetings
12. Other as identified by faculty supervisor of specialty

EQUAL OPPORTUNITY

It is mutually agreed that neither party shall discriminate on the basis of race, gender, color, age, religion, national origin, or handicap.

Practicum Site Supervisor: _____ Date: _____

Student: _____ Date: _____

Clinical Coordinator: _____ Date: _____

Internship Student Evaluation

Student Name _____
 Troy University Campus/Site _____
 Evaluation Period Beginning
 and End Dates _____
 Check Course #: _CP 7753 _CP 7754 _CP 7755

Please Check One _____ Midterm _____ Final (Complete in LiveText)

- Purpose:**
1. To provide the student with an opportunity to review levels of competency in counseling knowledge, skills, and professional development.
 2. To provide the student with a basis for formulating practicum or internship and supervision goals.

- Directions:**
1. The site and faculty supervisor completes this form with the student at the midterm and end of practicum or supervision
 2. Circle a number to indicate your assessment of current competency.
 3. Complete the supervision recommendations.

SKILLS ASSESSMENT

Directions Circle the desired rating for each item (1= Poor; 2= Below average; 3= Average; 4= Mastery; 5= Exceptional; NA= not able to observe) and make comments in the space provided.

1. Knowledge of opening skills (nonverbal, open/closed questions, minimal encouragers, door openers)	1	2	3	4	5	NA
2. Ability to apply opening skills	1	2	3	4	5	NA
3. Knowledge of reflecting skills (paraphrase, reflection of feeling, and reflection of meaning, summaries)	1	2	3	4	5	NA
4. Ability to apply reflecting skills	1	2	3	4	5	NA
5. Ability to recognize and handle positive affect	1	2	3	4	5	NA
6. Ability to recognize and handle negative affect	1	2	3	4	5	NA
7. Knowledge of challenging skills (feedback, confrontation)	1	2	3	4	5	NA
8. Ability to apply challenging skills, confrontation and feedback	1	2	3	4	5	NA
9. Knowledge of group counseling process and practice, including group counseling skills	1	2	3	4	5	NA
10. Ability to apply knowledge of group process and practice, and apply group counseling skills.	1	2	3	4	5	NA
11. Applies comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias (genogram, mental health assessment, mental status exam, screening for addictions, aggression, and danger	1	2	3	4	5	NA

	to self and others)						
12.	Ability to assess client's stage of dependence, change, or recovery for determining treatment and placement within the continuum of care	1	2	3	4	5	NA
13.	Ability to discriminate between meaningful and irrelevant client data	1	2	3	4	5	NA
14.	Ability to formulate clinical hypothesis	1	2	3	4	5	NA
15.	Ability to test and revise a clinical hypothesis	1	2	3	4	5	NA
16.	Ability to identify diagnostic criteria and accurate multi-axial diagnosis	1	2	3	4	5	NA
17.	Ability to differentiate developmentally appropriate reactions during crisis, disasters, and other trauma causing events	1	2	3	4	5	NA
18.	Ability to identify goals from diagnosis with client	1	2	3	4	5	NA
19.	Ability to identify objectives for goals with client	1	2	3	4	5	NA
20.	Develops and uses measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	1	2	3	4	5	NA
21.	Knowledge of solution skills	1	2	3	4	5	NA
22.	Ability to apply solution skills	1	2	3	4	5	NA
23.	Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders	1	2	3	4	5	NA
24.	Ability to begin and end session (summaries)	1	2	3	4	5	NA
25.	Ability to establish continuity from session to session	1	2	3	4	5	NA
26.	Ability to apply ethical and legal standards	1	2	3	4	5	NA
27.	Ability to apply multicultural counseling competencies to case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders in individual, couple, family, and group counseling	1	2	3	4	5	NA
28.	Promotes optimal human development, wellness and mental health through prevention, education and advocacy	1	2	3	4	5	NA
29.	Knowledge of community resources	1	2	3	4	5	NA
30.	Ability to promote client understanding of and access to community resources	1	2	3	4	5	NA
31.	Knowledge of couple, family, group, and systems theories and techniques	1	2	3	4	5	NA
32.	Ability to apply couple, family, group, and systems theories and techniques in assessment and treatment	1	2	3	4	5	NA
33.	Ability to apply procedures for assessing and managing suicide risk	1	2	3	4	5	NA
34.	Ability to apply current record keeping standards	1	2	3	4	5	NA
	Ability to demonstrate reflective practitioner skills:						
35.	Self awareness of counselor thoughts, feelings, and skills	1	2	3	4	5	NA
36.	Correct identification of skills	1	2	3	4	5	NA
37.	Accurate assessment of skill demonstration	1	2	3	4	5	NA
38.	Accurate assessment of skill effectiveness with client	1	2	3	4	5	NA
39.	Accurate identification of alternative skill interventions	1	2	3	4	5	NA

40. Applies relevant research findings to inform counseling practice	1	2	3	4	5	NA
41. Accurate recognition of limitations as a counselor and seeks supervision and provides appropriate referrals	1	2	3	4	5	NA
42. Advocates for policies, programs, and services that are equitable and responsive to the needs of clients	1	2	3	4	5	NA
Knowledge of counseling theory-based techniques (Please list)						
43.	1	2	3	4	5	NA
44.	1	2	3	4	5	NA
45.	1	2	3	4	5	NA
Ability to apply theory-based techniques (Please list)						
46.	1	2	3	4	5	NA
47.	1	2	3	4	5	NA
48.	1	2	3	4	5	NA
49. Ability to apply knowledge of public mental health policy, financing, and regulatory process to improve service delivery opportunities in clinical mental health counseling	1	2	3	4	5	NA

Write a brief statement concerning student's needs in supervision

STUDENT SIGNATURE

DATE

SITE SUPERVISOR SIGNATURE

DATE

FACULTY SUPERVISOR SIGNATURE

DATE

Internship
Student Evaluation of Site Supervision

Student Name _____
 Troy University Campus/Site _____
 Site Supervisor Name _____
 Agency _____
 Evaluation Period Beginning
 and End Dates _____
 Check Course #: _CP 7753 _CP 7754 _CP 7755

Please Check One Midterm Final

DIRECTIONS: Please circle a number which best evaluates the supervisor for the above specified time period.

	Poor	Below Average	Average	Mastery	Except- ional	N/A
1. Helps student identify strengths and challenges in knowledge in the eight core counseling areas.	1	2	3	4	5	N/A
2. Models and helps student identify, evaluate, and gain mastery of basic counseling skills.	1	2	3	4	5	N/A
3. Models and requires student to adhere to ethical and legal standards.	1	2	3	4	5	N/A
4. Assists student in understanding the public mental health policy, financing, and regulation at the site to improve service delivery.	1	2	3	4	5	N/A
5. Assists student in identifying multicultural competencies and applying to case conceptualization, diagnosis, treatment, referral, and prevention in counseling.	1	2	3	4	5	N/A
6. Helps student identify, apply, and master the principles and practices of assessment and diagnosis.	1	2	3	4	5	N/A
7. Helps student conceptualize an accurate multi-axial diagnosis through discussion of differential diagnosis.						N/A
8. Helps student differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma events.						N/A
9. Helps student identify, apply, and master the principles and practices of treatment planning.	1	2	3	4	5	N/A
10. Helps student identify, apply, and master the principles and practices of evidence-based treatment interventions.	1	2	3	4	5	N/A
11. Helps student identify and apply prevention, education, and advocacy to promote optimal human development,	1	2	3	4	5	N/A

wellness, and mental health.

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| 12. Works with student to understand community resources and provide clients with knowledge, access, and referrals to resources. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Models and helps student to apply culturally responsive couple, family, group and other systems modalities. | 1 | 2 | 3 | 4 | 5 | N/A |
| 14. Provides clear procedures and supervision for assesment and intervention for suicide, homicide, aggression, and crisis intervention. | 1 | 2 | 3 | 4 | 5 | N/A |
| 15. Provides procedures and supervision for record keeping in compliance with federal, state, and ethical standards. | 1 | 2 | 3 | 4 | 5 | N/A |
| 16. Helps student identify,provide, and master appropriate counseling assessment and interventions for clients with addiction and co-occurring disorders. | 1 | 2 | 3 | 4 | 5 | N/A |
| 17. Helps student identify limitations as a counselor and when to refer clients. | 1 | 2 | 3 | 4 | 5 | N/A |
| 18. Encourages student to use relevant research to inform counseling practice. | 1 | 2 | 3 | 4 | 5 | N/A |
| 19. Provides or assists student to develop data analysis and measurable outcomes to increase the effectiveness of the counseling program and interventions | 1 | 2 | 3 | 4 | 5 | N/A |

Overall Student's Evaluation of Site Supervision

1	2	3	4	5	N/A
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ADDITIONAL COMMENTS AND/OR SUGGESTIONS

Supervisor Name (Please Print)

Student Signature

Supervisor Signature

Date

Date