

PRACTICUM AGREEMENT (SCHOOL COUNSELING)

This a	greement is made on_		by and b	oetween		
		(date)		(s	chool)	
and th	e Professional Counse	ling Program at t	he Unive	ersity of Northern C	olorado.	The agreement will be
effecti	ive for a period from		to _		_ for	
	-	(semester start date)		(semester end date)		(# hours per week)
per we	eek for					
	(Student N	ame)				
the fie	se: The purpose of this eld of school counseling APCE counseling facu	g and guidance.				with a practicum experience in
1.	C	•	•	-	_	etween the University and the
2.	To notify the practicum student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the practicum site;					
3.	The University Practicum Supervisor will provide weekly group supervision (1.5 hours/week) to the practicum student;					
4.	The University Practicum Supervisor, or an Advanced Doctoral Student under supervision by the University Practicum Supervisor, will provide weekly individual supervision (1 hour/week);					
5.	•	he student, and sl	hall be ir			n with both the on-site any problem or change in

The Internship Site Supervisor:

6.

1. Is a licensed/certified school counselor with appropriate credentials, and with a minimum of two years experience.

on-site supervisor, is responsible for the assignment of a final grade.

That the University Practicum Supervisor assigned as the practicum supervisor, in consultation with the

- 2. Can devote the time necessary for training and supervision.
- 3. Will provide opportunities for the student to engage in a variety of counseling and guidance activities under supervision.

- 4. Will support the practicum student in obtaining experiences that approximate the ASCA National Model recommendations.
- 5. Will be involved in the evaluation of the practicum student's performance.
- 6 Will provide adequate workspace, telephone access, office supplies, and staff to conduct professional activities.
- 4. Will provide supervisory contact which involves the examination and observation of the practicum student as he or she enacts various school counseling roles for a minimum of one hour per week.
- 5. Will provide a written evaluation of the student based on the criteria established by the APCE counseling faculty.

The Practicum Student agrees:

- 1. To perform in a professional manner that is consistent with the ACA and ASCA Code of Ethics. He or she is aware that any breach of these ethics or any unethical behavior will result in removal from the practicum and a failing grade. Documentation of such behavior will become part of the practicum student's permanent record.
- 2. To be available to the on-site supervisor and the University Practicum Supervisor for conferences.
- 3. To keep the University Practicum Supervisor informed regarding the practicum experience.
- 4. To comply with the rules, policies, and regulations of the school (e.g., staff development, schedules, code of conduct, and attire).
- 5. To complete all practicum course requirements.
- 6. To demonstrate the required level of counseling skill, knowledge, and competence in the various practicum activities assigned.

TO BE COMPLETED BY PRACTICUM STUDENT:

Name		Bear Numb		
Address	City	State	Zip	
UNC Email address		Cell phone		
Home Telephone				
If you are also employed el	sewhere, please state place	e and telephone number		
Student Counselor Signatur	re	Date		

TO BE COMPLETED WITH PRACTICUM SITE:

Within the specified time frame, supervisor. (Site Supervisor)	will be the primary internship site
supervisor. (Site Supervisor)	
The Practicum Training Activities (checked) will be provided adequate evaluation of the student level of competence in each	
The practicum student will have opportunities to gain exp Curriculum	erience in the following areas:
Observe school counselors as they conduct classroom	
Conduct classroom activities with school counselors	
Design and conduct classroom lessons that address of	
Provide curriculum activities for students in special	education and 504 programs
Assess the efficacy of classroom lessons and units	dal ahiaatiyaa
Conduct needs assessments to prioritize ASCA Mod	lei objectives
Responsive Services	
Observe counselors during individual counseling se Observe counselors conducting group counseling ac	
Observe counselors consulting with parents and teach	
Provide individual counseling for students of variou	
concerns	F
Co-facilitate counseling groups with a licensed scho	ool counselor
Conduct counseling groups addressing personal, so	cial, and academic concerns
Consult with parents	
Consult with teachers	
Observe students in classrooms	
Participate in student focused staff meetings	
Assist in making referrals Document responsive service activities	
Collaborate with other mental health professionals v	within the school
Participate in the school's crisis response team	
Participate in response to crises that occur during in	ternship
Individual Student Planning	•
Provide career counseling	
Conduct group activities addressing career and educa	tional planning
Facilitate post secondary planning for students	
Participate in appropriate assessment activities	
Interpret results of standardized tests and inventories	
Assist with technology based career materials and act	tivities
Facilitate post secondary planning for students	
System Support	
Participate in school counseling program planning	
Participate in program evaluation Participate in faculty meetings	
Participate in school improvement teams and activity	ties
Collect and interpret data regarding student groups	
failure	
Plan and/or present and/or assist with preparation of	
Contribute to the school counseling program by (e.g.	
school counseling program, designing orientation pro	ograms or implementing
career planning programs	

Profe	ssional Development Activities							
	 Observe special education classrooms Attend meetings addressing Section 504 Attend a school board meeting Discuss ethical issues at the school and in the department Participate in advocating for the profession or on behalf of the students Attend school and district workshops and seminars 							
Othe	r Activities Unique to this Site and to this P	racticum						
Auth	orized by:							
_	School Principal (name/title)	Signature		Date				
-	On-site Supervisor (name/degree/license)	Signature		Date				
-	Site Supervisor Email address	Site Super	Site Supervisor and/or Practicum Site Telephone					
_	School address	City	State	Zip				
	To be completed by University Field Placement Coordinator Site Supervisor License Verification							
	University Site Placement Coordinator Signature	·		Date				
	Program Coordinator Signature			Date				
	Dean of the College of Education and Behaviora	l Sciences	Date					