



# **Practicum II Policy & Procedure Manual**

## **APCE 619**

Master's Degrees in Clinical Mental Health and School  
Counseling

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## INTRODUCTION

This manual includes requirements and procedures to be followed by those involved in working with Practicum II students on location in schools and community agencies. Its primary purpose is to formalize and enhance the arrangements among the professional counseling program faculty, faculty and doctoral student supervisors, practicum on-site supervisors, and graduate student counselors enrolled in practicum at the University of Northern Colorado. The practicum activities and requirements are based on the American Counseling Association (ACA), the American School Counseling Association (ASCA) and the guidelines of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, a corporate affiliate of the American Counseling Association), Colorado licensure requirements, the National Board for Certified Counselors (NBCC) standards, and professional counseling program faculty recommendations.

We realize that a practicum site may not be able to provide access to all the activities desired by the student because of the differences that exist between individuals and institutions. The practicum agreement will document the activities that can be provided at that site and supervised by the signatory. The purpose of the practicum agreement is to provide a uniform practicum experience for students, as well as guidance for supervisors entrusted with providing clinical and administrative supervision.

## TERMINOLOGY

This section provides the student and site supervisor a list of commonly used terms and phrases.

|  |  |
|--|--|
| <b>Practicum Student</b>               | A student in good standing who is enrolled in APCE 619, possesses professional liability insurance, and has executed a practicum agreement with a site or sites.   |
| <b>Site Supervisor</b>                 | A licensed mental health practitioner with at least 2 years of supervisory experience who has signed the practicum agreement and who will provide formal weekly (one-hour) face-to-face clinical supervision, oversight, evaluation, and mentoring to the practicum student.   |
| <b>University Practicum Supervisor</b> | A UNC faculty member who is the primary contact for the student and for the site supervisor. This person conducts student site visits and supervises one hour of individual supervision and an average of 1.5 hours of group supervision weekly. Individual supervision may be with an advanced doctoral student, under faculty supervision. |

|  |   |
|--|---|
| <b>Practicum Agreement</b>                       | A formal, legal document that is executed between the University, the practicum student, and the practicum site. This document enumerates the duties and expectations of all parties and institutions. This document is the formal agreement for the services to be provided by the practicum student, the site and the University Practicum Supervisor.  |
| <b>Practicum Prerequisites and Co-Requisites</b> | Identified courses within the students' program that must be completed prior to, or concurrent with, engaging in the APCE 619 (Individual Practicum II) experience.   |
| <b>Direct Hours</b>                              | According to 2016 CACREP standards, direct services are supervised uses of counseling, consultation, or related professional skills with actual clients/students (can be individuals, couples, families or groups). These activities must involve interactions with clients/students and may include: (a) assessment, (b) counseling (can include therapeutic phone calls), (c) psycho-educational activities, and (d) consultation (serving as a consultant to clients/students). These hours do not include any activity where the client/student is not present.                               |
| <b>Indirect Hours</b>                            | Hours completed that <b>contribute</b> to the client's/student's treatment (record keeping, case staffing, consultation with other providers, paperwork) and to Graduate Student Intern development (workshops, staff development, staff meetings, readings related to client needs). This cannot include travel time.  |
| <b>Individual Clinical Supervision</b>           | Weekly individual supervision with the Site Supervisor of record. According to 2016 CACREP standards, students must receive, on average, 1 hour per week of formal individual or triadic supervision with the Site Supervisor. Students may also engage in group supervision but that does not replace the individual or triadic supervision requirement.   |
| <b>Group Supervision</b>                         | Students are required by 2016 CACREP standards to participate in group supervision with a University Internship Supervisor or student supervisor under the supervision of a University Internship Instructor, for an average of 1 ½ hours per week. This supervision may be done in more intense formats (3 hours every other week or 6 hours once a month) and needs to occur on a regular basis.<br><b>Attendance at group supervision is mandatory and must be made up if missed.</b> Group Supervision must include a University Internship Instructor and more than two counseling students. |
| <b>Doctoral Student Supervisor</b>               | An advanced doctoral student who is supervised by the University Practicum Supervisor for provision of individual supervision of practicum students.  |

## PRACTICUM POLICIES

### Sequence and Schedule Requirements

Practicum II is field-based. Practicum II is viewed as a scaffolded experience to be completed after the successful completion of Practicum I and prior to registering for, and the completion of Internship hours. See the catalog for specific pre-requisites. Practicum II on-campus is a *semester-long experience*, and a *semester-long* commitment to the practicum site. **For all students, the practicum experience consists of a minimum of 8 hours and a maximum of 12 hours per week.**

Practicum experiences start and stop with the academic terms defined by the University calendar. Practicum Students may not accrue hours between semesters. Practicum Students may, however, continue their practicum experience during breaks that are within the semester (e.g., spring break).

### **Student Qualifications**

No Practicum II experience will be approved for which the Practicum Student has not been academically prepared. Practicum Student readiness to enter 619 will also be considered.

### **Unsatisfactory Evaluations**

In the event the on-site Practicum II supervisor gives a student a negative or unsatisfactory written evaluation, the Practicum II instructor will advise the Professional Counseling Program Faculty (PCPF) of the concern and request that there be a discussion during a faculty meeting. The PCPF, along with the Practicum II instructor, will arrange for a meeting with the student in order to review his or her specific situation. The PCPF, along with the Practicum II instructor, will determine if the student may continue in Practicum II, if the student should receive a grade of unsatisfactory, and if the student will be required to do additional practicum hours. An appropriate course of action will be engaged.

Practicum Students who receive a grade of unsatisfactory or who withdraw must have written permission from their Practicum II instructor and the program academic coordinator to be permitted to enroll again for Practicum II. The Practicum II instructor and the Professional Counseling Coordinator will determine when the Practicum Student may retake the course. If the coordinator and the instructor are the same individual, the Professional Counseling Program Faculty will appoint a second faculty member.

### **Ethical Behavior**

Practicum Students are expected to demonstrate the highest level of ethical behavior, as set forth by the American Counseling Association (ACA) and the American School Counselor Association (ASCA). Unethical behavior is not tolerated and is considered cause for dismissal at any time during the Practicum Student's program. If students encounter ethical dilemmas or ethically questionable behaviors they are to address concerns with their Site Supervisor and University Supervisor.

### **Concurrent Employment**

The Professional Counseling Program Faculty has adopted a policy that prohibits the selection of a practicum site in which the Practicum Student is currently or has been previously employed.

### **Student Liability Insurance**

All Practicum Students registered for practicum must provide documentation of professional liability insurance. This insurance may be obtained privately. However, the American Counseling Association ([www.counseling.org](http://www.counseling.org)) and the American School Counselor Association ([www.schoolcounselor.org](http://www.schoolcounselor.org)) provide student liability insurance as a benefit of student membership in the organization.

## Distance Restriction for Practicum II Sites

Practicum II sites must be under 60 miles one-way, of your home campus. Practicum Students who wish to arrange a placement more than 60 miles from campus and / or out of state must submit a formal request, including justification to the faculty. Applicants are advised that (1) out of area internships are rarely authorized, (2) two-thirds of the faculty must approve these requests, and (3) that requests are reviewed in conjunction with the timeline for new site approval requests.

## APCE 606 Restriction

Practicum School Counseling Students who have not completed APCE 606 (Theories and Practices in Group Guidance) are **not** eligible to run groups independently but may co-lead groups with a Licensed School Counselor

## On-Site Supervision and Providing In-home services

A UNC Practicum Student cannot perform any direct client service without a licensed mental health provider present and on-site. This includes but is not limited to providing after-hours services and/or in-home services. A Practicum Student is not permitted to do home visits as part of their internship experience unless a licensed mental health provider (LPC, LP, LCSW, LAC, LMFT, Licensed School Counselor, etc.) is present

## Minimum Requirements for Practicum II

Practicum sites must be able to accommodate the following minimum requirements (**NOTE: Combined hours between Practicum I and Practicum II must equal, at a minimum, 40 hours of direct service and a total of 100 hours combined between direct and indirect hours**):

- \* **Minimum of 30 direct client contact hours** (i.e., counseling, small group counseling, group guidance)

NOTE: Required numbers depend on the number of direct client hours accrued in Practicum I. The total combined direct hours between Practicum I and Practicum II must equal or exceed 40 hours. However, all Practicum II students will be required to accrue a minimum of 30 hours regardless of the number of hours accrued during Practicum I.

- **Minimum of 70 on-site hours** (i.e., counseling + indirect client activities)
- **Minimum of 8 hours per week onsite** and a maximum of **12 hours per week on site**.

\* **Minimum of one (1) hour per week of individual supervision**, throughout the practicum, performed by the on-site supervisor.

\* Opportunity for the Practicum Student to become familiar with a variety of professional activities other than direct service.

\* Opportunity for the Practicum Student to develop audio and/or videotapes of the student's interactions with clients/students, appropriate to the specialization, for use in supervision.

\* Opportunity for the Practicum Student to gain supervised experience in the use of a variety of professional resources such as assessment instruments, computers, print and non-print media, professional literature, research, and information and referral to appropriate providers.

## CLINICAL MENTAL HEALTH COUNSELING. - Direct Services and Non-Counseling Activities

You may count the following experiences as direct counseling:

- \_\_\_\_\_ 1. Individual Counseling/Psychotherapy: Personal/Social/Occupational
- \_\_\_\_\_ 2. Group Counseling/Psychotherapy: Co-leading, Leading (Includes Psycho-ed.)
- \_\_\_\_\_ 3. Intake Counseling
- \_\_\_\_\_ 4. Testing: Administration and Interpretation
- \_\_\_\_\_ 5. Consultation (as the consultant)

You may count the following experiences as non-counseling activities (indirect service):

- \_\_\_\_\_ 1. Supervision: Individual and/or Group
- \_\_\_\_\_ 2. Program Administration/Org. Dev./Implementation/Evaluation
- \_\_\_\_\_ 3. Case Conferences & Staff Meetings
- \_\_\_\_\_ 4. Report Writing: Record Keeping, Treatment Plans, and Treatment Summaries
- \_\_\_\_\_ 5. Case management without the client present (DHS, school, probation contacts, etc.)

**SCHOOL COUNSELING Direct Experiences, Indirect Experiences, and Non-Counselor Duties**

You may count the following experiences as direct:

- \_\_\_\_\_ 1. Providing face to face individual counseling
- \_\_\_\_\_ 2. Conducting small group counseling
- \_\_\_\_\_ 3. Conducting classroom guidance
- \_\_\_\_\_ 4. Conducting workshops for parents, students, teachers, and community members
- \_\_\_\_\_ 5. Consulting with a parent, teacher, or member of the community

You may count the following experiences as indirect:

- \_\_\_\_\_ 1. Completing logs and other documentation
- \_\_\_\_\_ 2. Preparing a lesson or small group activity
- \_\_\_\_\_ 3. Attending a professional conference
- \_\_\_\_\_ 4. Reading professional literature
- \_\_\_\_\_ 5. Observing
- \_\_\_\_\_ 6. Participating in supervision

**KNOWLEDGE AND SKILL OUTCOMES:**

Upon successful completion of Practicum I (APCE 612) and Practicum II (APCE 619) students will:

1. Complete supervised practicum experiences (Practicum I and Practicum II) that total a minimum of 100 clock hours (CACREP III.F).
2. Complete *at least* 40 hours of direct service (Practicum I and Practicum II) with actual clients/students that contribute to the development of counseling skills (CACREP III.F.1).
3. Participate in one hour per week of individual supervision throughout the practicum by the University Practicum Supervisor or by an advanced doctoral student supervisor, under the supervision of the University Practicum Supervisor.
4. Participate in one hour per week of individual supervision throughout the practicum by an approved Site Supervisor who is working in consultation with the University Practicum Supervisor in accordance with the supervision contract (CACREP III.F.2).
5. Participate in an average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by the University Practicum Supervisor (CACREP III.F.3).
6. Participate in program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients (CACREP III.F.4).
7. Receive evaluation of their counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum (CACREP III.F).

## Site Supervisor Requirements

Practicum students are Clinical Mental Health Counseling majors or School Counseling majors engaged in counseling within specialty areas under the cooperative supervision of a licensed professional.

The supervisor for Clinical Mental Health Counseling students must have: **(a)** at least a Master's degree in counseling or a closely related field (e.g., Licensed MSW or Licensed Psychologist) and appropriate certifications and/or licenses; **(b)** a minimum of 2 years of pertinent professional experience; **(c)** knowledge of the practicum expectations, requirements, and evaluation procedures for students; and **(d)** relevant training in supervision. Supervisors must agree to regularly review the Practicum Students' audio and/or videotapes.

The supervisor for School Counseling students must have: **(a)** at least a Master's degree in school counseling and appropriate certifications and/or licenses; **(b)** a minimum of 2 years of pertinent professional experience; **(c)** knowledge of the practicum expectations, requirements, and evaluation procedures for students; and **(d)** relevant training in supervision. Supervisors must agree to regularly review the Practicum Students' audio and/or videotapes.

## Group Supervision on Campus

Throughout the course of Practicum II, Practicum Students will meet on campus for an average of 1½ hours of group supervision per week, provided by a University Practicum Supervisor. Expectations for group supervision will be provided at the beginning of each semester. In addition, each Practicum Student will receive an hour of individual or triadic supervision from the practicum instructor, or an advanced doctoral student, under supervision of the practicum instructor.

## Practicum II Attendance Policy

Practicum Students are required to attend every class schedule for sections of APCE 614, 619, 691, and 692. Group supervision is a requirement of internship and necessary for ethical training practices. If a student experiences an emergency causing them to miss a class session, they must communicate their absence to the instructor of the courses in a timely manner, preferable prior to missing the class. Following an absence from group supervision, the student will be required to make up the missed class by attending another section of group supervision at any program location (Greeley, Denver, or Loveland). The student must inform the instructor of the section they plan to attend for the make-up class prior to attending. The student can attend any section of APCE 619, 614, 692, or 691 to make up the missed class, regardless of which course they are enrolled. To verify attendance, the student is required to obtain written or e-mail verification of attendance and attendance to the whole class is required. If students are unable to make up the group supervision course time during the same semester they missed the class, they will be required to register for and attend another semester of the course.

## Documentation

Practicum Students must submit one copy of each of the following documents to their practicum instructor:

- Practicum Agreement (Clinical Mental Health Counseling) (Appendix A) or Practicum Agreement (School Counseling) (Appendix B)
- One copy of the Practicum Log (Clinical Mental Health Counseling) (Appendix C) or One copy of the Practicum Log (School Counseling) (Appendix D)
- One copy of proof of liability insurance.

- Student Learning Outcome Documentation – Evaluation of Professional Practice (Appendix E)
- On-site supervisor evaluation of student (Clinical Mental Health Counseling) (Appendix F) or  
On-site supervisor evaluation of student (School Counseling) (Appendix G)
- Student’s evaluation of the site (Appendix H)

## SELECTION OF PRACTICUM SITE

### Procedures and Timelines:

Practicum Students must attend the Practicum II informational meeting the semester prior to beginning Practicum II.

On-campus students: This meeting will be held the **third Thursday of the fall and spring semesters at 12:00 pm**. There will not be a summer meeting, so please plan accordingly. *Note, you may attend an earlier meeting for informational purposes; however, you will still be required to attend the meeting the semester prior to your proposed start date for Practicum II.* **Eligibility verification forms and a copy of your liability insurance are due at this time.**

New Site Approval Forms (located in the internship manuals) can be emailed to the Site Placement Coordinator. Faculty will review and make decisions on these once a month.

The deadline for practicum II/internship contracts is 3 weeks prior to the end of the semester proceeding the placement. For the fall semester, this would mean three weeks prior to the end of the second summer session. All contracts can be turned into the main office for final approval.

Off-campus students: Meetings will be scheduled and communicated via the listserv. *Note, you may attend an earlier meeting for informational purposes; however, you will still be required to attend the meeting the semester prior to your proposed start date for Practicum II.* **Eligibility verification forms and a copy of your liability insurance are due at this time.**

### Placement Information (all students):

The first considerations in arranging placement are (a) your interests and career goals and (b) the University’s requirements for practicum. A database is available of sites that have been approved for field placements (practica or internship) and includes supervisor contact information. Students are encouraged to use this database.

**Once a Practicum Student has submitted an eligibility verification form, and it has been signed by the Site Placement Coordinator, then students may begin contacting sites. Students are reminded of the policy adopted by the University Professional Counseling Program Faculty that prohibits the selection of a practicum site in which the Practicum Student is currently or has been previously employed. In addition, no practicum will be approved for which the Practicum Student has not been academically prepared.**

Practicum Students should make professional contacts with possible sites and request an interview. Students are encouraged to interview with more than one agency/school in order to select the placement that provides desirable experiences and appropriate supervision. Please see Interview

Procedures detailed below. **Practicum Students cannot formally accept a placement without**

**the knowledge of the Site Placement Coordinator.** When a Practicum Student determines they will not accept or pursue a site, they must notify personnel at the site to allow ample time for them to fill vacant positions. **A PRACTICUM STUDENT CANNOT SIGN A CONTRACT WITH THE SITE UNTIL APPROVAL IS GIVEN FROM THE SITE PLACEMENT COORDINATOR OR PRACTICUM II INSTRUCTOR (OFF-CAMPUS) TO DO SO.**

The signed Practicum Agreement (Attachment A) **must** be turned in no later than three weeks prior to the last day of classes for the term prior to your placement. For fall placements, this would mean three weeks prior to the end of the second summer term.

When the Practicum Agreement has been signed and processed, an approved copy of the agreement will be sent to the Practicum Student and the Site Placement Coordinator. The official date after which the graduate student counselor may begin their practicum will be noted on this copy of the agreement and will coincide with the start of UNC's semester. No practicum hours will be counted prior to the date the Site Placement Coordinator signs the contract.

### **New Sites or Supervisors (Not on the Approved Site List)**

If you are interested in pursuing a new site that is not on the approved site list, **an additional step is required before completing the practicum agreement form.** You will need to submit the New Site Approval Request Form (Appendix I) and receive approval to accept a placement at this site.

### **Interview Procedures**

With the approval of the Site Placement Coordinator (on-campus) or Practicum II Instructor/Coordinator (off-campus), it is your responsibility to arrange interviews at potential practicum sites. Please attend to the following information regarding this important phase of your experience:

1. This is a professional interview. Present yourself and your documentation accordingly. Support your oral presentation with a well-prepared resume. Be thoroughly prepared to talk about your preparation for your practicum and the requirements you will need to complete during your practicum.
2. Ascertain that the prospective practicum site is capable of meeting your needs. During the interview, emphasize that you will need to obtain experiences that are consistent with your training and interests.
3. Carefully consider the "fit" between you, your professional goals, and the site. You are encouraged to interview with more than one agency, school, or site in order to select the best placement.
4. If the agency, school, or site accepts you for practicum placement, and you elect to accept the opportunity, request and obtain final approval of the site from the University Internship Coordinator. This can be done via email.
5. With approval from the University Internship Coordinator, you should prepare the agreement and obtain all necessary signatures.
6. Inform all potential supervisors you have contacted when you make a final decision.

## **Responsibilities During Practicum (APCE 619)**

1. You can expect to have a site visit from the University Practicum Supervisor during your practicum experience. Prior to the sixth week of your practicum, you are responsible for contacting the University Practicum Supervisor to schedule a site visit between yourself, your on-site supervisor, and the University Practicum Supervisor. At that time, you will review your progress thus far during practicum.
2. During your practicum you are required to maintain logs (Attachment C). You will turn these into the University Practicum Supervisor as requested by the instructor.
3. You are required to attend the APCE 619 group supervision meetings and all individual supervision meetings with your University Supervisor.
4. You are required to complete all Student Learning Outcome (Evaluation of Professional Practice) paperwork and turn it into the practicum instructor.
5. If you are unable to complete your practicum, contact the University Practicum Supervisor immediately.

## **Evaluation of Practicum Students**

Feedback from the Practicum Site Supervisor is essential for the purpose of evaluating student effectiveness. A standardized evaluation form has been adopted by the University Professional Counseling Faculty (Attachment E or F). The rating form should be completed by the On-Site Supervisor, reviewed with the student, and returned to the University Practicum Supervisor at the completion of the practicum.

## **Engaging in your Practicum**

Practicum Site Supervisors have supervisory and administrative responsibility for site activities. The University Practicum Supervisor will maintain regular contact with site supervisors.

The Site Supervisor will complete an evaluation form addressing your activities. Additionally, Practicum Students will be asked to evaluate their work, the site supervision students received at their site, the site itself, and the supervision provided on campus. Forms and guidelines are included in this handbook.

If problems or concerns (ethical, clinical, supervisory, interpersonal, etc.) develop during the students' practicum, students are asked to notify the University Practicum Supervisor immediately. **Failure to notify the University Supervisor in a timely manner of emerging problems or concerns may constitute an ethical breach on the part of the practicum student.** It is the responsibility of the University Practicum Supervisor to work with Practicum Students and the Site Supervisor to properly handle and resolve problems or concerns.

## **Strategies for Enhancing the Experience and Success**

Indeed, practicum students and the University Practicum Supervisor are guests of the agencies, schools, and clinics where practicum opportunities are authorized. Agency and School

administrators are entrusted with the care and responsibility of clients, and Site Supervisors are responsible for all facets of services provided to clients by the practicum student. Principals are entrusted with the care and responsibility of students, and Site Supervisors are responsible for all facets of the school counseling program. Thus, Practicum Students are expected to maintain the highest level of professionalism. Practicum Student's behaviors reflect on the student, the clinic, the school or the agency in which he or she is placed, the University, the Counseling Programs, and on future practicum students.

**Attire:** Dress appropriately and in accordance with existing dress codes within the site setting at all times.

**Work Schedules:** Because of the time demands, it is recommended that Practicum Students not try to maintain a full time job outside of the field placement.

**Attendance and Promptness:** Practicum Students are expected to be at their clinical or school site according to the schedule designed with the Site Supervisor. Absences must be limited to medical emergencies, family emergencies, and professional development activities. Should Practicum Students need to be absent or arrive late, they should notify both the Site Supervisor and the University Practicum Supervisor. Extensive absences, for whatever reason, will result in your practicum being postponed or terminated.

Students, Site Supervisors, and the University Supervisors are responsible for adhering to the policies and procedures as outlined in this manual. All questions about the information in this manual should be directed to the Site Placement Coordinator or Program Coordinator.

## **APPENDIX A: Practicum Agreement**



**Professional Counseling**

**McKee Hall 248; Box 131**

**Greeley, Colorado 80639**

**PRACTICUM AGREEMENT  
CLINICAL MENTAL HEALTH COUNSELING**

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(date) (agency)

and the Professional Counseling Program at the University of Northern Colorado. The agreement will be effective for a period from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
date date (# hours)

per week for \_\_\_\_\_.  
(Student Name)

**Purpose:** The purpose of this agreement is to provide a qualified graduate student with a field-based practicum experience in the field of counseling.

**The Professional Counseling Program agrees:**

1. To assign a University Practicum Supervisor to facilitate communication between the University and the practicum site;
2. To notify the Practicum II Student that they 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 II 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. That the University Practicum Supervisor shall be available for consultation with both the on-site supervisor and student, and shall be immediately contacted should any problem or change in relation to student, site, or University occur;
6. That the University Practicum Supervisor in consultation with the On-Site Supervisor, is responsible for the assignment of a final grade.

**The Practicum Site agrees:**

1. To assign a Practicum On-Site Supervisor who is a licensed counselor or psychologist with appropriate credentials, has a minimum of two years experience in the current position, and has the time and interest in the supervision and training of the practicum student;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and to be involved in the evaluation of the Practicum II Student’s performance (suggested counseling experiences included in the Practicum Activities);

3. To provide the student with adequate workspace, telephone access, office supplies, and staff to conduct professional activities;
4. To provide supervisory contact which involves some examination of student work using audio/visual tapes, observation, and supervision;
5. To provide written evaluation of the Practicum II Student based on criteria established by the Professional Counseling Program;

**The Practicum II Student agrees:**

1. To act in a professional manner that is consistent with the ACA Code of Ethics and practice counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on the student's part will result in removal from the practicum and a failing grade. Documentation of such behavior will become part of the student's permanent record;
2. To be responsible for being available to the On-Site supervisor and to the University Practicum Supervisor for conferences, (i.e., consultation, staffings, etc.), and to keep the University Practicum Supervisor informed regarding the practicum experiences;
3. To comply with the rules, policies, and regulations of the site, (i.e., staff development, working hours, schedules, etc.); and
4. To complete all practicum course requirements as outlined, and demonstrate the specified minimal level of counseling skill, knowledge, and competence in the various practicum activities evaluated during the Practicum II Student's experience.

**PRACTICUM ACTIVITIES:** The practicum requires that the graduate student counselor complete a minimum of 70 clock hours. At least 30 hours are to be spent in counseling activities (with a client), which include:

- 1. Individual Counseling/Psychotherapy: Personal/Social/Occupational
- 2. Group Counseling/Psychotherapy: Co-leading (Includes Psycho-educational)
- 3. Intake Counseling
- 4. Testing: Administration and Interpretation
- 5. Consultation

A maximum of 40 hours may be spent on non-counseling activities, which include:

- 1. Supervision: Individual and Group
- 2. Program Administration/Org. Dev./Implementation/Evaluation
- 3. Case Conferences & Staff Meetings
- 4. Report Writing: Record Keeping, Treatment Plans, Treatment Summaries
- 5. Case management without the client present (DHS, school, probation contacts, etc.)
- 6. Other: Specify \_\_\_\_\_

\* \* \* \* \*

**TO BE COMPLETED BY GRADUATE STUDENT COUNSELOR:**

\_\_\_\_\_  
Name Student I.D.

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Home Telephone (including area code)

\_\_\_\_\_  
If you are also employed elsewhere, please state place and telephone number

\_\_\_\_\_  
Student Counselor Signature Date

**TO BE COMPLETED BY PRACTICUM SITE:**

Within the specified time frame, \_\_\_\_\_ will be the primary  
(Site Supervisor)

practicum on-site supervisor. The **Practicum Training Activities (checked)** will be  
provided for the student in sufficient amounts to allow an adequate evaluation of the  
student's level of competence in each activity.

\_\_\_\_\_  
Agency Director or Administrator (name/title) Signature Date

\_\_\_\_\_  
On-site Supervisor (name/degree/license) Signature Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Agency address City State Zip

**TO BE COMPLETED BY UNIVERSITY FIELD PLACEMENT COORDINATOR:**

(Signature indicates approval of practicum site)

---

Verification of License

---

University Site Placement Coordinator Signature

Date

---

University Program Coordinator Signature

---

Date

---

Dean of the College of Education and Behavioral Sciences Signature

Date

## **APPENDIX B: Practicum Agreement School Counseling**



## PRACTICUM AGREEMENT SCHOOL COUNSELING

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(date) (school)

and the Professional Counseling Program at the University of Northern Colorado. The agreement will be

effective for a period from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_  
(start date) (date) (# hours per week)

per week for \_\_\_\_\_  
(Student Name).

**Purpose:** The purpose of this agreement is to provide a qualified graduate student with a practicum experience in the field of school counseling and guidance.

### **The APCE counseling faculty and the University Practicum Supervisor agree:**

1. To assign a University Practicum Supervisor to facilitate communication between the University and the Practicum II site;
2. To notify the Practicum II Student that they 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. That the University Practicum Supervisor shall be available for consultation with both the On-Site Supervisor and with the Practicum II Student, and shall be immediately contacted should any problem or change in relation to student, site, or University occur;
6. That the University Practicum Supervisor assigned as the Practicum Supervisor, in consultation with the On-Site Supervisor, is responsible for the assignment of a final grade.

### **The Internship Site Supervisor:**

1. Is a licensed/certified school counselor with appropriate credentials, and with a minimum of two years experience.
2. Can devote the time necessary for training and supervision.
3. Will provide opportunities for the Practicum II Student to engage in a variety of counseling and guidance activities under supervision.



**TO BE COMPLETED WITH PRACTICUM SITE:**

Within the specified time frame, \_\_\_\_\_ will be the primary internship site supervisor.  
(Site Supervisor)

The Practicum Training Activities (checked) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student level of competence in each activity.

**The practicum student will have opportunities to gain experience in the following areas:**

**Curriculum**

- Observe school counselors as they conduct classroom activities
- Conduct classroom activities with school counselors
- Design and conduct classroom lessons that address Mindsets and Behaviors of *ASCA Model*
- Provide curriculum activities for students in special education and 504 programs
- Assess the efficacy of classroom lessons and units
- Conduct needs assessments to prioritize ASCA Model objectives

**Responsive Services**

- Observe counselors during individual counseling sessions
- Observe counselors conducting small group counseling activities
- Observe counselors consulting with parents and teachers
- Provide individual counseling for students of various ages and with various personal/social concerns
- Co-facilitate counseling groups with a licensed school counselor
- Conduct counseling groups addressing personal, social, 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 within the school
- Participate in the school's crisis response team
- Participate in response to crises that occur during Practicum II

**Individual Student Planning**

- Provide career counseling
- Conduct group activities addressing career and educational 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 activities
- 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 activities
- Collect and interpret data regarding student groups who are at risk of academic failure
- Plan and/or present and/or assist with preparation of a parent education program
- Contribute to the school counseling program by (e.g., developing a brochure for school counseling program, designing orientation programs or implementing career planning programs)

**Professional Development Activities**

- Observe special education classrooms
- Meetings addressing student 504 planning
- 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

**Other Activities Unique to this Site and to this Practicum**

\_\_\_\_\_

\_\_\_\_\_

**Authorized by:**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

School Principal (name/title)

Signature

Date

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

On-site Supervisor  
(name/degree/license)

Signature

Date

\_\_\_\_\_  
Supervisor Email address

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

School address

City

State

Zip

**To be completed by University Field Placement Coordinator**

\_\_\_\_\_  
Verification of License

|  |  |
|--|--|
|  |  |
|--|--|

University Site Placement Coordinator Signature

Date

|  |  |
|--|--|
|  |  |
|--|--|

Program Coordinator Signature

Date

|  |  |
|--|--|
|  |  |
|--|--|

Dean of the College of Education and Behavioral Sciences

Date

**APPENDIX C: Practicum Log – CLINICAL MENTAL  
HEALTH COUNSELING**



**APPENDIX D: Practicum Log –  
SCHOOL COUNSELING**



**APPENDIX E: Student Learning Outcome Documentation  
Evaluating Professional Practice**



School of Applied Psychology and Counselor Education  
Professional Counseling Programs

### **SELF-SUPERVISION FORM**

**To Be Completed During Practicum I, Practicum II, Family Practicum, and Internship**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Sessions: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please use this form to assess your counseling skills each week. You must complete this form on at least one client for three sessions and submit it to your instructor as part of your evaluation materials.

**Identify Examples of Culturally Appropriate Attending Skills:** (Include eye contact, posture, tone of voice, amount of movement in session, mirroring, facial expressions, or bodily expression)

**Identify Examples of Empathy & Influencing Skills:** (Include paraphrasing, reflection of feeling or meaning, summarization, clarifying and perception checking, pacing, focusing, staying with affect, counselor self disclosure, immediacy, or confrontation)

**Identify & Evaluate Any Specific Techniques Used:**

**Identify Your Areas of Strength** (Identify a minimum of 2)

**Identify Your Growth Areas** (Identify a minimum of 2)



School of Applied Psychology and Counselor Education  
Professional Counseling Programs

**TREATMENT PLAN AND CASE CONCEPTUALIZATION**  
**(To Be Completed During Practicum I, Practicum II, Family Practicum, and Internship)**

**Completion of this form: Use accompanying rubric to understand expectations of each section in this form and use this rubric as a guideline for appropriate completion of this form. Your instructor may have specific information they request in each section.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Course Enrolled: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Client Pseudonym: \_\_\_\_\_

Client Age: \_\_\_\_\_

**Introduction:**

**Presenting Concern:**

**Background Information:**

**Client Strengths:**

**Hypotheses:**

**Counselor Observations (i.e., Larger System & Developmental Perspective):**

**Assessment Information (If Applicable):**

**Overall Conceptualization:**

**Multi-axial Diagnosis (DSM-V):**

**Status at the Beginning of Treatment:**

**Treatment Goals:**

1)

2)

3)

**Prognosis:**

**Suggested or Implemented Interventions**

## Case Conceptualization & Treatment Plan Scoring Rubric Clinical Mental Health Counseling (To Be Completed During Practicum I, Practicum II, Family Practicum, and Internship)

Counselor-in-Training: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Course Enrolled: \_\_\_\_\_

**Rating Scale:**

**5 = Exceptional** (skills and understanding significantly beyond counselor developmental level)

**4 = Outstanding** (strong mastery of skills and thorough understanding of concepts)

**3 = Mastered Basic Skills** (understanding of skills/competence evident)

**2 = Developing** (minor conceptual errors; in process of developing)

**1 = Deficits** (deficits in knowledge/skills; significant remediation needed)

|                           | <b>5</b>  | <b>4</b>  | <b>3</b>   | <b>2</b>   | <b>1</b>  | <b>N/A</b> |
|---------------------------|---|---|--|--|---|------------|
| <b>Introduction</b>       | Provides a clear, thorough introduction to the client that provides information regarding client diversity. Descriptions set the context for problem understanding. | Provides a clear introduction to the client that provides some information regarding client diversity. Descriptions are useful for problem understanding. | Provides basic identifying information about the client and some information regarding diversity. Descriptions lack sufficient detail for problem understanding. | Provides basic information about the client; however, there is insufficient detail regarding client diversity.                         | Missing, incorrect, or significant problems in describing the client and diversity.                             |            |
| <b>Presenting Concern</b> | Provides a clear, comprehensive, and accurate description of the client's presenting concerns. This includes a description of the client's concern using language.  | Provides a clear description of the client's presenting concerns using unbiased language.   | Provides a clear description of the client's presenting concerns; however, this description lacks sufficient description.  | The description of the client's presenting concerns contains minor conceptual problems and lacks clarity. Some use of biased language. | The description of the client's presenting concerns is lacking detail, inaccurate, or contains biased language. |            |

|                               | <b>5</b>   | <b>4</b>   | <b>3</b>   | <b>2</b>  | <b>1</b>  | <b>N/A</b> |
|-------------------------------|--|--|--|---|---|------------|
| <b>Background Information</b> | Provides a clear and comprehensive summary of recent and past events related to presenting concerns that provides insight into the client conceptualization.   | Provides a detailed summary of recent and past events that provides a thoughtful conceptualization of client's presenting concerns.  | Provides a clear summary of recent and past events; however, this summary lacks sufficient information and connection to the client's presenting concerns. | The summary provides minimal or insufficient background information and lacks a clear connection to conceptualization.            | The summary does not contain significant information and did not identify significant events related to conceptualization.                    |            |
| <b>Client Strengths</b>       | A comprehensive overview of individual, relational, and spiritual strengths, resources and resiliency that have clinical relevance.  | A detailed description that highlights individual, relational, and spiritual strengths and resources.  | A clear description of individual, relational, and spiritual strengths, with some lacking clinical relevance.  | A brief, underdeveloped description of client strengths.  | A summary of strengths that contains significant problems with identifying relevant strengths (e.g., poor choice, insufficient number).       |            |
| <b>Hypotheses</b>             | Provides a comprehensive, systemic set of hypotheses regarding relational patterns and/or presenting concerns incorporating a theoretical prospective for these hypotheses. Hypotheses are sufficiently supported. | Provides a detailed description of hypotheses regarding relational patterns and/or presenting concerns incorporating a theoretical prospective for these hypotheses. Sufficient support is provided for most hypotheses. | Provides a clear description of basic hypotheses regarding presenting concerns that lacks detail and without a theoretical prospective for hypotheses.     | Provides vague, unclear, or unsupported hypotheses regarding relational patterns, theoretical prospective or presenting concerns. | Provides a vague, unsupported, blaming, or one-sided description of hypotheses regarding presenting problems without theoretical prospective. |            |

|  | <b>5</b>  | <b>4</b>   | <b>3</b>  | <b>2</b>   | <b>1</b>  | <b>N/A</b> |
|--|---|--|---|--|---|------------|
| <b>Counselor Observations; Larger System &amp; Developmental Perspective</b> | A comprehensive overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a sophisticated understanding of diversity issues and how they impact presenting concerns. | A detailed overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a general understanding of diversity issues and how they impact presenting concerns. | A basic overview of the client's system (e.g., school, community, family, peers, etc.) and a developmental perspective that demonstrates a basic understanding of diversity issues. | A vague, unclear, or unsupported overview of the client's system and a developmental perspective that does not demonstrate a clear understanding of diversity issues.        | An insufficient, unclear overview of the client's system and a developmental perspective and/or failure to recognize diversity issues.  |            |
| <b>Assessment Information (Formal Assessments)</b>                           | Provides a comprehensive overview of any formal assessments used with the client (i.e. Beck Depression Inventory) with a comprehensive explanation of the relevance to the client's presenting concerns.                                    | Provides a clear, detailed overview of any formal assessments used with the client with some explanation of the relevance to the client's presenting concerns.   | Provides a detailed overview of any formal assessments used with the client with minimal attention paid to the relevance of the information to the client's presenting concerns.    | Provides a vague overview of any formal assessment information used with little to no attention paid to the relevance of the information to the client's presenting concern. | Provides an inaccurate or insufficient overview of any formal assessment information with no connection made to the presenting problem. |            |
| <b>Multi-axial Diagnosis (DSM-V)</b>   | Provides a) diagnosis with comprehensive support from presenting concerns and client behaviors.   | Provides an appropriate diagnosis with some support from presenting concerns and client behaviors.   | Provides a diagnosis with little support from presenting concerns and client behaviors.   | Provides a diagnosis with little to no support from presenting concerns and client behaviors.  | Provides an inaccurate or insufficient diagnosis that is unsupported.   |            |

|   | 5  | 4  | 3   | 2   | 1  | N/A |
|---|--|--|---|---|--|-----|
| <b>Prognosis</b>  | Provides a clear, detailed prognosis that aligns with diagnosis, presenting concerns, and treatment goals.   | Provides an appropriate prognosis that aligns with diagnosis, presenting concerns, and treatment goals; lacks some detail.   | Provides an appropriate prognosis that aligns with one or more of the following: diagnosis, presenting concerns, or treatment goals.  | Provides a prognosis with little attention to detail or connection to diagnosis, presenting concerns, or treatment concerns.  | Provides an inaccurate or insufficient prognosis with no connection made to the diagnosis, presenting concerns, or treatment goals.                    |     |
| <b>Interventions</b>                                    | Provides a clear, detailed explanation of appropriate interventions that aligns with diagnosis, presenting concerns, and treatment goals.  | Provides an appropriate explanation of interventions that aligns with diagnosis, presenting concerns, and treatment goals; lacks some detail.  | Provides an appropriate explanation of interventions that aligns with one or more of the following: diagnosis, presenting concerns, or treatment goals.   | Provides an explanation or list of interventions with little attention to detail or connection to diagnosis, presenting concerns, or treatment concerns.                          | Provides an inaccurate or insufficient list of interventions with no connection made to the diagnosis, presenting concerns, or treatment goals.        |     |
| <b>Overall Conceptualization: Quality of Assessment</b> | The overall report integrates all available information into a sophisticated, consistent, and clinically relevant conceptualization. The focus and goals for treatment is clearly articulated. | The overall report integrates available information into a clinically relevant conceptualization. Most areas are clear and consistent. The conceptualization provides a clear focus and goals for treatment. | The overall report integrates information into a clinically relevant conceptualization. The conceptualization provides a general focus for treatment; however, it is lacking a clear, detailed focus and goals. | The overall report contains minor problems with integration and consistency across domains. The conceptualization does not provide a single, clear focus and goals for treatment. | The overall report contains significant problems with integration, clarity, and consistency. There is little to no clear focus or goals for treatment. |     |

**Additional Comments:**

**Case Conceptualization & Treatment Plan Scoring Rubric – School Counseling  
(To Be Completed by During Practicum I, Practicum II, and Internship)**

**School Counselor-in-Training:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Course Enrolled:** \_\_\_\_\_

**Rating Scale:**

**5 = Outstanding** (skills and understanding significantly beyond counselor developmental level)

**4 = Mastery** (strong mastery of skills and thorough understanding of concepts)

**3 = Expected Basic Skills** (understanding of skills/competence evident)

**2 = Developing** (minor conceptual errors; in process of developing)

**1 = Deficits** (deficits in knowledge/skills; significant remediation needed)

|                            | <b>5</b>   | <b>4</b>   | <b>3</b>   | <b>2</b>  | <b>1</b>   | <b>N/A</b> |
|----------------------------|--|--|--|---|--|------------|
| <b>Introduction</b>        | Provides a clear, concise introduction to the student and the school environment. Descriptions set the context for understanding the problem.                                | Provides a clear introduction to the student and the school environment that is useful for understanding the problem. Descriptions lack some detail. | Provides basic identifying information about the student and some information regarding school environment. Descriptions lack sufficient detail for understanding the problem. | Provides basic information about the student. However, there is insufficient detail regarding the school environment.                   | Missing, incorrect, or significant problems in describing the student and the school environment.                |            |
| <b>Presenting Concerns</b> | Provides a clear, comprehensive, and accurate description of the student's presenting concerns using unbiased language. Connection to impact on optimal development is made. | Provides a clear description of the student's presenting concerns using unbiased language. Connection to optimal development lacks clarity.          | Provides a description of the student's presenting concerns. However, this description lacks sufficient clarity.   | The description of the student's presenting concerns contains minor conceptual problems and lacks clarity; some use of biased language. | The description of the student's presenting concerns is lacking detail, inaccurate, or contains biased language. |            |

|                               | 5   | 4  | 3  | 2  | 1   | N/A |
|-------------------------------|---|--|--|--|---|-----|
| <b>Background Information</b> | Provides a clear and comprehensive summary of recent and past events related to presenting concerns that includes multiple data points and stakeholder perspectives. Diversity is also discussed. | Provides a detailed summary of recent and past events that provides a thoughtful conceptualization of student's presenting concerns and includes some data points.                               | Provides a clear summary of recent and past events. However, this summary lacks sufficient information and connection to the student's presenting concerns.          | The summary provides minimal or insufficient background information and lacks a clear connection to conceptualization. | The summary does not contain significant information and did not identify significant events related to conceptualization.                    |     |
| <b>Student Strengths</b>      | A comprehensive overview of individual, academic, career, personal/social, and system-related strengths and resources that have relevance to the conceptualization.                               | A detailed description that highlights individual, academic, career, personal/social, and system-related strengths and resources.  | A clear description of individual, academic, career, personal/social, and system-related strengths and resources that lacks some relevance to the conceptualization. | A brief, underdeveloped description of student strengths.  | A summary of strengths that contains significant problems with identifying relevant strengths (e.g., poor choice, insufficient number).       |     |
| <b>Hypotheses</b>             | Provides comprehensive, systemic hypotheses related to presenting concerns. Hypotheses incorporate a theoretical perspective and are sufficiently supported.                                      | Provides a detailed description of hypotheses regarding presenting concerns and incorporates a theoretical perspective for these hypotheses. Sufficient support is provided for most hypotheses. | Provides a clear description of basic hypotheses regarding presenting concerns that lacks detail and does not incorporate a theoretical perspective for hypotheses.  | Provides vague, unclear, or unsupported hypotheses regarding presenting concerns or theoretical perspective.           | Provides a vague, unsupported, blaming, or one-sided description of hypotheses regarding presenting concerns without theoretical perspective. |     |

|  | <b>5</b>   | <b>4</b>  | <b>3</b>   | <b>2</b>  | <b>1</b>  | <b>N/A</b> |
|--|--|---|--|---|---|------------|
| <b>School Counselor Observations (i.e., Larger System &amp; Developmental Perspective)</b> | A comprehensive overview of the student’s system (e.g., school, community, family, peers, community, legislative or policy issues.) and a developmental perspective that demonstrates a sophisticated understanding of diversity issues and how they impact presenting concerns. | A detailed overview of the student’s system (e.g., school, community, family, peers, community, legislative or policy issues.) and a developmental perspective that demonstrates a general understanding of diversity issues and how they impact presenting concerns. | A basic overview of the student’s system (e.g., school, community, family, peers, community, legislative or policy issues.) and a developmental perspective that demonstrates a basic understanding of diversity issues. | A vague, unclear, or unsupported overview of the student’s system and a developmental perspective that does not demonstrate a clear understanding of diversity issues.            | An insufficient, unclear overview of the student’s system and a developmental perspective and/or failure to recognize diversity issues.                     |            |
| <b>“SMART” Treatment Goals</b>   | Provides clear, concise, and professionally worded “SMART” treatment goals that align with presenting concerns as well as models for school counseling practice.   | Provides appropriate “SMART” treatment goals that align with presenting concerns as well as models for school counseling practice; lacks some detail.   | Provides appropriate “SMART” treatment goals that align with at least one of the following: presenting concerns or models for school counseling practice.  | Provides treatment goals that are not “SMART” or lack sufficient detail or connection to presenting concerns or models for school counseling practice.                            | Provides an inaccurate or insufficient list of “SMART” treatment goals; no connection made to presenting concerns or models for school counseling practice. |            |
| <b>Interventions (Already Implemented or Anticipated)</b>                                  | Provides a clear, detailed explanation of appropriate interventions that aligns with presenting concerns, treatment goals, and models  | Provides appropriate explanation of interventions that aligns with presenting concerns, treatment goals, and models for school counseling practice; lacks some detail.  | Provides appropriate explanation of interventions that aligns with at least one of the following: presenting concerns,   | Provides an explanation or list of interventions with little attention to detail or connection to presenting concerns, treatment goals, or models for school counseling practice. | Provides an inaccurate or insufficient list of interventions with no connection made to presenting concerns, treatment goals,                               |            |

|   | 5   | 4  | 3   | 2   | 1  | N/A |
|---|---|--|---|---|--|-----|
|   | for school counseling practice.   |  | treatment goals, or models for school counseling practice.  |   | or models for school counseling practice.  |     |
| <b>Outcomes (Already Evidenced or Anticipated)</b>      | Provides a clear, detailed description of outcomes that align with presenting concerns, student strengths, treatment goals, and interventions.  | Provides appropriate description of outcomes that aligns with presenting concerns, treatment goals, and interventions; lacks some detail.  | Provides appropriate description of outcomes that aligns with at least one of the following: presenting concerns, treatment goals, or interventions.  | Provides description of outcomes with little attention to detail or connection to presenting concerns, treatment goals, or interventions.   | Provides an inaccurate or insufficient description of outcomes with no connection made to the presenting concerns, treatment goals, or interventions.  |     |
| <b>Overall Conceptualization: Quality of Assessment</b> | The overall report integrates all available information into a sophisticated, consistent, and professionally relevant conceptualization. The focus and goals for treatment is clearly articulated and appropriate for a school setting. | The overall report integrates available information into a professionally relevant conceptualization. Most areas are clear and consistent. The conceptualization provides a clear focus and goals for treatment. | The overall report integrates information into a professionally relevant conceptualization. The conceptualization provides a general focus for treatment. However, it is lacking a clear, detailed focus and goals. | The overall report contains minor problems with integration and consistency across domains. The conceptualization does not provide a single, clear focus and goals for treatment. | The overall report contains significant problems with integration, clarity, and consistency. There is little to no clear focus or goals for treatment. |     |

**ADDITIONAL COMMENTS** (*continued on back*):



**TREATMENT PLAN AND CASE CONCEPTUALIZATION**  
*School Counseling Version*  
**(To Be Completed During Practicum I, Practicum II, and Internship)**

**Completion of this form: Use accompanying rubric to understand the expectations of each section in this form and use this rubric as a guideline to appropriately complete this form. Your instructor may have specific information they request in each section.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course Enrolled: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Student Pseudonym: \_\_\_\_\_ Age: \_\_\_\_\_

**Introduction:**

**Presenting Concerns:**

**Background Information:**

**Student Strengths:**

**Hypotheses:**

**School Counselor Observations (i.e., Larger System & Developmental Perspective):**

**Specific, Measurable, Attainable, Realistic, and Timely (SMART) Treatment Goals:**

1)

2)

3)

**Interventions (Already Implemented or Anticipated):**

**Outcomes (Already Evidenced or Anticipated):**

## **APPENDIX F: Self-Supervision Rubric**

## SELF SUPERVISION RUBRIC #1

**Student Name:** \_\_\_\_\_ **Course:** APCE

**Date:** \_\_\_\_\_

| <b>Self Supervision Form Rubric</b>            | <b>Below Expectations</b>   | <b>Meets Expectations</b>   | <b>Exceeds Expectations</b>   |
|--|---|---|---|
| <b>Culturally Appropriate Attending Skills</b> | Student identified few attending skills & was unable to explain cultural appropriateness of skills. | Student identified two attending skills used in session & explained the cultural appropriateness of each.<br>*Please use more detail in the future. | Student identified more than two attending skills used in session & explained the cultural appropriateness of each.                             |
| <b>Empathy &amp; Influencing Skills</b>        | Student noted few examples of empathy and influence & was unable to identify specific skills.       | Student noted two examples of empathy and influence & was able to identify specific skills for each.  | Student noted more than two examples of empathy and influence & was able to identify specific skills for each.                                  |
| <b>Techniques</b>                              | Student did not identify or evaluate any techniques used.   | Student identified and evaluated techniques used in session.  | Student identified and evaluated techniques used in session & offered additional ideas on further techniques to incorporate in future sessions. |
| <b>Areas of Strength</b>                       | Student did not identify a minimum of two areas of strength.  | Student identified a minimum of two areas of strength.  | Student identified more than two areas of strength.   |

|                         |  |  |   |
|-------------------------|--|--|---|
| <b>Areas for Growth</b> | Student did not identify a minimum of two areas of growth. | Student identified a minimum of two areas of growth. | Student identified at least two areas of growth & offered approaches to manage these areas. |
|-------------------------|--|--|---|

**APPENDIX G: Student Evaluation – *Clinical  
Mental Health Counseling***

University of Northern Colorado  
 INTERNSHIP IN CLINICAL MENTAL HEALTH COUNSELING  
**AGENCY SITE SUPERVISOR**  
**MIDTERM & FINAL EVALUATION FORM**

Name of Supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Site: \_\_\_\_\_

Address: \_\_\_\_\_

Please identify the types of activities utilized in supervision with this supervisee.

|  |  |
|--|--|
|  | Observed supervisee directly via one way mirror or video circuit |
|  | Listened to or watched tapes of supervisee counseling            |
|  | Read session notes   |
|  | Discussed cases with supervisee                                  |
|  | Group Supervision (6 supervisees or less)                        |
|  | Triadic Supervision (2 supervisees)                              |
|  | Individual Supervision   |
|  | Other (please describe)  |

What number of overall hours did the supervisee spend doing the following:

|  |  |
|--|--|
|  | Direct client contact (Individual counseling)  |
|  | Direct client contact (couples or families)  |
|  | Indirect client activities (i.e. case conferences, staff meetings, in-service workshops, trainings, administrative duties, completion of paperwork, case notes, treatment plans, etc.) |
|  | TOTAL INTERNSHIP HOURS   |

Logistical aspects:

|  |  |
|--|--|
|  | Supervisee is on time for sessions and supervision   |
|  | Case notes are completed on time   |
|  | Case notes are well written  |
|  | Treatment planning notes completed and modified with supervision                             |
|  | Supervisee has current and active liability insurance in place                               |
|  | Supervisee has completed application/is registered with DORA as a Registered Psychotherapist |

Counseling/theoretical models used by supervisee: \_\_\_\_\_

### Supervisee Skills Rating Form

Please use the scale below to rate the supervisee across each of the following dimensions.

**Use the scale on the left side for the mid-term evaluation, and  
the scale on the right side for the final evaluation.**

- 1** = Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.
- 2** = Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended, and close supervision is required.
- 3** = Competence is at least at the minimal level necessary for functioning with moderate supervision required.
- 4** = Competence is above average, trainee can function independently with periodic supervision.
- 5** = Competence is well developed and trainee can function independently with little or no supervision required.
- N** = Insufficient data to rate at this time.

#### Interaction / Interview Skills

| Midterm     |  | Final       |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor establishes good rapport with clients  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is in charge of direction of interview   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is accepting and encouraging of client emotions, feelings, and expressed thoughts  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is aware and accepting of client's cultural, religious, sexual orientation, ethnic, economic, gender and lifespan/developmental issues, and displays sensitivity to these dimensions in sessions | N 1 2 3 4 5 |

#### Counselor Responses

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor's responses are appropriate in view of what client is expressing and according to developmental level                                | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor reflects emotions and responds to feelings appropriately   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is able to establish appropriate boundaries between therapist and client (i.e., counselor avoided being "caught" by client dynamics) | N 1 2 3 4 5 |

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor's values remain neutral when working with the client | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Interventions are presented appropriately to the client        | N 1 2 3 4 5 |

### **Counseling Relationship**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Therapeutic relationship was conducive to productive counseling                                | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor used appropriate language level with client  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor used language, tone of voice, and other behavior to convey an interest in clients    | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor communicated his/her interests, feelings and experiences to clients when appropriate | N 1 2 3 4 5 |

### **Client Conceptualization**

|             |   |             |
|-------------|---|-------------|
| N 1 2 3 4 5 | Understands/conceptualizes client's problem in its full perspective (systemic, developmental, cultural)                           | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Reports client's behavior patterns accurately and supports reports with specific behavioral observations                          | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Identifies and utilizes client strengths in sessions and treatment planning   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Interventions reflect a clear understanding of the client's problem and the client's goals  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Interventions are consistent with the theoretical counseling model being used to conceptualize the client                         | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor is able to demonstrate knowledge of principles and processes of theoretical framework underlying mode of treatment used | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Treatment goals and plans reflect good case conceptualization and are consistent with the theoretical model being used            | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor assesses influence of other systems (i.e. school, work, medical etc) and acts accordingly                               | N 1 2 3 4 5 |

### **Termination**

|             |   |             |
|-------------|---|-------------|
| N 1 2 3 4 5 | Counselor reviews goals with clients and prepares for closure   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Termination was initiated and planned properly (was it a smooth transition from the counseling process) | N 1 2 3 4 5 |

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Follow up phone calls, or referral was discussed | N 1 2 3 4 5 |
|-------------|--|-------------|

### **Case Conceptualization & Supervision**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Supervisee is able to observe/understand his or her own personal influence on the counseling relationship  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee is able to conceptualize and discuss cases meaningfully and insightfully with the supervisor  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Able to reflect on personal motives, regulate emotions, and is open to accepting personal responsibility and addressing issues pertaining to personal/professional growth conceptually and/or behaviorally | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee seeks, is well prepared, and actively participates in the supervisory process   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee is open to entertaining new ideas and behaviors   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Supervisee is receptive to supervisor feedback   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Conversations in supervision and feedback reflected in future counseling sessions  | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor demonstrates an ability to appropriately negotiate the balance between autonomy and dependency in supervision  | N 1 2 3 4 5 |

### **Use of Evidence Based Interventions and Literature**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor made serious effort to integrate case with Evidence Based Interventions                    | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor used literature to be more informed in regards to case conceptualization, and intervention | N 1 2 3 4 5 |

### **Miscellaneous**

|             |  |             |
|-------------|--|-------------|
| N 1 2 3 4 5 | Counselor actively participates in group supervision and both gives and receives feedback with other supervisees | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor understands and observes agency operating procedures   | N 1 2 3 4 5 |

|             |   |             |
|-------------|---|-------------|
| N 1 2 3 4 5 | Counselor collegially participates with the treatment team in consultation and collaboration with other providers (intra- and inter-professionally)   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor demonstrates an ability to negotiate conflict or differences in a professional manner   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor produces appropriate documentation (i.e., case notes, treatment plans, etc.) consistent with uniformly acceptable guidelines as well as adapting stylistically to agency-specific standards   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor actively pursues answers to ethical dilemmas as they arise in cases: aware of and follows general guidelines for ethical decision making, with guidance in supervision and attention to professional organization's (i.e., ACA) ethical guidelines as well as the state-specific statutes | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor strives to become a more multi-culturally competent counselor and to promote social justice within the domains of current practice and client contact   | N 1 2 3 4 5 |
| N 1 2 3 4 5 | Counselor demonstrates initiative, motivation, and a focus on professional development  | N 1 2 3 4 5 |

Comments:

Supervisor Signature: \_\_\_\_\_

Trainee signature: \_\_\_\_\_

- The faculty has approved this form for evaluation in Clinical Internship for MA students. It is a CACREP requirement that a copy of this evaluation is to be included in the student's file upon course completion.**
- This form has been adapted and modified. It was originally developed for use in the internship manual for MA students in Community Counseling: Couples and Family Therapy Emphasis and for use in Family Practicum with MA and Doctoral students by Lia Softas-Nall, Professor of Counseling Psychology and adopted by the APCE faculty. It appears as a published contribution in Hovestadt, C. et al (2002). *Practice management forms: Tools for the business of therapy*. Washington, DC: American Association for Marriage and Family Therapy.

**APPENDIX H: Student Evaluation –**  
*School Counseling*



PRACTICUM STUDENT EVALUATION
APCE 619 School Counseling
Applied Psychology and Counselor Education
Evaluation of Practicum Student

Completed by Practicum Supervisor

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Site: \_\_\_\_\_

Please indicate whether this is a mid-term or final evaluation: \_\_\_\_\_

This form was designed to help supervisors provide feedback about the performance of practicum students. The time you take to complete this form is very much appreciated. You are encouraged to review your assessment with the student prior to submitting it to the University Practicum Supervisor.

Your appraisal of the student's performance will be considered in assigning his or her grade for the practicum experience. Once completed, the form will become part of the student's record.

Please describe modalities of supervision you employed when working with this student (Please mark all that apply).

- Observed student directly
Listened to or watched tapes of student providing counseling and guidance services
Read notes of activities
Discussed activities with student
Other (please describe)

Which of the following activities did the student perform:

- Individual Counseling
Group Counseling
Consulting with Teachers
Consulting with Parents
Other (please list)
Career Counseling
Assessment
Student Conferences
Classroom Curriculum Activities

For the following items, please use the scale provided. Your additional comments will provide information that will contribute to the student's professional growth.

In order to facilitate the development of the student's skills, please rate student's performance according to the following scale:

Table with 5 columns: Unacceptable (1), 2, Meets Expectations (3), 4, Above Expectations (5), Not Observed (N/A)

## The Student as a Professional

### 1. Basic Work Expectations

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Arrives on time consistently   | 1 | 2 | 3 | 4 | 5 |
| Informs supervisor and makes arrangements for absences                     | 1 | 2 | 3 | 4 | 5 |
| Reliably completes requested or assigned tasks                             | 1 | 2 | 3 | 4 | 5 |
| Is responsive to norms about clothing, language, etc.                      | 1 | 2 | 3 | 4 | 5 |
| Demonstrates awareness of and response to school's culture                 | 1 | 2 | 3 | 4 | 5 |
| Demonstrates ability to work cooperatively and collaboratively with others | 1 | 2 | 3 | 4 | 5 |
| Reviewed material recommended by supervisor                                | 1 | 2 | 3 | 4 | 5 |

### 2. Ethical Awareness and Conduct

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Demonstrates clear understanding of ethical guidelines  | 1 | 2 | 3 | 4 | 5 |
| Demonstrates commitment to following ethical guidelines | 1 | 2 | 3 | 4 | 5 |
| Consults with others about ethical issues as necessary  | 1 | 2 | 3 | 4 | 5 |

### 3. Response to Supervision

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Actively seeks supervision when necessary            | 1 | 2 | 3 | 4 | 5 |
| Demonstrates receptivity to feedback and suggestions | 1 | 2 | 3 | 4 | 5 |
| Understands information communicated by supervisor   | 1 | 2 | 3 | 4 | 5 |
| Attends to areas inviting improvement and growth     | 1 | 2 | 3 | 4 | 5 |
| Demonstrates understanding of personal limitations   | 1 | 2 | 3 | 4 | 5 |

### 4. Work Products

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Maintains documentation reliably and accurately       | 1 | 2 | 3 | 4 | 5 |
| Develops materials that are of a professional quality | 1 | 2 | 3 | 4 | 5 |

### The Student as a Counselor

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Demonstrates knowledge of developmentally appropriate interventions  | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic skills in individual counseling                   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates ability to accurately assess/evaluate students' needs   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic skills in group counseling                        | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic skills in managing a case from start to finish    | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of career development needs of students       | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of academic development needs of students     | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of students' personal and social needs        | 1 | 2 | 3 | 4 | 5 |
| Demonstrates a sensitivity to cultural differences in counseling     | 1 | 2 | 3 | 4 | 5 |
| Demonstrates an ability to refer appropriately                       | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills in using technology relative to counseling       | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills regarding test administration and interpretation | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please recommend activities or goals for the student when he/she is in internship.

\_\_\_\_\_  
\_\_\_\_\_

### The Student as a Consultant

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Demonstrates basic consulting skills with parents            | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic consulting skills with teachers           | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic consulting skills with administrators     | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic assessment skills in consultation matters | 1 | 2 | 3 | 4 | 5 |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Demonstrates knowledge of student career development<br>as it relates to consultation | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of human development<br>as it relates to consultation          | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of academic development<br>as it relates to consultation       | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of cultural issues of stakeholders                             | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please recommend activities or goals for the student when he/she is in internship.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The Student as a Program Coordinator**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Demonstrates knowledge of the school's overall functioning  | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of the ASCA Model curriculum<br>and how it interfaces with the school's curriculum | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills in assessing programmatic needs   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates organizational skills in coordinating programs   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates basic communication skills with stakeholders<br>in coordinating programs                     | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Please recommend activities or goals for the student when he/she is in internship.

\_\_\_\_\_  
 \_\_\_\_\_

**The Student as Classroom Guidance Facilitator**

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Demonstrates skills in preparing for classroom presentations   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills in classroom management  | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills in conducting classroom presentations  | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills in assessing classroom presentations   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of choosing developmentally appropriate classroom activities                        | 1 | 2 | 3 | 4 | 5 |
| Demonstrates knowledge of the school's counseling program as it relates to developing classroom activities | 1 | 2 | 3 | 4 | 5 |
| Responds to cultural diversity in designing classroom activities   | 1 | 2 | 3 | 4 | 5 |
| Demonstrates skills in using technology relative to instruction  | 1 | 2 | 3 | 4 | 5 |

Please comment on your evaluation of the strengths of the student in doing classroom presentations:

---

---

Please recommend activities or goals for the student when he/she is in internship.

---

---

---

Overall, what would you identify as this student's strengths?

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---

---

What would you identify as the most important areas in which this student needs to improve?

---

---

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX I: Practicum Site Evaluation**



---

Please complete this form at the end of your practicum experience. This will assist other students when seeking a site. This form is used for internal (APCE) use only.

Academic Semester: \_\_\_\_\_

Date: \_\_\_\_\_

Spring \_\_\_ Fall \_\_\_ Summer \_\_\_

Academic Year: \_\_\_\_\_

Name of Student: \_\_\_\_\_

University Practicum Supervisor \_\_\_\_\_

Site: \_\_\_\_\_ On-Site Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

On-Site Practicum Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

Briefly describe your overall experience at this Practicum site.

Following your experience, would you recommend this site to other students?  
Why?

Description of Client/Student Population: (i.e. students, chronic cases, families, children, etc.)

What type of supervision is provided (list number of supervision hours you received in the spaces provided)?

- |  |   |
|--|---|
| <input type="checkbox"/> Supervisor observed student directly    | <input type="checkbox"/> Supervisor read case notes   |
| <input type="checkbox"/> Supervisor discussed cases with student | <input type="checkbox"/> Supervisor listened to tapes |
| <input type="checkbox"/> Supervisor watched videotapes           | <input type="checkbox"/> Group supervision provided   |
| <input type="checkbox"/> Individual Supervision                  | <input type="checkbox"/> Other (please describe)      |

Describe the supervisor's style of supervision and theoretical orientation.

What are the responsibilities required of students at this site?

Check all counseling opportunities available to students at this site (*if clinical site*):

Individual Counseling:

- |   |  |
|---|--|
| <input type="checkbox"/> Men                | <input type="checkbox"/> Report Writing              |
| <input type="checkbox"/> Women              | <input type="checkbox"/> Intake Interviewing         |
| <input type="checkbox"/> Adolescents        | <input type="checkbox"/> Psycho/Educational Training |
| <input type="checkbox"/> Children           | <input type="checkbox"/> Case/Staff Conferencing     |
| <input type="checkbox"/> Career Counseling  | <input type="checkbox"/> Program Administration      |
| <input type="checkbox"/> Assessment/Testing | <input type="checkbox"/> Consulting                  |
| <input type="checkbox"/> Group Counseling   | <input type="checkbox"/> Special Populations         |
| <input type="checkbox"/> (please describe)  | <input type="checkbox"/> (please describe)           |

Check all counseling opportunities available to students at this site (*if school site*):

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Individual Counseling                          | <input type="checkbox"/> |
| <input type="checkbox"/> Personal/Social, Career, & Academic Counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Group Counseling                               | <input type="checkbox"/> |
| <input type="checkbox"/> Classroom Guidance                             | <input type="checkbox"/> |
| <input type="checkbox"/> Program Development                            | <input type="checkbox"/> |
| <input type="checkbox"/> Program Evaluation                             | <input type="checkbox"/> |
| <input type="checkbox"/> Consultation (parents)                         | <input type="checkbox"/> |
| <input type="checkbox"/> Consultation (teachers)                        | <input type="checkbox"/> |
| <input type="checkbox"/> Testing  | <input type="checkbox"/> |
| <input type="checkbox"/> Test Interpretation                            | <input type="checkbox"/> |
| <input type="checkbox"/> Staff Meetings                                 | <input type="checkbox"/> |

Please rate the following items:

|  | Very<br>Little |   |   |   | Very<br>Much |
|--|----------------|---|---|---|--------------|
|  | 1              | 2 | 3 | 4 | 5            |
| 1) Degree to which your expectations for the Practicum were met.             | 1              | 2 | 3 | 4 | 5            |
| 2) Opportunity you were given to participate in decisions that affected you. | 1              | 2 | 3 | 4 | 5            |
| 3) Degree to which your training needs were provided for.                    | 1              | 2 | 3 | 4 | 5            |
| 4) Degree to which you were satisfied with your practicum experience         | 1              | 2 | 3 | 4 | 5            |

Please add any additional comments you feel would be helpful to students interested in this site.

## **APPENDIX J: NEW SITE REQUEST FORM**



Clinical Mental Health and School Counseling Programs

# New Practicum II Site Approval Request Form

**Counselor-in- Training Name:**

**Email:**

**SITE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**SUPERVISOR INFORMATION** (please attach a copy of supervisor’s resume/vita to this form)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree(s) [e.g., M.A. School Counseling, 2000, University of Northern Colorado]:

\_\_\_\_\_

\_\_\_\_\_

License/Credentials: \_\_\_\_\_

Years of experience as a School Counselor or Clinical Mental Health Counselor: \_\_\_\_\_

Number of Years at Current Position: \_\_\_\_\_ (If less than 2 years at current position, briefly describe previous experience on the lines provided below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX K: ELIGIBILITY VERIFICATION  
FORM**



**Clinical Mental Health and School Counseling Programs**

## Eligibility Verification for Practicum II Experience

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 Digits of Bear #: \_\_\_\_\_ Advisor: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Semester Taking 619: \_\_\_\_\_

Bearmail Address (no other e-mail accepted): \_\_\_\_\_

To be eligible for enrollment in the Practicum II (APCE 619) the following criteria must be met and verified. Check each of the following requirements that have been met.

Required Prerequisite Courses All Students

Semester Taken

|  |       |
|--|-------|
| APCE 612 Practicum in Individual Counseling      | _____ |
| APCE 657 Legal and Ethical Aspects of Counseling | _____ |
| APCE 607 Theories of Counseling                  | _____ |

Required Co-requisite Courses All Students

Semester Taken/Scheduled

|  |       |
|--|-------|
| APCE 616 Career Theory Counseling and Assessment | _____ |
| APCE 673 Appraisal and Assessment in Counseling  | _____ |

Required Prerequisites Courses School Placements

Semester Taken/Scheduled

|   |       |
|---|-------|
| PSY 530 Lifespan Developmental Psychology             | _____ |
| APCE 558 Diagnosis and Treatment Planning             | _____ |
| APCE 602 Foundations of School Guidance               | _____ |
| APCE 608 Organization, Administration, and Evaluation | _____ |
| APCE 606 Theories and Practices in Group Guidance     | _____ |
| APCE 603 Understanding Children, Adolescents          | _____ |

Required Prerequisites for Clinical Mental Health Placements

Semester Taken/Scheduled

|   |       |
|---|-------|
| PSY 530 Lifespan Developmental Psychology                 | _____ |
| APCE 558 Diagnosis and Treatment Planning                 | _____ |
| APCE 650 Orientation to Clinical Mental Health Counseling | _____ |

APCE 662 Group Dynamics and Facilitation \_\_\_\_\_

APCE 603 Understanding Children, Adolescents \_\_\_\_\_

**\* 603 only if services will be provided to children or adolescents**

\_\_\_\_\_ I have obtained professional liability insurance.

I have met the eligibility requirements for practicum II or will have met them prior to the beginning of the \_\_\_\_\_ term.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

---

Received: \_\_\_\_\_ Date: \_\_\_\_\_  
(Site Placement Coordinator)

Approval Conditions (e.g., no child adolescent sites, cannot run groups without licensed school counselor, etc.):

## **APPENDIX L: How to Create an Electronic Signature**

To create an e-signature, you will want to follow the steps indicated below which also correspond to the attached screenshots:

1. After downloading the pdf contract your supervisee sent, open it in Adobe.
2. Read through and complete the specific fields required for you in your role
3. Click on the signature line requesting your specific signature (not someone else's i.e. if you are the on-site supervisor, make sure just to click that signature line). There are two screenshots below showing signature lines for students and one for supervisors.

|  |      |              |      |
|--|------|--------------|------|
| Name                                       |      | Student I.D. |      |
| Address                                    | City | State        | Zip  |
| UNC Email                                  |      |              |      |
| Student Primary Telephone (inc. area code) |      |              |      |
| Graduate Student Intern Signature          |      |              | Date |

If you are also employed elsewhere, please list place

**TO BE COMPLETED BY INTERNSHIP SITE:**

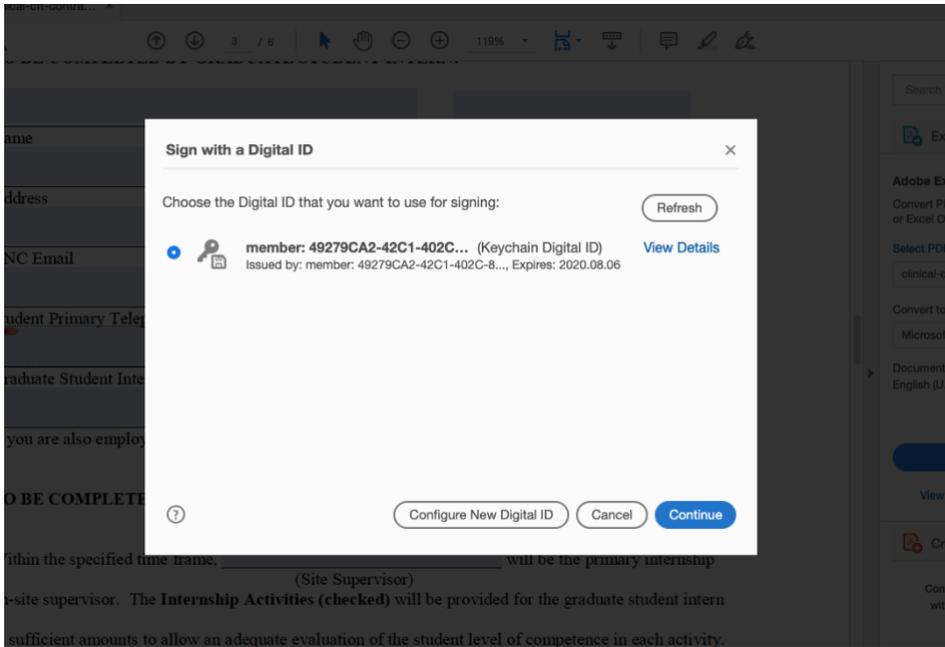
Within the specified time frame, \_\_\_\_\_ will be the primary internship  
(Site Supervisor)

**Authorized by:**

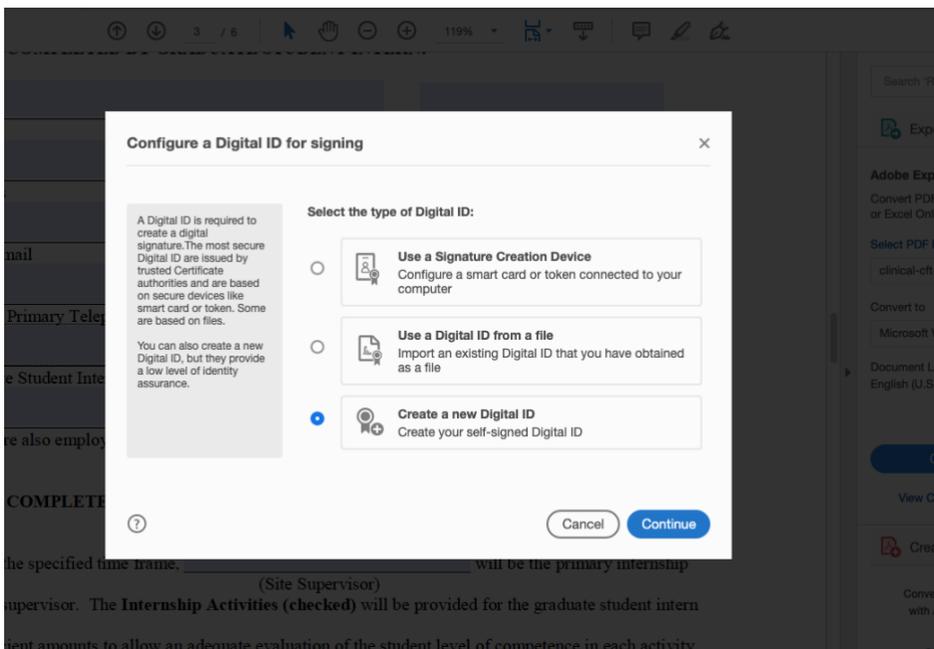
|  |           |       |     |
|--|-----------|-------|-----|
| School Principal (name/title)            | Signature | Date  |     |
| On-site Supervisor (name/degree/license) | Signature | Date  |     |
| Supervisor Email address                 |           |       |     |
| School address                           | City      | State | Zip |

**To be completed by University Field Placement Coordinator**

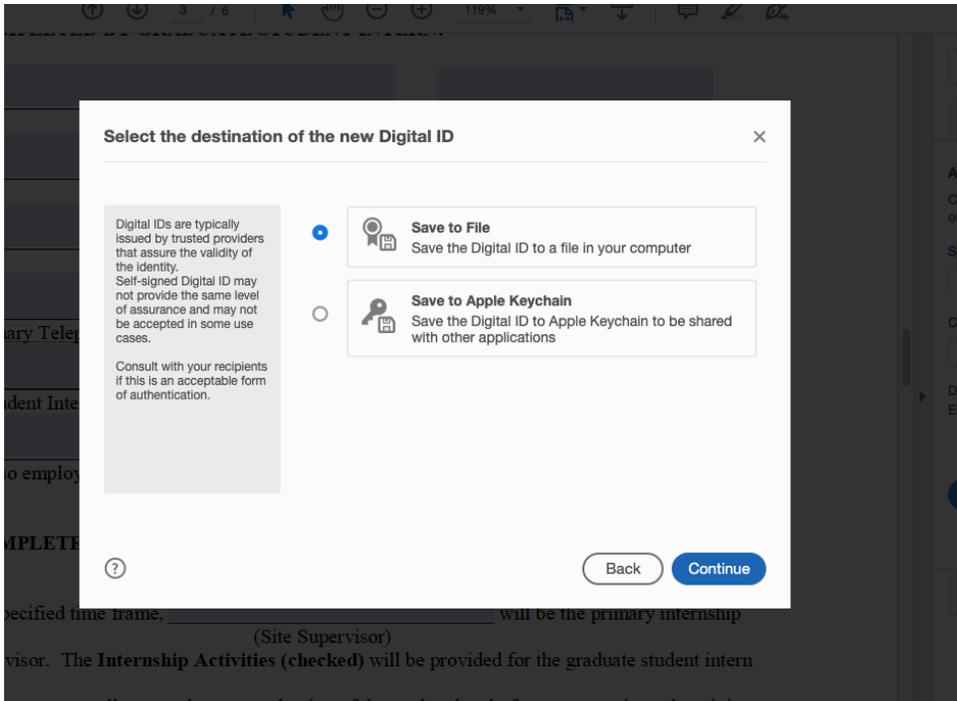
4. You will then be asked to "Sign with a Digital ID", click "Continue"



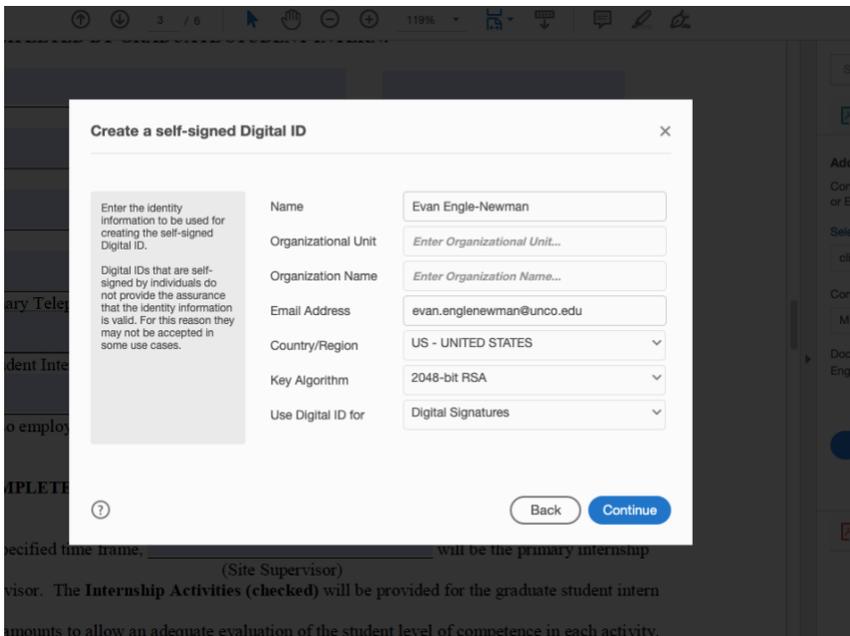
- Next, a box with three options will pop up. You will likely want to select the option "Create a New Digital ID"



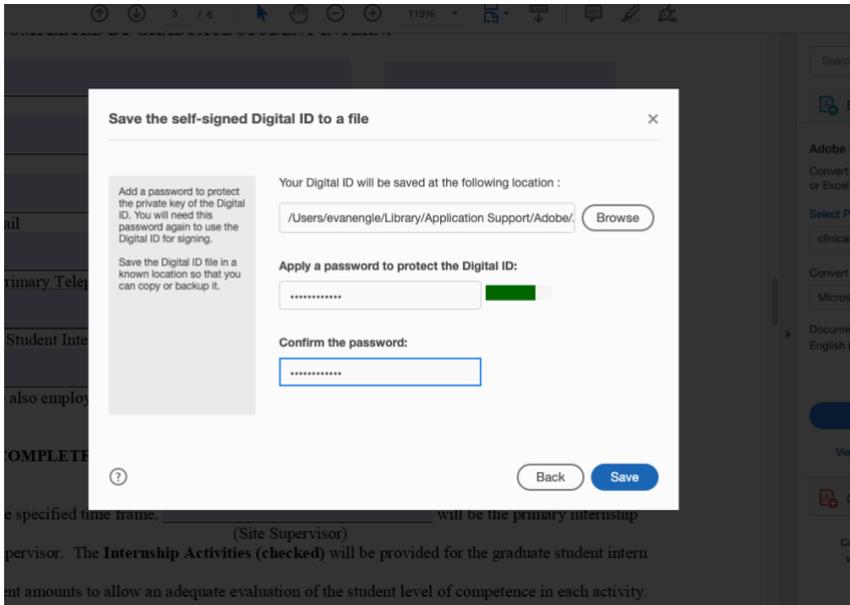
- Unless you want to save to an Apple Keychain, you will next select "Save to File".



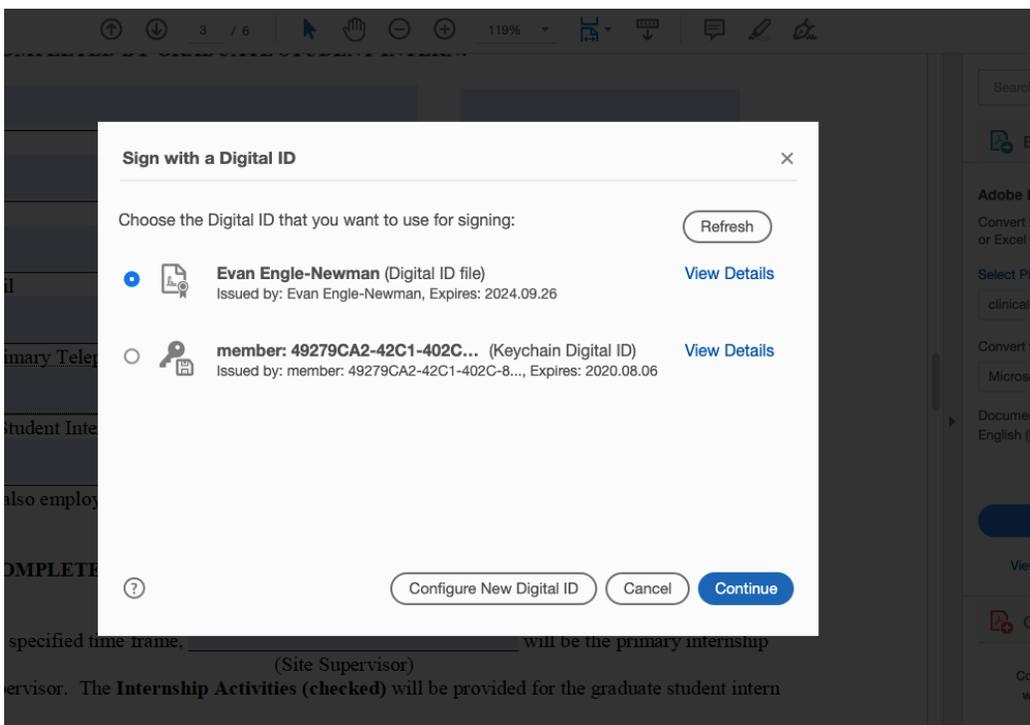
7. Complete the next box with the fields requesting your contact information



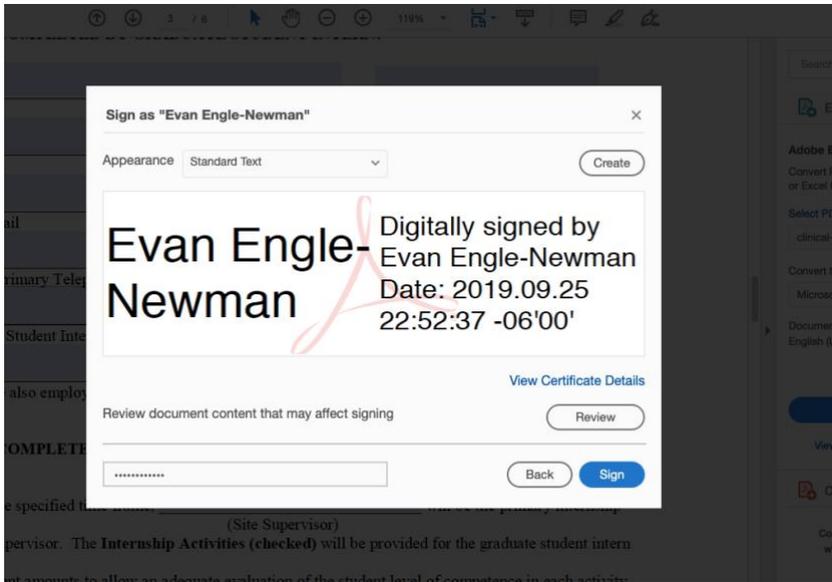
8. Next it will ask you to apply a password. Create a password and proceed.



9. Then select the ID you just created, which will then show you what the "signature" will look like. Fill in your password and hit "Sign"



10. Lastly, you will see your signature in the field on the original pdf document and you will be prompted to save the document.



11. Once you've completed all fields required of you to complete the contract, save the document and email it to your supervisee or the other individuals that will need to sign.

