



University of Northern Colorado
Professional Counseling
McKee Hall 248; Box 131
Greeley, Colorado 80639

INTERNSHIP AGREEMENT

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

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

effective for a period from _____ to _____
(start date of starting semester) (end date of the semester)

for _____ per week for _____
(# hours per week) (Student Name)

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

The Professional Counseling Program and University Internship Supervisor agrees:

1. To assign a University Internship Supervisor to facilitate communication between the University and the internship site. This person will contact the Site Supervisor at the beginning of the academic semester to establish communication and review internship procedures;
2. To notify the Graduate Student Intern that they must adhere to the administrative policies, rules, standards, schedules, and practices of the internship site;
3. That the University Internship Supervisor will provide a minimum of 6 hours per month of group supervision in the form of internship class meetings;
4. That the University Internship Supervisor shall be available for consultation with both the Site Supervisor and Graduate Student Intern and shall be immediately contacted should there be any problem or change related to the student, site or University;
5. That the University Internship Supervisor, in consultation with the on-site supervisor, is responsible for the assignment of an internship final grade.

The Internship Site agrees:

1. To assign an internship on-site supervisor who has (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) relevant training in counseling supervision; and (5) has the time and interest in the supervision and training of the Graduate Student Intern;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and be involved in the evaluation of the student performance (suggested counseling experiences included in the

Internship Activities);

3. Will support the Graduate Student Intern in obtaining experiences that approximate the ASCA National Model recommendations;
4. To provide the student with adequate workspace, telephone, office supplies, and staff to conduct professional activities;
5. To provide supervisory contact which involves examination and observation of the intern as they enacts various school counseling roles for a minimum of one hour per week;
6. To provide written evaluation of the student based on criteria established by the Professional Counseling Program.

The Graduate Student Intern agrees:

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

TO BE COMPLETED BY GRADUATE STUDENT INTERN:

(Name) (Bear Number)

(Address) (City) (State) (Zip)

(UNC Email) (Student Primary Telephone)

If you are also employed elsewhere, please list place: _____

(Graduate Student Intern Signature) (Date)

TO BE COMPLETED BY INTERNSHIP SITE:

Within the specified time frame, _____ will be the primary internship Site Supervisor. (Site Supervisor Name)

The Internship 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 Graduate Student Intern 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 competencies and indicators 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 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 school's crisis response team
- _____ Participate in response to crises that occur during internship

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 (e.g., developing a brochure for school counseling program, designing orientation programs, implementing career planning programs)

Professional Development Activities

- _____ Observe special education classrooms
- _____ Attend meetings addressing Section 504
- _____ Attend a school board meeting
- _____ Discuss ethical issues at the school and in the department
- _____ Participate in advocating for the profession or on behalf of students
- _____ Attend school and district workshops and seminars

Other Activities Unique to this Site and this Internship:

We are required to confirm the Site Supervisor’s training in counseling supervision. Please provide the dates and a title of any workshops attended or a brief description of the training for your most recent supervision training experience (in the last three years). If you have not completed supervision training in the last three years, you will need to register and complete UNC’s online asynchronous Supervision course for one graduate credit during this contract period. This course is free of charge to site supervisors. Registration information will be shared with all Site Supervisors via email in the early part of the semester.

Clinical Supervisor Training(s)	Program Sponsor(s)	Date Completed	Contact Hours

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AUTHORIZED BY:

_____ School Principal (Printed Name)

_____ School Principal Signature _____ Date

_____ Site Supervisor (Name/Degree/License)

_____ Site Supervisor Signature _____ Date

_____ School address _____ City _____ State _____ Zip

_____ Site Supervisor Email

_____ Site Supervisor and/or Internship Site Telephone

TO BE COMPLETED BY UNC SITE PLACMENT COORDINATOR:

____ Site Supervisor License Verification

____ Professional Counseling Program Coordinator _____ Date

____ Site Placement Coordinator _____ Date

____ Dean of the College of Education and Behavioral Sciences _____ Date

(Signature indicates approval of internship site)