





APPENDIX A

Practicum and Internship Forms and

Report Formats

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Practicum/Internship Information Sheet

Name: _____

Address: _____

email address: _____

Phone (Home): _____

Practicum/Internship Site: _____

School: Elementary ___ Middle ___ High ___

District: CMS ___ Cabarrus ___ Gaston ___ Union ___ Iredell/Statesville ___
Rowan/Salisbury ___ Other ___

Address: _____

Phone: _____

Supervisor: _____

Supervisor email: _____

Agency Director/ School Principal: _____

Internship schedule:

M ___ T ___ W ___ TR ___ F ___

Time:

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
 Department of Counseling
Practicum/Internship Agreement

Student Name _____ Phone _____

Address _____

Semester/Year _____

Practicum/Internship location _____

Site supervisor _____

Title _____ Phone _____

Email address _____

Address _____

Degree: _____ Field: _____ Years of Counseling Experience: _____

Practicum/Internship Experience Summary

On the next page **concisely** outline the proposed practicum or internship experience. The agreement should make clear the chief responsibilities of the student. You may take advantage, however, of new opportunities when they arise, after consulting with your instructor and your site supervisor.

The agreement should cover the duties that you will perform. List each of the duties and indicate an approximate time that will be devoted to each. A practicum or internship student should have the opportunity to engage in the activities that are performed by a staff member of the site.

After the practicum or internship agreement is completed and signed by the student, site supervisor, and practicum or internship supervisor, copies for the site supervisor and student should be made. The original is to be given to the university supervisor.

When developing the practicum or internship agreement, the student and site supervisor should keep in mind the basic clinical requirements for the program. If this is a practicum, the total experience should equal **150 hours**, with a minimum of **60 hours** of direct client contact. For an internship, the total experience for each semester should equal **300 hours**, with a minimum of **120 hours** of direct client contact. Typically, direct client contact comes in four different forms, (a) individual counseling, (b) group counseling, (c) psycho-educational groups or classroom guidance, and (d) parent or family meetings. All other activities are considered non-direct hours.

Practicum or Internship Agreement Outline:

Student _____ Date _____

Site Supervisor _____ Date _____

University Supervisor _____ Date _____

The University of North Carolina at Charlotte
Department of Counseling

Supervisor Contract

As the cooperating counseling professional who will have direct responsibility for this practicum or internship student, I will be responsible for:

Assistance in Developing the Practicum or Internship Agreement

I will meet with the practicum or internship student to discuss and complete the practicum or internship agreement. During this meeting, I will collaborate with the student in developing their goals for the clinical experience (i.e. what they want to learn, strengthen, gain, etc). I will provide suggestions and guidance in terms of realistic goals and activities that can be completed within the time constraints of this clinical experience.

Orientation

I will provide an orientation to the practicum or internship site/position. This orientation will include general information about the site, an overview of the administrative structure, and the role of the counseling office within the overall helping community. I will also make sure to introduce the practicum or internship student to other staff at the site and individuals in other areas with whom the student will interact.

Supervision

I will spend a minimum of one hour a week in direct supervision of the practicum or internship student. Initially, sessions may cover such topics as review of the practicum or internship agreement, orientation to the workplace, and start-up work on outlined activities. As the clinical experience progresses, I will spend time reviewing the student's progress in meeting the specific requirements of the agreement, consultation concerning on-going caseload, discussion of professional concerns as they affect the workings of the site, or other relevant topics. I will provide the practicum or internship student with constructive feedback on his or her performance and share insights and experience with the student for the practicing professional.

Role Modeling

I will serve as a professional role model for the practicum or internship student in job performance, personal growth, and professional and ethical behavior. As a site supervisor it is expected that I possess appropriate training, knowledge, and experience in a recognized helping profession, preferably counseling.

Taping

I will assist in facilitating the practicum or internship students need to tape as part of their clinical training. I understand that this process facilitates the professional development of students and assists in quality control of services delivered to clients. I will help students identify clients that will be amenable to audio or video taping of sessions for training and university supervision purposes. I will review audio or video tapes as is appropriate and needed during our weekly one hour supervision sessions.

Site Visits

I recognize that site visits are required for all internship students by the university course instructor. I will meet with the instructor to review student performance and any concerns. As a practicum site, I realize contact may be by phone or a site visit, to be determined, based on need, by the university course instructor.

Evaluation

I will provide on-going feedback to the student concerning his or her performance of agreed upon duties, as well as his or her overall performance and behavior at the practicum or internship site.

I will participate in the practicum or internship student's mid-semester self-evaluation. I will set-up a conference with the student to assess his or her work toward goals that were established at the beginning of the semester. I will conduct a formal final evaluation with the student at the end of the semester and submit to the practicum/internship instructor at UNCC a copy of this final evaluation after reviewing it with the student.

Supervisor

Date

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Practicum/Internship Goal Statement Format

Name:

Date:

Site:

Self-evaluation of counseling skills:

Strengths

Weaknesses

Which particular counseling skills are you developing and looking to refine at this time?

Goals for this clinical experience:

How will you know whether or not you have accomplished these goals?

Weekly Log Page 2

Week Dates	DCC Individual	DCC Small Group	DCC Parent or Family Meetings	DCC Classroom Guidance or Psy.Ed. Groups	Other Duties (consulting, program development, assessment, IEP, staffing)	On-Site Sprvsn	UNCC Individual and/or Group Sprvsn	<u>Weekly Totals</u>
Semester Totals								

DCC-Direct Client Contact; All DCC columns must total 60 hours per 150 hours of practicum, or 120 hours per 300 hours of internship. Classroom group supervision hours are not included in the total number of on-site hours for practicum (150) or internship (300). However, they are to be included on this log. Thus, the total number of hours accrued should be at least 187.5 for practicum and 345 for internship per semester.

University Supervisor Signature

Date

Site Supervisor Signature

Date

Student Signature

Date

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Client Release Form

I _____ agree to be counseled by a Practicum or Internship student from the Department of Counseling at The University of North Carolina at Charlotte. I understand that my identity will remain anonymous and all information will be kept in strictest confidence.

I realize that the counselor is a graduate student being trained in counseling skills and that he or she is receiving supervision from a faculty member in the Department of Counseling.

I understand that my counselor will be recording our sessions for his or her educational purposes only. I give permission for interviews to be recorded and for other counselors-in-training to listen to those counseling sessions only when used as a part of the counselor training program.

Client signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____
(if client is under 18 years of age)

Counselor signature: _____ Date: _____

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Individual Counseling Case Note Form

Client or Student Initials: _____

F/F

Ph

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Case Presentation Format

Conducting counseling sessions with the support and feedback of others is an important part of a trainee's professional development. In most training programs sessions are recorded on either audio or video tape. Once a session is completed, the trainee listens to the recording, providing him/herself with feedback that can lead to ideas for future sessions and recognition of areas in which one's work can be improved. Advanced counselors, as well as trainees, listen to develop a full picture of what happened in the session: important client emotions, beliefs, and personality characteristics not fully seen during the actual session, significant moments or turning points, and significant things the counselor did or did not do. Receiving organized feedback from the supervisor and giving organized feedback to oneself are major vehicles both for improving one's work with a given client and for building one's professional skills.

The following outline is offered as an aid to producing a written analysis of a counseling session, especially one that has been recorded. Used carefully, the outline can help the trainee organize thoughts about the client, the session, and the quality of one's work.

Background information

Demographic information, such as age, grade in school, employment, family unit, and history that seems relevant to the presenting problem.

Presenting problem: Why did the client approach you, from the client's perspective? Or why did you approach the client?

Was there a precipitating set of circumstances? How long has the problem(s) persisted?

If third parties are involved, what were their observations and concerns?

Overview of the session

What did you talk about?

What were the dominant issues and themes for this session?

If this was a session beyond the initial meeting, what were your process and outcome goals going into the session?

Observations and assessment: Conceptualization of Problem

Describe your observations and impressions of the client?

What is your view of the problem? What are the common themes?

What are the client's barriers to growth and coping skills?

What is the etiology of the client's present psychological capacity or incapacity?

What is she/he trying to accomplish by various behaviors?

What are your counseling goals?

Observations about self

Describe significant themes and patterns you observed in your own behavior, noting what you did that you considered especially effective and areas that were troublesome for you.

Describe your own internal experiencing during the session, with special focus on times or places where you felt confused, tense, angry, or at a loss.

Plans for the next session

How do you hope to follow up in subsequent sessions?

What issues and concerns do you think worthwhile to explore?

What process goals will you try to accomplish?

Help

Specifically what kind of help would you like, either from your internship supervisor or from fellow students, about this client, this session, and your helping efforts?

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Supervisor's Final Evaluation of Counselor Trainee

Student Name: _____

Name of School/Agency: _____

Supervisor Name: _____

Course: _____ Practicum CSLG 7430 _____ Internship CSLG 7435

The purpose of this evaluation is to provide meaningful feedback to the counselor trainee. Rate the student using the following scale:

N/O	1	2	3
Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations

1. DISPOSITION

	N/O	1	2	3
Prompt				
Dependable				
Responsible				
Shows initiative				
Cooperative				
Appropriate appearance				
Good rapport with staff members				
Actively seeks opportunity for new learning experiences				
Maintains composure in difficult situations				

2. PROFESSIONAL BEHAVIOR

	N/O	1	2	3
Completes paperwork in a concise and timely manner				
Communicates orally and in writing in a clear and effective manner				
Adheres to the ethical standards of the profession				
Seeks consultation regarding complex ethical situations				
Makes an effort to improve counseling knowledge and skills				
Makes appropriate referrals to other persons or agencies				
Seeks consultation with other professionals				
Exhibits willingness to work on personal/professional issues				

3. WORKING IN THE COUNSELING ENVIRONMENT

	N/O	1	2	3
Becomes integrated into placement site				
Arranges counseling sessions appropriately				
Maintains contact with the on-site supervisor				
Demonstrates appropriate case management skills				
Strives to increase professional competence				

4. COUNSELING PROCESS/SKILLS

	N/O	1	2	3
Counseling Process:				
Opens session appropriately				
Clarifies the presenting issues accurately				
Facilitates exploration of issues appropriately				
Facilitates goal-setting appropriately				
Exhibits control of session				
Closes session appropriately				
Terminates counseling relationship appropriately				
Counseling Skills:				
Summarizes session content accurately				
Demonstrates a variety of facilitative responses				
Uses culturally sensitive techniques				
Uses theory-specific skills appropriately				
Facilitates goal-setting appropriately				
Provides information/advice appropriately				

5. CONCEPTUALIZATION SKILLS

	N/O	1	2	3
Recognizes relevant client themes and patterns				
Uses client information to develop working hypotheses				
Uses client cultural background appropriately in assessment, diagnosis, and treatment				
Adapts theory and techniques to meet client's reality				
Develops appropriate strategies and interventions based on established counseling theories and techniques				

6. PERSONALIZATION SKILLS

	N/O	1	2	3
Recognizes personal assets and liabilities				
Directly addresses the relationship process				
Understands differences between clients and self				
Perceives and understands boundaries in the client-counselor relationship				
Sets and maintains appropriate boundaries				
Works effectively with clients who are culturally different from self				
Aware of own feelings and uses them in assisting clients				
Manages personal values appropriately				

7. SUPERVISION CONDUCT

	N/O	1	2	3
Prompt and prepared				
Uses supervision time effectively				
Identifies questions, concerns, and issues				
Shows interest in learning				
Seeks help and direction				
Takes risks to learn and identify challenging situations				
Understands and incorporates supervisors' suggestions				
Accepts encouragement and constructive criticism				
Actively participates in the supervisory process				

8. SCHOOL RELATED EXPERIENCES AND OUTCOMES

	N/O	1	2	3
Demonstrates an understanding of the school, curriculum, student records, and appraisal processes				
Understands the role of the school counselor as a community liaison and school counseling advocate				
Demonstrates competencies in individual and group counseling through a rotating case load of at least two individual students and at least two groups				
Utilizes a variety of counseling tools, resources, and strategies facilitate the growth of students				
Observes and participates in consultation/collaboration with teachers or other school personnel				
Observes and participates in consultation/collaboration with parents				
Can apply referral procedures for students with special needs				
Facilitates appreciation for the cultural, lifestyle, and gender diversity of the school population				
Reviews and participates in school related activities, i.e., IEP, peer helper programs, peer mediation, program planning that supplements the scheduling process				
Designs goals that are consistent with the National Standards for School Counseling Programs, the state and local educational agency goals, and local school goals				
Adheres to appropriate ethical standards for working with minors				

Any additional comments: (e.g., strengths and areas for continued improvement)

Site Supervisor

Date

Student

Date

University Supervisor/Instructor

Date

Please place this form in a sealed envelop and give to student. Or if you wish, mail this form to:
Attention: [name of Practicum/Internship Instructor] , The Department of Counseling, College of Education, UNC Charlotte, 9201 University City Blvd., Charlotte, NC 28223-0001

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Student Evaluation of Site Supervisor

Student Name: _____

Name of School/Agency: _____

Supervisor Name: _____

Course: _____ Practicum CSLG 7430 _____ Internship CSLG 7435

Please circle the appropriate response for each statement. For each item please use the following scale:

1 = Poor 2 = Average 3 = Strong 4 = Excellent N/A = Not applicable

My Supervisor....

- | | | | | | |
|---|---|---|---|---|-----|
| 1. explained his/her role as a supervisor | 1 | 2 | 3 | 4 | N/A |
| 2. helped me to feel at ease with the supervisory process | 1 | 2 | 3 | 4 | N/A |
| 3. gave me feedback about my role as a counselor which was accurate and usable | 1 | 2 | 3 | 4 | N/A |
| 4. helped me clarify issues which my client brought to the session | 1 | 2 | 3 | 4 | N/A |
| 5. assisted me in understanding my own feelings about the client and his/her issues | 1 | 2 | 3 | 4 | N/A |
| 6. encouraged me to develop a plan to work with specific clients | 1 | 2 | 3 | 4 | N/A |
| 7. modeled appropriate counseling techniques when necessary | 1 | 2 | 3 | 4 | N/A |

My supervisor helped promote....

- | | | | | | |
|---|---|---|---|---|-----|
| 8. my professional identity by encouraging membership in professional organizations | 1 | 2 | 3 | 4 | N/A |
|---|---|---|---|---|-----|

9. legal and ethical practice by discussing and by modeling appropriate ethical behaviors	1	2	3	4	N/A
---	---	---	---	---	-----

I felt....

10. confident of my supervisor's skills	1	2	3	4	N/A
---	---	---	---	---	-----

11. my supervisor respected me and was concerned with my professional growth	1	2	3	4	N/A
--	---	---	---	---	-----

12. my supervisor was committed to his/her role as a supervisor	1	2	3	4	N/A
---	---	---	---	---	-----

13. my supervisor motivated and encouraged me	1	2	3	4	N/A
---	---	---	---	---	-----

14. my supervisor served as an appropriate professional role model	1	2	3	4	N/A
--	---	---	---	---	-----

15. my supervision sessions allowed for both personal and professional growth	1	2	3	4	N/A
---	---	---	---	---	-----

16. my supervisor recognizes his/her own limitations	1	2	3	4	N/A
--	---	---	---	---	-----

17. my supervisor was genuine, congruent, empathetic, and honest	1	2	3	4	N/A
--	---	---	---	---	-----

My supervisor helped me....

18. to clarify my own ideas about counseling theory	1	2	3	4	N/A
---	---	---	---	---	-----

19. to focus on specific counseling strategies to assist the client	1	2	3	4	N/A
---	---	---	---	---	-----

20. to develop techniques to resolve conflict	1	2	3	4	N/A
---	---	---	---	---	-----

Please use this space and the back of this page for additional comments.

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
 Department of Counseling
Student Evaluation of Practicum/Internship Site

Student Name: _____

Practicum or Internship Site: _____

University Supervisor: _____

Course: _____ Practicum CSLG 7430 _____ Internship CSLG 7435

Semester/Year: _____

Please rate your experiences at your practicum or internship site in the following areas. Use the scale provided.

1	2	3	4
Very Satisfactory	Moderately Satisfactory	Moderately Unsatisfactory	Very Unsatisfactory

- _____ Amount of on-site supervision.
- _____ Quality and usefulness of on-site supervision.
- _____ Ability to obtain overall hours.
- _____ Ability to obtain direct client contact hours.
- _____ Usefulness and helpfulness of course.
- _____ Relevance of experience to career goals.
- _____ Exposure to and communication of school/ agency goals.
- _____ Exposure to and communication of school/agency procedures.
- _____ Exposure to professional roles and functions within the school/agency.
- _____ Exposure to information about community resources.

_____ Rate all applicable experiences that you had at your site.

- _____ Report writing
- _____ Intake interviewing
- _____ Administration and interpretation of tests
- _____ Staff presentations/case conferences
- _____ Individual counseling
- _____ Group counseling
- _____ Family/couple counseling
- _____ Psycho-educational activities
- _____ Consultation
- _____ Career counseling
- _____ Other _____

In the space below, or on the back of this form, please comment on any items that you considered moderately or very unsatisfactory. Provide solutions if possible.

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
End of Semester Faculty Checklist

All faculty must make sure that the following forms have been turned in by each practicum or internship student prior to assigning a grade for the course. These forms will be placed in the student file for documentation of their clinical experience.

- _____ Weekly log of hours
- _____ Practicum or internship agreement form
- _____ Site visit/contact conducted on _____, with _____
- _____ End of semester evaluation of student
- _____ End of semester evaluation of site supervisor
- _____ End of semester evaluation of practicum or internship site
- _____ Professional liability coverage documentation

Practicum/Internship Instructor

Date

APPENDIX B

Supplemental Forms and Report Formats

UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
 Department of Counseling
Informed Consent Agreement

The Department of Counseling at the University of North Carolina at Charlotte focuses on growth in meeting life's personal, family and social demands, and on educational or vocational choices. Emphasis is on improving personal-social skills and adjustment to life situations, the development of improved problem solving and decision making capabilities, and working through personal, relational, or career concerns.

In using the services of a counseling intern from the Department of Counseling, the student/client must understand that for training purposes it may require videotapes/audiotapes of counseling sessions. These recordings enable the counseling faculty to assess the skills of the counselor-trainee.

It should be clearly understood that the information obtained from or divulged by the client is treated with the strictest confidence in accordance with the ethical and professional standards provided by the American Counseling Association and the American School Counselor Association. Furthermore, information will not be transmitted to any person or agency without the written consent of the client and/or the parent/guardian of the client (if client is a minor). The **EXCEPTIONS to CONFIDENTIALITY** are:

Subpoena or court ordered by a judge
 Suspicion of child/elderly abuse/neglect
 Client threatens/commits harm to self or a third party.

I have read the above and understand its contents. I hereby agree to the following:

- Taping of all counseling sessions. Tapes will be erased at the termination of counseling.
- The counseling faculty and counseling peer supervision group will listen to or view the tape to assess counselor trainee skills.
- What is said or done by the student or client will be kept in confidence and not be transmitted outside of the counseling supervision class or supervision process. Only the client or parent/guardian may elect to release this information to persons or agencies outside the counseling program.
- Testing may be determined to be helpful for the client and, if deemed necessary by the client and counselor-trainee, will be conducted to provide additional case information.
- The case records maintained concerning these counseling sessions will be kept in a confidential file and always under the protection of the counselor-trainee and faculty.

Client or Parent/Guardian Signature

Date

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Consultation Report Guidelines

When a practicum or internship student conducts a consultation, written consultation report will be prepared. The consultation consists of the intern consulting with another human service professional regarding one of the intern's clients or on other appropriate clinical matters. The report should address (a) the reasons for the consultation, (b) the results of the consultation, and (c) the intern's application of these results.

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Professional Development Activity

Student Name: _____

Practicum or Internship Site: _____

University Supervisor: _____

Course: _____ Practicum CSLG 7430 _____ Internship CSLG 7435

Semester/Year: _____

Description of professional development activity (e.g., attending a national conference) student would like to use for indirect service hours:

Number of hours not at site: _____

The hours a student proposes to exchange for indirect Practicum or Internship hours must be discussed with the University professor and the on-site supervisor prior to engaging in the professional development activity. Both supervisors needs to approve of this use of time.

 Site Supervisor

 Date

 University Supervisor/Instructor

 Date

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Counseling Practicum/Internship Weekly Reflection Format

Name:

Week of:

Internship site:

Total internship hours:

Total client contact hours:

General description of your activities:

General impressions, inferences from these activities:

Areas of concern, areas needing clarification, questions:

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
Mid-Semester Self-Evaluation Format

1. How have you progressed toward meeting your goals as stated at the beginning of the semester? Please be specific and provide examples.

2. What you have learned about
 - a. counseling in general
 - b. supervision in counseling
 - c. yourself as a counselor

3. Evaluate your skills and effectiveness as a counselor based on:
 - a. feedback from peers
 - b. feedback from supervisors
 - c. self-assessment

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling
End of Semester Self-Evaluation Format

1. Have you fulfilled your goals as stated at the beginning of the semester? Please be specific and describe how you have or have not achieved these goals.
2. Evaluate your skills and effectiveness as a counselor based on your level as a graduate student at the end of this semester.
3. How could this seminar be improved? Please be specific.