

Texas Tech University
College of Education/Counselor Education
**Agreement Between Internship/Practicum
Supervisor and Internship/Practicum Student Counselor**

Date: _____

Student R#: _____

Student Counselor (name) _____ has permission to begin counseling interviews, etc., under my supervision. This student is enrolled in _____ (practicum or internship) for _____ (Fall, Spring, Summer) semester.

Supervisor Signature: _____

Supervisor Name: _____

Site Supervisor Email: _____

Site Supervisor Phones: _____

Site Name: _____

Site Address/Street: _____

City/State/Zip: _____

Sincerely,

Loretta J. Bradley, PhD

Paul Whitfield Horn Professor &
Coordinator
Counselor Education
Texas Tech University
COE Box 41071
Lubbock, TX 79409-1071
(O) 806/834-1031
Fax: 806/742-2179

Texas Tech University
College of Education/Counselor Education
Site Supervisor Information Collection Form

The purpose of this form is to gather information required for CACREP accreditation. Please complete the information as accurately and completely as possible.

Name of Supervisor: _____

Title: _____

Site Information:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Based on the clinical guidelines, your site would be considered (mark all that apply):

____ Practicum Site

____ Internship Site

Number of student internship(s) available: _____

Name of Student practicum(s) available: _____

Type of Clients Served: _____

Licenses/Certifications Held by Site Supervisor:

Degrees Held: (please list your earned degrees)

<i>Degree</i>	<i>Institution</i>	<i>Major</i>	<i>Date Earned</i>

Professional Experience(s) (show at least two years of pertinent counseling experience):

Please Read and Sign Below: I have received a copy of the "Supervision Guidelines for Site Supervisors" from the TTU Counselor Education Program and have knowledge of the Program's expectations, requirements, and procedures.

Signature: _____

Date: _____

Texas Tech University
College of Education/Counselor Education
Practicum/Internship Agreement

The practicum and internship experiences are designed to provide students (hereafter referred to as Counselors-in-Training) enrolled in the graduate Counseling Program at Texas Tech University with the necessary clinical experiences to prepare them for careers in counseling. The success of these experiences requires close cooperation between the University, the University Professor, and professional counselors in School and Community settings.

I. Purpose of Agreement:

The purpose of this agreement is to specify the duties and responsibilities of the Counselor-in-Training, the On-Site Supervisor at _____, and the Supervisor from Texas Tech University. The principals involved in the conduct of the training experience during the _____ semester are _____, Counselor-in-Training; _____, On-Site Supervisor; and _____, University Supervisor.

II. Length of the Practicum or Internship Experience:

The Counselor-in Training's tentative schedule during the training period will include _____ hours per week, between _____ and _____ (dates).

This agreement will be in effect until the end of the semester at which time the Counselor-in-Training must have completed the required hours (300 hours for internship class, 100 hours for practicum class) of counseling duties as specified in this agreement. The training experience is normally begun on the first day of class for the semester and ends on the last day of class for that same semester.

In the event that the training experience is concluded prematurely because of unsatisfactory work, the University Professor will facilitate, if appropriate, communication among all parties. Reason(s) for termination will be discussed and if appropriate, alternative educational experiences for the Counselor-in-Training will be recommended.

III. Policies and Procedures

All written policies and procedures governing the conduct of the Counselor-in-Training shall be made available to all parties and considered a part of this agreement. These documents include, but are not limited to: (a) the course syllabus; (b) personnel policies applicable to the Counselor-in-Training; (c) professional ethical standards; and (d) procedures relative to counseling, evaluation, referrals, and record keeping.

IV. Liability Claims

The University requires the Counselor-in-Training to have professional liability insurance; in addition, it is recommended that Site Supervisors share with the Counselor-in-Training their suggestions or requirements regarding the amount and scope of liability insurance.

In the event there is litigation against the Counselor-in-Training, the University, or the University Professor, the Placement Site agrees to provide access and authority to investigate the claims directly on-site and to obtain such information from the Internship/Practicum Site as it may be required in the defense of claims related to the Counselor-in-Training, University, or University Professor.

The Internship/Practicum site agrees to indemnify and hold harmless University professors, administrators, and Board of Regents for any claims or lawsuits brought against University Professors, University Administrators, and the Board of Regents for negligence by the placement site or its employees.

V. Student Records

Student records are protected by the Family Education Rights and Privacy Act. By signing this Agreement, the Counselor-in-Training authorizes the sharing of information about his or her academic or work performance between the On-Site Supervisor and the University Supervisor.

VI. Non-discrimination Policy

The Counselor-in-Training, On-Site Supervisor, and University Supervisor agree to afford equal opportunities for selection of the Counselor-in-Training and the delivery of services to clients regardless of age, color, creed, disability, national origin, race, religion, or gender, in accordance with all applicable federal and state constitutions, laws, and valid regulations.

VII. Training vs. Employment

The training experience is designed to meet the educational requirements established by the University. Arrangements between the Internship/Practicum Site and the Counselor-in-Training relative to scheduling and any remuneration for the Counselor-in-Training's work activities are between those two parties. The relationship between the Counselor-in-Training and the Internship/Practicum Site is not considered an employer/employee relationship within the meaning of the Fair Labor Standards Act, and therefore the time the Counselor-in-Training engages in activities to complete training requirements is not subject to the provisions of this act.

VIII. Modification of this Agreement

The Agreement will be governed by Texas law and any disputes arising under this contract will utilize the dispute resolution process set forth in Chapter 2260 of the Texas Government Code. Any modification of this Agreement will be in writing and signed by all of the parties.

IX. Additional Specific Responsibilities of the Parties

a. Responsibilities of the Counselor-in-Training

The Counselor-in-Training shall be responsible for

- i. utilizing supervision and instruction to learn about the programs and routines at _____ (Site Name);
- ii. conducting his or her site activities in an ethical and professional manner;
- iii. completing the activities assigned by the University Supervisor and written in the course syllabus; and
- iv. completing a minimum of _____ training hours which includes the specific activities to be performed during this training period. A description of Counselor-in-training duties is included as the last page of this document.

b. Responsibilities of the On-Site Supervisor

The placement site agrees to provide a safe working environment, free from harassment and in compliance with the requirements of the Americans with Disabilities Act (ADA).

The On-Site Supervisor will serve as consultant and supervisor of the Counselor-in-Training. The On-Site Supervisor will be responsible for:

- i. providing orientation to policies, procedures, personnel, and resources at the Work Site;
- ii. providing opportunities for the Counselor-in-Training to engage in _____ of professional counseling activities under supervision;
- iii. monitoring and providing any necessary assistance for the Counselor-in-Training as he or she becomes more proficient in counseling;
- iv. providing a minimum of one hour per week of supervision (supervision of cases/planning/evaluation/consultation session) with the Counselor-in-Training. The supervisor's input in these sessions will be based on observations of the Counselor-in-Training's performance.
- v. communicating with the University Supervisor about problems relating to the performance of the Counselor-in-Training's performance, based on criteria established by the University Program.

- vi. providing written evaluations of the Counselor-in-Training's performance, based on criteria established by the University Program.

c. Responsibilities of the University Supervisor

The University Supervisor will also serve as consultant and supervisor for the Counselor-in-Training. The University Supervisor will be responsible for:

- i. providing the prospective On-Site Supervisor with information about the requirements and expectations for the internship experience;
- ii. notifying the Counselor-in-Training that he or she must adhere to the administrative policies, rules, standards, schedules, and practices of the Work Site;
- iii. being available for consultation with both the On-Site Supervisor and the Counselor-in-Training, and contacting the On-Site Supervisor if any problems or changes occur that are related to the Counselor-in-Training's progress;
- iv. providing a minimum of one and one-half hours per week of group supervision which will include assistance with case conceptualization and additional instruction as needed. The University Supervisor will provide an additional 1 (one) hour per week of individual supervision for practicum students which will include observation and feedback about the student's basic counseling skills and further assistance as needed. This supervision is in addition to the 1 (one) hour per week provided by the Site Supervisor.
- v. assigning a course grade for the Counselor-in-Training.

By signing this agreement the parties agree that they have read, understood, and accepted the terms and conditions of this agreement.

Counselor-in-Training: _____

Date: _____

On-Site Supervisor: _____

Date: _____

On-Site Administrator: _____

Date: _____

University Supervisor: _____

Date: _____

A Sample Description of Community Intern's Duties

1. *Individual Counseling:* The counseling Internship/Practicum requires 20-25 hours per week at this site for students enrolled in Internship and 10-12 hours per week for students enrolled in practicum. The counseling training should include although not be limited to treatment goals, counseling theories, counseling techniques, assessment techniques, multicultural and diversity issues, and other issues related to counseling the client/student.
2. *Group Counseling:* The Counseling Internship/Practicum is focused on individual counseling although some group counseling experience is encouraged. Students enrolled in practicum must complete a minimum of 10 hours conducting group counseling.
3. *Conducting Psychoeducational classes:* Counselors-in-Training may deliver psychoeducational classes in areas in which they are qualified.
4. *Program Planning:* Counselors-in-Training are expected to attend staff meetings, write reports, and prepare for delivery of direct services.
5. *Consultation:* Counselors-in-Training are expected to participate in case management with professional staff. They are also required to participate in on-site supervision (a minimum one hour per week). The supervision is conducted by the on-site, approved supervisor.
6. *Professional Development:* Students are expected to attend workshops and conferences as assigned by the Site Supervisor and/or University Professor.
7. *Other duties as may be assigned.*

A Sample Description of School Intern's Duties

1. *Individual Counseling:*
 - a. *Elementary Counselors-in-Training* counsel with students on such issues (although not limited to) as personal, academic, family, and social skills.
 - b. *High School Counselors-in-Training* counsel with students on such issues (although not limited to) as personal, academic, family, and career planning.
2. *Group Counseling:*
 - a. *Elementary Counselors-in-Training* counsel with small groups of students related to such issues as (although not limited to) school adjustment, study skills, social skills, etc. Counselors-in-Training conduct classroom guidance lessons on such topics (although not limited to) as anger management, study skills, social skills, building self-confidence, problem-solving, etc.
 - b. *High School Counselors-in-Training* counsel small groups of students on such issues (although not limited to) as school adjustment, career planning, college planning, etc.
3. *Program Management:* Counselors-in-Training prepare for activities such as classroom guidance, small group counseling, assessment, etc...
4. *Assessment:* Counselors-in-Training assist with the administration and interpretation of counseling assessment inventories.
5. *Consultation:* Counselors-in-Training consult with teachers, parents, or administrators as requested.
6. *Professional Development:* Counselors-in-Training attend workshops, seminars, and meetings as recommended by the Site Supervisor and/or the University Professor.
7. *Other duties as may be assigned.*

**Texas Tech University
College of Education/Counselor Education
Student Intern Evaluation**

(CACRE II.G.1.bdfgj; II.G.2.d; III; III.G.123456; CMHC A.23478; B.12; C.3579; D.12456789; E.34; F.123; G.1; H.123; I.23; J.12; K.12; L.12; SC A.23456; B.12; D.12345; D.12345; E.124; F.1234; G.1; H.12345; I.13; J.123; L.123; N.12345; P.12)

Directions: This form is completed by the Site Supervisor.

Student Name: _____ Student R#: _____

Supervisor Name: _____ Date: _____

Internship Site: _____

This form is designed to help supervisors provide feedback about the performance of internship students. The time you take to complete this form is very much appreciated. This form will become a part of the internship student's record for this course and may be considered in assigning grades. Please use the scale below and circle the number corresponding to your rating of each item. Space is provided for specific comments following each category group.

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

I. Basic Work Requirements

- | | | | | | |
|---|---|---|---|---|---|
| a. Arrives on time consistently | 1 | 2 | 3 | 4 | 5 |
| b. Uses time effectively | 1 | 2 | 3 | 4 | 5 |
| c. Informs supervisor and makes arrangements for absences | 1 | 2 | 3 | 4 | 5 |
| d. Completes requested or assigned tasks on time | 1 | 2 | 3 | 4 | 5 |
| e. Completes required total number of hours or days on site | 1 | 2 | 3 | 4 | 5 |
| f. Is responsive to norms about clothing, language, etc., on site | 1 | 2 | 3 | 4 | 5 |

Comments:

II. Ethical Awareness and Conduct

- | | | | | | |
|---|---|---|---|---|---|
| a. Exhibits knowledge of general ethical guidelines | 1 | 2 | 3 | 4 | 5 |
| b. Exhibits knowledge of ethical guidelines of internship/practicum | 1 | 2 | 3 | 4 | 5 |
| c. Demonstrates awareness and sensitivity to ethical issues | 1 | 2 | 3 | 4 | 5 |
| d. Exhibits personal behavior consistent with ethical guidelines | 1 | 2 | 3 | 4 | 5 |
| e. Consults with others about ethical issues if necessary | 1 | 2 | 3 | 4 | 5 |

Comments:

Student Name: _____

Student R#: _____

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

III. Knowledge and Learning

- a. Exhibits knowledge about the client population 1 2 3 4 5
- b. Exhibits knowledge of treatment setting and approach 1 2 3 4 5
- c. Is receptive to learning new information 1 2 3 4 5
- d. Actively seeks new information from staff or supervisor 1 2 3 4 5
- e. Exhibits ability to learn and understand new information 1 2 3 4 5
- f. Exhibits understanding of counseling concepts, theories, and skills 1 2 3 4 5
- g. Exhibits ability to apply new information in clinical/school setting 1 2 3 4 5
- h. Evidence has been demonstrated to show increased achievement, improved behavior, and other documented needs in a K-12 setting. 1 2 3 4 5
- i. Exhibits knowledge of all components of the ASCA Model 1 2 3 4 5

Comments:

IV. Response to Supervision

- a. Actively seeks supervision when necessary 1 2 3 4 5
- b. Is receptive to feedback and suggestions from supervisor 1 2 3 4 5
- c. Understands information communicated in supervision 1 2 3 4 5
- d. Successfully implements suggestions from supervisor 1 2 3 4 5
- e. Is aware of areas that need improvement 1 2 3 4 5
- f. Is willing to explore personal strengths and weaknesses 1 2 3 4 5

Comments:

V. Work Products

- a. Records are accurately kept and are completed on time 1 2 3 4 5
- b. Written or verbal reports are accurate and factually correct 1 2 3 4 5
- c. Written or verbal reports are presented in a professional manner 1 2 3 4 5
- d. Reports are clinically and/or administratively useful 1 2 3 4 5
- e. Treatment Plan was correctly developed and included parent involvement if appropriate 1 2 3 4 5
- f. Treatment Plan brought about positive outcomes for the client 1 2 3 4 5
- g. Postsecondary options instructional strategies and other components of the ASCA Model were implemented effectively 1 2 3 4 5

Comments:

Student Name: _____

Student ID#: _____

<i>Far Below Expectations</i>	<i>Below Expectations</i>	<i>At Expectations</i>	<i>Above Expectations</i>	<i>Far Above Expectations</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

VI. Interactions with Clients

- | | | | | | |
|--|---|---|---|---|---|
| a. Appears comfortable interacting with clients | 1 | 2 | 3 | 4 | 5 |
| b. Initiates interactions with clients | 1 | 2 | 3 | 4 | 5 |
| c. Communicates effectively with clients | 1 | 2 | 3 | 4 | 5 |
| d. Builds rapport and respect with clients | 1 | 2 | 3 | 4 | 5 |
| e. Is sensitive and responsive to client's needs | 1 | 2 | 3 | 4 | 5 |
| f. Is sensitive to issues of multicultural counseling | 1 | 2 | 3 | 4 | 5 |
| g. Is sensitive to issues of diversity including but not limited to race/ethnic group, age, gender, physical challenges, SES | 1 | 2 | 3 | 4 | 5 |

Comments:

VII. Interactions with Coworkers

- | | | | | | |
|---|---|---|---|---|---|
| a. Appears comfortable interacting with other staff members | 1 | 2 | 3 | 4 | 5 |
| b. Initiates interactions with staff | 1 | 2 | 3 | 4 | 5 |
| c. Communicates effectively with staff | 1 | 2 | 3 | 4 | 5 |
| d. Effectively conveys information and expresses own opinions | 1 | 2 | 3 | 4 | 5 |
| e. Effectively receives information and opinions from others | 1 | 2 | 3 | 4 | 5 |

Comments:

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

What would you identify as areas in which the student could improve?

Would you recommend this student for employment or continued graduate studies?

Supervisor's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

**Texas Tech University
College of Education/Counselor Education
Site Supervisor Evaluation**

Directions: This form is completed by the student.

Site Supervisor's Name: _____ Email: _____

Site Address _____ Date: _____

Students please use this form to evaluate your clinical supervision experiences. Circle one number to the right of each item to indicate how you perceived your experience with your site supervisor. The ratings range from (1) Disagree Strongly to (5) Agree Strongly.

<i>Disagree Strongly</i> 1	<i>Disagree</i> 2	<i>Agree</i> 3	<i>Agree Strongly</i> 4	<i>Not Sure</i> NS
--------------------------------------	-----------------------------	--------------------------	-----------------------------------	------------------------------

The Supervisor:

- | | | | | | | |
|-----|---|---|---|---|---|----|
| 1. | Conveyed acceptance and respect. | 1 | 2 | 3 | 4 | NS |
| 2. | Recognized and encouraged further development of my strengths. | 1 | 2 | 3 | 4 | NS |
| 3. | Helped me gain knowledge and insight about agency policies. | 1 | 2 | 3 | 4 | NS |
| 4. | Helped me gain knowledge and insight on referral processes. | 1 | 2 | 3 | 4 | NS |
| 5. | Helped me to be more proficient in formulating treatment plans,
progress notes, and reports. | 1 | 2 | 3 | 4 | NS |
| 6. | Gave me useful feedback when I did something well. | 1 | 2 | 3 | 4 | NS |
| 7. | Gave me useful feedback when my performance was not
satisfactory. | 1 | 2 | 3 | 4 | NS |
| 8. | Helped me to develop more effective counseling skills. | 1 | 2 | 3 | 4 | NS |
| 9. | Helped me use assessment instruments effectively. | 1 | 2 | 3 | 4 | NS |
| 10. | Helped me understand the implications and dynamics of the
counseling approaches I used. | 1 | 2 | 3 | 4 | NS |
| 11. | Helped me organize relevant case data in planning goals and
strategies for my clients. | 1 | 2 | 3 | 4 | NS |

Texas Tech University
College of Education/Counselor Education
Site Evaluation

Directions: This form is completed by the student

Student Name: _____ Student R#: _____

- Please Check the Type of Supervised Experience at this Site:

School Practicum Placement: _____ School Internship Placement: _____

Agency Practicum Placement: _____ Agency Internship Placement: _____

- Name of Placement Site: _____

- Address of Site: _____

- Name of Site Supervisor: _____

- List your total direct contact counseling hours accrued at this site: _____

- List your total indirect contact counseling hours accrued at this site: _____

- List the total number of individual supervision hours received from your site supervisor: _____

- List the total number of group supervision you hours received from your site supervisor: _____

- Were you able to finish your experience on schedule at this site? _____

If no, please explain: _____

Please circle your response as Satisfactory (S), or Unsatisfactory (U) for the following items. For any item circled as unsatisfactory please write a brief response under comments.

1. Availability of clients: **S** **U**

Comments: _____

2. Adequacy of facilities (room space, privacy, etc.): **S** **U**

Comments: _____

3. Support services for counseling (secretarial help, etc): **S** **U**

Comments: _____

4. On-site supervisory support:

S U

Comments: _____

5. Professional atmosphere of site:

S U

Comments: _____

6. Please mark each experience found at your site. Mark all that apply:

___ Report Writing

___ Intake Interviewing

___ Administration and Interpretation of Tests

___ Group Counseling

___ Staff Presentation/Case Conferences

___ Individual Counseling

___ Family/Couple Counseling

___ Career Counseling

___ Psychoeducational Activities

___ Consultation

___ Others (Please list/described) _____

7. What experience/training do you wish you could have experienced at this site but did not?

8. What were the major benefits gained/learned from working at this site?

Practicum/Internship Log

Student Name: _____ Semester : _____

Site: _____ Site Supervisor: _____

DATE	ACTIVITY DESCRIPTION	INDIRECT HOURS	DIRECT HOURS
	TOTALS FOR THIS PAGE	TOTAL INDIRECT	TOTAL DIRECT

Page # _____ Student (Signed): _____ Date: _____

Site Supervisor (Signed): _____ Date: _____

PRACTICUM STUDENT RECORD

Name _____ Student R# _____

Practicum Course/Section: EPCE _____ Semester _____ 20____

University Supervisor: _____

Site Supervisor: _____

Practicum Site(s): _____

Practicum Record

Date	Preparation Time	Contact Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals (front &back)	_____	_____

(Use back of page if additional space is needed.)

University Supervisor Site Visits or Contacts _____

I certify the above to be a true record of my Practicum.

Student

On-site Supervisor

Date

Note to Student: Be sure to return one copy for your file, and keep one copy for your records.

INTERNSHIP STUDENT RECORD

Name _____ Student R # _____

Internship Course/Section: EPCE _____ Semester _____ 20____

University Supervisor: _____

Site Supervisor: _____

Practicum Site(s): _____

Practicum Record

Date	Preparation Time	Contact Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals (front &back)	_____	_____

(Use back of page if additional space is needed.)

University Supervisor Site Visits or Contacts _____

I certify the above to be a true record of my Internship.

Student

On-site Supervisor

Date

Note to Student: Be sure to return one copy for your file, and keep one copy for your records.