

# **PRACTICUM AND INTERNSHIP HANDBOOK**

**(1<sup>st</sup> Edition)**

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Welcome to the Practicum and Internship Experiences  
of the Counselor Education & Services Program

This handbook has been prepared to assist in the delivery of information directly related to the practicum (CED 711, CED 712) and internship (CED 790) courses within the Counselor Education & Services program. It has been designed to give the graduate student, agency or school supervisors, and the faculty supervisor a better understanding of each others roles and expectations.

Comments about this handbook are encouraged so that this handbook can become more valuable to graduate students, faculty, and supporting schools and agencies. Please send your comments to:

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Note: Departmental faculty reserves the right to change any of the terms of the handbook in any section at any time.



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### **Mission Statement**

The mission of the Department of Counselor Education and Services is to prepare graduate students from Southwestern Pennsylvania with appropriate academic preparation and personal growth opportunities to serve as professional Master's degree level counselors. Graduate students are expected to develop a high level of self-awareness, a strong knowledge base, and competent counseling skills in order to practice ethically and professionally within a diverse society. Consistent with these expectations is the emphasis placed upon graduate student growth in exhibiting the dimensions of warmth, empathy, unconditional positive regard, genuineness, and congruence.

### **Purpose of Clinical Experiences**

The purpose of the clinical experiences is to help Counseling graduate students develop effective counseling skills that will serve them well in working with a variety of clients. In addition, students will learn to present cases to peers and to offer constructive criticism and ideas in a "treatment team" or "case conference" format. Class sessions will involve experiential exercises; discussions of theories, techniques, common problems, ideas, and analyses of case presentations. Specific counseling issues as addressed in recent professional literature will be reviewed.

### **Clinical Objectives**

The practica and clinical internships provide for the development of counseling skills under supervision. The student's practicum and/or internship include all of the following:

- Direct service with clients, including experience in individual counseling and group work;
- Supervision which occurs regularly over a minimum of one academic term by a program faculty member;
- Supervision which occurs weekly over a minimum of one academic term by an on-site supervisor; and
- Evaluation of the student's performance throughout the practicum/internship including a formal evaluation at the end of the practicum/internship.

Students will continue to gain further understanding of:

- Professional roles, functions, and relationships with other human service providers;
- Professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;
- Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;

- Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients;
- Ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling;
- Professional roles, functions, and relationships with other human service providers;
- Professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;
- Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients;
- Attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
- Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
- Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;
- Counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;
- Essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship;
- Counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences will include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to actual clients; and
- An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status.

Additionally, students will:

- Increase self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;
- Begin to develop a personal model of counseling; and will

- Integrate ethical and legal considerations into their counseling practice.

### Preparation for Clinical Experience

#### Prerequisites for Practicum

To be eligible to take any of the practicum courses (CED 711, 712), students must have been admitted to candidacy, have completed the following courses, and have their advisor's approval:

- CED 701, Organization & Administration of Counseling Services;
- CED 702, Counseling Theories;
- CED 705, Developmental Group Counseling;
- CED 710, Counseling Skills and Techniques;
- CED 711, Practicum I (If applying for CED 712); and
- CED 724, Experiential Group Process.

#### *Deadline for Practicum Request Forms*

The availability of space in practicum classes is limited each semester. It is important that a student's plan for practicum be made as early as possible. ***Practicum Request Forms*** must be turned in to your advisor by **April 1<sup>st</sup>** for the fall semester and by **November 1<sup>st</sup>** for the spring semester. ***You should submit the form even if you are not sure where you will do your practicum.*** Students not submitting forms by the above dates cannot be guaranteed practicum and may have to be placed on a waiting list. **Remember Practicum is not offered during the Summer.**

#### Prerequisites for Internship

To be eligible to take the internship course (CED 790), students must have been admitted to candidacy, have completed the following courses, and have their advisor's approval:

- CED 701, Organization & Administration of Counseling Services;
- CED 702, Counseling Theories;
- CED 705, Developmental Group Counseling;
- CED 710, Counseling Skills and Techniques;
- CED 711, Practicum I; and
- CED 724, Experiential Group Process.

#### *Deadline for Internship Request Forms*

The availability of space in internship classes is limited each semester. It is important that a student's plan for internship be made as early as possible. ***Internship Request Forms*** must be turned in to your advisor by **April 1<sup>st</sup>** for the fall semester and by **November 1<sup>st</sup>** for the spring semester. ***You should submit the form even if you are not***

***sure where you will do your internship.*** Students not submitting forms by the above dates cannot be guaranteed internship and may have to be placed on a waiting list. **Remember Internship is not offered during the Summer.**

### **Supervisor Qualifications**

A site supervisor must have a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, and a minimum of two (2) years of pertinent professional experience in the program area in which the student is completing clinical experience.

### **Expectations of Site Supervisors**

It is expected that site supervisors have basic knowledge of the program's expectations, requirements, and evaluation procedures for students. It is also expected that the on-site supervisor will provide the following services and supervision:

- An orientation to the agency and definition of specific intern duties.
- Written evaluations (mid-semester and end-of-semester) of the intern's performance (Forms provided).
- At least one hour each week of one-to-one supervision, with periodic reviews of work samples (tapes, observations, etc.)

### **Expectations of University Supervisors**

University supervisors are expected to:

- Assist in planning in the practicum or internship when needed.
- Advise students regarding the types of agencies available for placement, various client groups served and the responsibilities of the students in the practicum or internship experience;
- Advise students as to the requirements involved in the practicum and/or internship (seminars, reports, evaluations); and
- Maintain periodic contacts with the agency supervisor and the student to discuss the student's progress. In instances of logistical problems, either telephone contacts or written correspondence will be used.

University supervisors will visit the site where the practicum or internship student is placed at least once a semester. This meeting will focus on the progress and areas in need of improvement of the student. The practicum or internship site supervisor and the intern should be present.

## **Requirements for Practicum Students**

Practicum students should be at the school/agency, two full days per week, for a total of 150 hours (with 50 hours being in direct student/client services). The practicum experience at the school/agency is expected to last the entire semester. **The practicum site must allow you to audio or videotape students or clients.** This is required for each three-credit practicum course taken. Additional requirements include:

### **Practicum I (CED 711)**

- Attend 15 one and one-half hour practicum seminars with faculty supervisor.
- Each student will be required to meet weekly outside of class with a faculty supervisor for one hour of individual or triadic supervision.
- Keep a daily log of activity in the agency. This is a tabulation of how each hour is spent in the practicum. The log is to be handed in to the practicum instructor monthly and at the end of the semester.
- All students are required to turn in the following paperwork: evidence of liability insurance, site agreement form, supervisor's evaluation of performance, evaluation of practicum site, log of practicum hours, and practicum summary form. Other forms may be required, as necessary.
- A theoretical paper is required. This paper should describe the primary theoretical perspective you wish to use in viewing your clients this semester. Discuss what about this perspective seems compatible with your thinking.
- Complete 5 brief-reaction papers- (no more than one per week accepted), 1 page double-spaced. Discuss some event, thought, idea, feeling, etc. that, as a result of class discussion caused you to think more deeply about some aspect of the counseling process. If something in a counseling session or reading was particularly striking, you may write about that instead.
- During the semester attend a conference, workshop, training or other professional development activity (at 2-3 hours minimum). Tell the practicum class about the activity the week following your attendance. A two page double-spaced reaction paper to a workshop or conference will be handed in (an appropriate workshop will grant CEU's for counselors, psychologists, and social workers).
- You will be required to prepare 5 audiotapes (5 in-class presentations) for presentation with written critiques of these tapes handed in. The format for the presentation will be provided in class. You may discuss 5 different clients or one client 2 or 3 times.
- Complete an evaluation of the practicum student's experience in the agency/school to be submitted to the University supervisor at the end of the practicum.
- At the end of the semester a transcript of a counseling session with analysis of the techniques used will be due. More information will be provided in class.

### **Practicum II (CED 712)**

- Attend 15 two and one-half hour practicum seminars with faculty supervisor.
- Keep a daily log of activity in the agency. This is a tabulation of how each hour is spent in the practicum. The log is to be handed in to the practicum instructor monthly and at the end of the semester.
- All students are required to turn in the following paperwork: evidence of liability insurance, site agreement form, supervisor's evaluation of performance, evaluation of practicum site, log of practicum hours, and practicum summary form. Other forms may be required, as necessary.
- Complete 5 brief-reaction papers (no more than one per week accepted), 1 page double-spaced. Discuss some event, thought, idea, feeling, etc. that, as a result of class discussion caused you to think more deeply about some aspect of the counseling process. If something in a counseling session or reading was particularly striking, you may write about that instead.
- During the semester attend a conference, workshop, training or other professional development activity (at 2-3 hours minimum). Tell the practicum class about the activity the week following your attendance. A two page double-spaced reaction paper to a workshop or conference will be handed in (an appropriate workshop will grant CEU's for counselors, psychologists, and social workers).
- You will be required to prepare 5 audiotapes (5 in-class presentations) for presentation with written critiques of these tapes handed in. The format for the presentation will be provided in class. You may discuss 5 different clients or one client 2 or 3 times.
- Complete an evaluation of the practicum student's experience in the agency/school to be submitted to the University supervisor at the end of the practicum.
- At the end of the semester a transcript of a counseling session with analysis of the techniques used will be due. More information will be provided in class.

### **Requirements for Internship Students**

Internship students are required to be at the agency for a total of 300 hours (with 120 hours being in direct client services) for a three-credit internship or 600 hours (with 240 hours being in direct client services) for a six-credit internship. The internship experience at the school/agency is expected to last the entire semester. **The internship site must allow you to audio or videotape students or clients.** This is required for each internship course taken. Additional requirements include:

- Attend 15 internship seminars (CED 790 class).
- Keep a daily log of activity in the agency. This is a tabulation of how each hour is spent in the internship. The log is to be handed in to the intern instructor monthly and at the end of the semester.
- Complete 5 brief-reaction papers- (no more than one per week accepted), 1 page double-spaced. Discuss some event, thought, idea, feeling, etc. that, as a

result of class discussion caused you to think more deeply about some aspect of the counseling process. If something in a counseling session or reading was particularly striking, you may write about that instead.

- During the semester attend a conference, workshop, training or other professional development activity (at 2-3 hours minimum). Tell the Internship class about the activity the week following your attendance. A two page double-spaced reaction paper to a workshop or conference will be handed in (an appropriate workshop will grant CEU's for counselors, psychologists, and social workers).
- You will be required to prepare 2 audiotapes for presentation in class with 2 written critiques of these tapes handed in. The format for the presentation will be provided in class. You may discuss 3 different clients or one client 2 or 3 times.
- Complete an evaluation of the intern's experience in the agency to be submitted to the internship instructor at the end of the internship.
- At the end of the semester a transcript of a counseling session with analysis of the techniques used will be due. More information will be provided in class.

### **Site Selection**

Selecting your Practicum and/or Internship site is one of the most important steps in the development of your counseling skills and the successful completion of your clinical experiences. Ultimately, the responsibility for finding a practicum or internship site lies with you, the student. Aim for a site placement that represents a "good fit" with your personal and professional needs, interests, program requirements, and licensure/certification requirements. Once you have determined sites that match your interests and goals, request an interview to surmise the "fit" between you and the site.

### **Liability Insurance**

As part of the application process for each Practicum or Internship course, you must verify your professional liability insurance. At the first class meeting, you are expected to turn in a copy of the actual declaration page of the policy to the instructor.

***Be sure to obtain professional liability insurance several weeks before enrolling in Practicum or Internship. A copy of the declaration page of your policy is due on the first day of class. You must have liability insurance before seeing clients/students for Practicum or Internship credit.***

Many professional organizations offer students special low rates for liability insurance when they join the organization. The American Counseling Association is one of the appropriate professional organizations for CED students. ACA offers student rates for both membership and liability insurance (through the ACA Insurance Trust). Obtain information from:

**American Counseling Association**  
**Phone: 703-823-8700 OR 800-347-6647**  
**TDD 703-370-1943**  
**www.counseling.org**

Community counseling students also may obtain discounted liability insurance with membership in the American Mental Health Counselors Association. To obtain more information, contact: **American Mental Health Counselors Association** at **www.amhca.org**

School counseling students also may obtain discounted liability insurance with membership in the American School Counselors Association. To obtain more information, contact: **American School Counselors Association** at **www.asca-ins.com/pl/**

*The Counselor Education and Services Department does not make recommendations for the amount of liability coverage you should obtain. When making that decision, consider your personal and professional circumstances and risks.*

### **Professional Considerations**

#### **Personal Challenges**

During your clinical experiences, you will likely encounter clients and supervisors who you will find to be resistant and/or difficult to deal with. This is a normal and desirable process that will challenge you to grow by facing and acknowledging unresolved issues that may block your effectiveness as a counselor. Although this may be painful at first, openness to the experience is an important quality for you to develop.

It is equally crucial for you to become aware of your biases, attitudes, values, and beliefs and how they affect the counseling process. Rigidity in these areas can seriously inhibit your effectiveness as a counselor. Acknowledging and accepting your deeply ingrained viewpoints and the limits they place on your work as a counselor is a critical aspect of your professional development.

Many students choose to invest in their professional futures by participating in personal counseling. Counseling may be a choice you also will make. In addition to counseling resources available in your own community, you may contact the University Counseling Center (724.938.4191) for information about free counseling services available to California University students.

#### **Supervision and Feedback**

During your clinical experiences you will receive extensive supervision and feedback from your site supervisor, faculty supervisor, and peers. Who you are as a

person greatly influences your effectiveness as a counselor. Therefore, there will be times when the supervision and feedback you receive will address your personal qualities as well as your use of counseling skills. To take full advantage of supervision, it is critical that you prepare for the supervision session. The following sections provide information about these important areas: scheduling your time, receiving feedback, giving feedback, and preparing for supervision.

*Scheduling your Time:* Extensive supervision is required for Practicum and Internship. Make note of the requirements listed below and plan your schedule accordingly:

### **Practicum Supervision**

#### *Practicum I (CED 711)*

- 1 hour on-site supervision weekly (to be scheduled with your site supervisor)
- 1 hour individual or triadic supervision weekly (to be scheduled with your course instructor *over and above* the campus group supervision noted below)
- 1½ hours group supervision weekly (usually occurs on campus during regularly scheduled class time)

#### *Practicum II (CED 712)*

- 1 hour on-site supervision weekly (to be scheduled with your site supervisor)
- 2½ hours group supervision weekly (usually occurs on campus during regularly scheduled class time)

### **Internship Supervision**

- 1 hour on-site supervision weekly (to be scheduled with your site supervisor)
- 1 ½ hours group supervision weekly/bi-weekly (usually on campus during regularly scheduled class time)

*Receiving Feedback and Supervision:* There is probably no other time in your counseling career where you will work under close supervision as you will experience in Practicum and Internship courses. You are urged to take advantage of this opportunity by being non-defensive and open to supervision and feedback.

*Giving Feedback:* Another critical aspect of supervision is the feedback you can offer to other counselors-in-training. This is an important opportunity for you to demonstrate the ability to give honest concrete and specific feedback in a tactful sensitive manner. It is often tempting to give non-specific feedback such as, “You were wonderful with her” or “I thought you were a little off base.” However, such vague statements do not provide useful information to the others in training with you.

*Preparing For Supervision:* Being prepared for supervision sessions will enable you to take maximum advantage of this component of your clinical experiences.

Minimum preparation includes:

- **Paperwork**  
Completing all required paperwork *before* supervision.
- **Tape Review**  
Before the supervision session, review your tape and complete your critique as assigned by your faculty supervisor.
- **Supervision Questions**  
Writing down specific questions you have for the supervisor.

### **Code of Ethics and Standards of Practice**

The Counselor Education and Services department expect and require both faculty and students to adhere to the American Counseling Association (ACA) Code of Ethics and Standards of Practice. As a counselor-in-training, you are required to meet your professional obligations regarding ethical practice. Therefore, without exception, you are expected to meet the minimum responsibilities outlined below:

- Obtain a copy of the ACA Code of Ethics and Standards of Practice (can be obtained at the ACA website: [www.counseling.org](http://www.counseling.org)) and become familiar with the contents of this document.
- Abide by the ethical behavior and standards of practice endorsed by ACA.
- Bring your general, non-emergency ethical questions to supervision.
- Immediately consult with your site supervisor and/or faculty supervisor when emergency or ethical dilemmas arise (i.e., suicide, homicide, child/elder abuse, etc.). You may also consult your faculty supervisor.
- Become familiar with and abide by policies and procedures established by your Practicum or Internship site.
- Abide by the laws of the state in which you conduct your Practicum or Internship.

You also are required to become familiar with and abide by the policies and procedures established by the agency/institution in which you are conducting your Practicum and/or Internship course requirements. Consult with your site supervisor for specifics before beginning your clinical experience. Additionally, you must abide by the

laws of the state in which your site is located. *Failure to adhere to appropriate professional codes of ethics, standards of practice, and state laws governing the professional behavior and activities of counselors may result in disciplinary action and/or dismissal from the Counselor Education & Services program.*

*Practicum Forms*

*Appendix A: Practicum Request Form*

## REQUEST FOR PRACTICUM

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Date \_\_\_\_\_

Work \_\_\_\_\_

This request is for Practicum I or Practicum II (circle one)

Please write the type of experience you prefer. (e.g.: children , drug and alcohol, geriatric, etc. \_\_\_\_\_)

For which semester are your registering: Fall \_\_\_\_ Spring \_\_\_\_ Year \_\_\_\_

Please name and rank the institutions you prefer.  
(see Dr. Brusoski to discuss but hand in form now)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Check the courses you will have completed by the time you are ready for practicum:

\_\_\_\_ CED 701, Organization &amp; Administration of Counseling Services

\_\_\_\_ CED 702, Counseling Theories

\_\_\_\_ CED 705, Developmental Group Counseling

\_\_\_\_ CED 710, Counseling Skills and Techniques

\_\_\_\_ CED 711, Practicum I (If applying for CED 712)

\_\_\_\_ CED 724, Experiential Group Process

Students must be admitted to candidacy before taking Practicum.

When do you plan to graduate? \_\_\_\_\_

Because of ACT 33, schools/agencies must report names of Practicum students to the State Police who will do a reference check. Consequently, you must apply at least 6 (six) weeks prior to appointment. Have you done so? When did you apply for Act 33 clearance (If previous Act 33 clearance is more than 6 months old, you will need to redo the Act 33 clearance)? \_\_\_\_\_

I understand that as a practicum student I may be responsible for any liability claims brought against me in the performance of my counseling activities. The university does not carry liability insurance to protect intern students. I am aware that I must provide evidence at the first practicum class that I have personal liability insurance or am covered under the liability policy of the school/agency that I work at.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor approval \_\_\_\_\_

Date \_\_\_\_\_

*Practicum Forms*

***Appendix B: Practicum Site Development Form***

## PRACTICUM SITE DEVELOPMENT FORM\*

Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

General Description of Agency Services:

Directed Services Available to Practicum Student: (Check all that apply)

Inpatient \_\_\_\_\_

Family Therapy \_\_\_\_\_

Outpatient \_\_\_\_\_

Marital Therapy \_\_\_\_\_

After Care \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Individual Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Group Therapy \_\_\_\_\_

Addictions Counseling \_\_\_\_\_

Other \_\_\_\_\_

Primary Clientele Profile:

Ethnicity: African American

Sex: Male

Age: Infant

Hispanic

Female

Child

Asian American

Teen

American Indian

Young Adult

Caucasian

Adult

Other

Senior

Disabilities: Physical

Developmental

Emotional

Revised by Patti Carroll

\*Based on evaluation for used at University of Phoenix

## Administrative Experience Available:

Intake Interviewing \_\_\_\_\_  
 Testing \_\_\_\_\_  
 Scoring of Tests \_\_\_\_\_  
 Interviewing \_\_\_\_\_  
 Report Writing \_\_\_\_\_  
 Record Keeping \_\_\_\_\_  
 Treatment Plan Development \_\_\_\_\_  
 Consultation \_\_\_\_\_  
 Case Summary Development \_\_\_\_\_  
 Staff Meetings \_\_\_\_\_  
 Referral Opportunities \_\_\_\_\_  
 Other \_\_\_\_\_

## Continuing Education Opportunities:

Professional Seminars \_\_\_\_\_  
 In-service Meetings \_\_\_\_\_  
 Research Possibilities \_\_\_\_\_  
 Other \_\_\_\_\_

## Special Considerations:

Is stipend money available?	Yes	No
Are there opportunities available for evening/weekend hours?	Yes	No
Has the agency had other practicum students?	Yes	No
If Yes, how many? _____		
How many practicum students are on sight during a semester? _____		
Is there any possibility of audio taping of clients?	Yes	No
Other _____		

## Special Expectations from Practicum Students:

What are the minimum weekly hours offered or required? \_\_\_\_\_  
 Other \_\_\_\_\_

List Supervisors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summary of Each Supervisor's Education, Experience, and Special Skills:  
 (attach resume if you prefer)

*Practicum Forms*

***Appendix C: Practicum Placement Agreement Form***

**Department of Counselor Education and Services**  
**Telephone: (724) 938-4123**  
**Practicum I or II (CED 711,712)**  
**Placement Agreement**

A. The Department of Counselor Education and Services at California University of Pennsylvania and \_\_\_\_\_ agree that \_\_\_\_\_ will serve as a Practicum student for the period \_\_\_\_\_ to \_\_\_\_\_.

Conditions of his/her placement are as follows:

1. Number of credit hours \_\_\_\_\_
2. Days of week \_\_\_\_\_
3. Hours \_\_\_\_\_

B. **Supervision Requirements:** Both parties agree that \_\_\_\_\_ will serve as practicum instructor and \_\_\_\_\_ will serve as on-site supervisor. A site supervisor must have:

- A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses;
- A minimum of two (2) years of pertinent professional experience in the program area in which the student is completing clinical instruction; and
- Knowledge of the program's expectations, requirements, and evaluation procedures for students.

It is also expected that the on-site supervisor will provide the following services and supervision:

- Provide an orientation to the school/agency and definition of specific practicum duties.
- Written evaluations (mid-semester and end-of-semester) of the student's performance (Forms provided).
- At least one hour each week set aside for one-to-one supervision, with periodic reviews of work samples (tapes, observations, etc.).

### C. Student Requirements:

- Be at the school/agency on the following days and times (or otherwise by mutual agreement between student and supervisor). A total of 150 hours (with 50 hours being in direct client services) is required for each three-credit practicum

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- Attend 15 one and one-half hour practicum seminars.
- Each student will be required to meet weekly outside of class with a faculty supervisor for one hour.
- Keep a daily log of activity in the agency. This is a tabulation of how each hour is spent in the practicum. The log is to be handed in to the practicum instructor monthly and at the end of the semester.
- All students are required to turn in the following paperwork: evidence of liability insurance, site agreement form, supervisor's evaluation of performance, evaluation of practicum site, log of practicum hours, and practicum summary form. Other forms may be required, as necessary.
- A theoretical paper is required. This paper should describe the primary theoretical perspective you wish to use in viewing your clients this semester. Discuss what about this perspective seems compatible with your thinking.
- Complete 5 brief-reaction papers- (no more than one per week accepted), 1 page double-spaced. Discuss some event, thought, idea, feeling, etc. that, as a result of class discussion caused you to think more deeply about some aspect of the counseling process. If something in a counseling session or reading was particularly striking, you may write about that instead.
- During the semester attend a conference, workshop, training or other professional development activity (at 2-3 hours minimum). Tell the practicum class about the activity the week following your attendance. A two page double-spaced reaction paper to a workshop or conference will be handed in (an appropriate workshop will grant CEU's for counselors, psychologists, and social workers).
- You will be required to prepare 5 audiotapes (3 in-class presentations, 2 for faculty review) for presentation with written critiques of these tapes handed in. The format for the presentation will be provided in class. You may discuss 5 different clients or one client 2 or 3 times.
- Complete an evaluation of the intern's experience in the agency to be submitted to the practicum instructor at the end of the practicum.
- At the end of the semester a transcript of a counseling session with analysis of the techniques used will be due. More information will be provided in class.



Practicum Site

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

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

*Practicum Forms*

***Appendix D: Weekly Record of Practicum  
Performance Form***

### Weekly Record of Practicum Performance

Student Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Semester \_\_\_\_\_ 20 \_\_\_\_\_ Dates \_\_\_\_\_  
 Internship Site \_\_\_\_\_  
 Site Supervisor \_\_\_\_\_  
 University Supervisor \_\_\_\_\_

#### Summary

\_\_\_\_\_ Weekly hours at practicum site.  
 \_\_\_\_\_ Weekly number of counseling sessions. Hours: \_\_\_\_\_  
 \_\_\_\_\_ Weekly number of audio tapes submitted.  
 \_\_\_\_\_ Weekly number of video tapes submitted.  
 \_\_\_\_\_ Weekly number of long term clients.  
 \_\_\_\_\_ Weekly number of short term clients.  
 \_\_\_\_\_ Number of consultations conducted and/or participated in.  
 \_\_\_\_\_ Number of consultations observed.  
 \_\_\_\_\_ Number of follow-up activities completed.  
 \_\_\_\_\_ Number of follow-up activities observed.  
 \_\_\_\_\_ Number of testing sessions conducted.  
 \_\_\_\_\_ Number of testing sessions observed.  
 \_\_\_\_\_ Number of test interpretation sessions conducted.  
 \_\_\_\_\_ Number of test interpretation sessions observed.  
 \_\_\_\_\_ Number of referrals made to other professionals.  
 \_\_\_\_\_ Number of follow-ups made on these referrals.  
 \_\_\_\_\_ Number of group counseling sessions co-led.  
 \_\_\_\_\_ Number of group counseling sessions led.  
 \_\_\_\_\_ How many specific career information activities did you perform?  
 Describe (briefly) any other practicum activity you performed that is not described by this checklist.

By your signature, you confirm that the above is accurate and complete to the best of your knowledge.

\_\_\_\_\_  
 (Student)

\_\_\_\_\_  
 (Site Supervisor)

\_\_\_\_\_  
 (University Supervisor)

Approved: 12/9/2002 required

*Practicum Forms*

*Appendix E: Cumulative Record of Practicum  
Performance Form*

### Cumulative Record of Practicum Performance

Student Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Semester \_\_\_\_\_ 20\_\_\_\_ Dates \_\_\_\_\_  
 Internship Site \_\_\_\_\_  
 Site Supervisor \_\_\_\_\_  
 University Supervisor \_\_\_\_\_

#### Summary

\_\_\_\_\_ Total hours at practicum site.  
 \_\_\_\_\_ Total number of counseling sessions. Hours: \_\_\_\_\_  
 \_\_\_\_\_ Total number of audio tapes submitted.  
 \_\_\_\_\_ Total number of video tapes submitted.  
 \_\_\_\_\_ Total number of long term clients.  
 \_\_\_\_\_ Total number of short term clients.  
 \_\_\_\_\_ Number of consultations conducted and/or participated in.  
 \_\_\_\_\_ Number of consultations observed.  
 \_\_\_\_\_ Number of follow-up activities completed.  
 \_\_\_\_\_ Number of follow-up activities observed.  
 \_\_\_\_\_ Number of testing sessions conducted.  
 \_\_\_\_\_ Number of testing sessions observed.  
 \_\_\_\_\_ Number of test interpretation sessions conducted.  
 \_\_\_\_\_ Number of test interpretation sessions observed.  
 \_\_\_\_\_ Number of referrals made to other professionals.  
 \_\_\_\_\_ Number of follow-ups made on these referrals.  
 \_\_\_\_\_ Number of group counseling sessions co-led.  
 \_\_\_\_\_ Number of group counseling sessions led.  
 \_\_\_\_\_ How many specific career information activities did you perform?  
 Describe (briefly) any other practicum activity you performed that is not described by this checklist.

By your signature, you confirm that the above is accurate and complete to the best of your knowledge.

\_\_\_\_\_  
 (Student)

\_\_\_\_\_  
 (Site Supervisor)

\_\_\_\_\_  
 (University Supervisor)

Approved: 12/9/2002 required

*Practicum Forms*

***Appendix F: Practicum Supervision Log Sheet Form***

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**Name of Student**

**Supervision Log Sheet**

The purpose of this sheet is to document that a practicum student has received supervision (at least 1 hour of face-to-face supervision) each week during the practicum experience. Supervision must include periodic reviews of taped sessions.

<b>Date</b>	<b>Supervisor Signature</b>	<b>Type of Supervision</b>
01. _____	_____	Individual ___ Group___
02. _____	_____	Individual ___ Group___
03. _____	_____	Individual ___ Group___
04. _____	_____	Individual ___ Group___
05. _____	_____	Individual ___ Group___
06. _____	_____	Individual ___ Group___
07. _____	_____	Individual ___ Group___
08. _____	_____	Individual ___ Group___
09. _____	_____	Individual ___ Group___
10. _____	_____	Individual ___ Group___
11. _____	_____	Individual ___ Group___
12. _____	_____	Individual ___ Group___
13. _____	_____	Individual ___ Group___
14. _____	_____	Individual ___ Group___
15. _____	_____	Individual ___ Group___

Approved: 12/9/2002 required

*Practicum Forms*

***Appendix G: Site Supervisor's Evaluation of  
Supervisee's Performance Form***

**California University of Pennsylvania**  
**Site Supervisor's Evaluation of Student Counselor's Performance**

This form is to be used to check performance in counseling practicum or internship. This form must be completed twice (mid-semester and at the end of the semester). This form is appropriate for individual or group counseling.

**Name of Student** \_\_\_\_\_  
**Date of Supervision or Period Covered by the Evaluation** \_\_\_\_\_  
**Name of Supervisor** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

***General Counseling Competencies***

Please rate the student counselor's overall general counseling competencies utilizing the following rating scale. Please check off the appropriate level (highest level achieved):

- |         |  |
|---------|--|
| _____   | Requires frequent and close supervision and monitoring of basic and advanced tasks in this area.   |
| Level 1 |  |
| _____   | Requires supervision and monitoring in carrying out routine tasks in this area and requires significant supervision and close monitoring in carrying out advanced tasks in this area.                                      |
| Level 2 |  |
| _____   | Requires some supervision and monitoring in carrying out routine tasks in this area. Requires guidance, training, education, and ongoing supervision for developing skills in this area.                                   |
| Level 3 |  |
| _____   | Displays mastery of routine tasks in this area. Requires ongoing supervision for performance of advanced skills in this area. The student counselor occasionally, spontaneously demonstrates advanced skills in this area. |
| Level 4 |  |
| _____   | Displays mastery of routine tasks in this area. Requires periodic supervision for refinement of advanced skills in this area.  |
| Level 5 |  |
| _____   | Displays mastery of routine tasks in this area. Could continue to benefit from some supervision on advanced and/or non-routine tasks in this area.   |
| Level 6 |  |

**Directions:** The supervisor is to circle a number which best evaluates the student counselor on each performance at that point in time.

***A) General Supervision Comments:***

	Poor		Average		Good		
	1	2	3	4	5		
01. Demonstrates a personal commitment in developing professional competencies.	1	2	3	4	5		N/A
02. Accepts and uses constructive criticism to enhance self development and counseling skills.	1	2	3	4	5		N/A
03. Engages in open, comfortable, and clear communication with peers and supervisors.	1	2	3	4	5		N/A
04. Recognizes own competencies and skills and shares these with peers and supervisors.	1	2	3	4	5		N/A
05. Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	1	2	3	4	5		N/A
06. Completes case reports and charts punctually and conscientiously.	1	2	3	4	5		N/A

***B) The Counseling Process:***

	Poor		Average		Good		
	1	2	3	4	5		
07. Researches an incoming referral prior to the first interview.	1	2	3	4	5		N/A
08. Keeps appointments on time.	1	2	3	4	5		N/A
09. Begins the interview smoothly.	1	2	3	4	5		N/A
10. Explains the nature and objectives of counseling when appropriate.	1	2	3	4	5		N/A
11. Seems to be relaxed and comfortable in the interview.	1	2	3	4	5		N/A
12. Communicates interest in and acceptance of the client.	1	2	3	4	5		N/A
13. Facilitates client expression of concerns and feelings.	1	2	3	4	5		N/A

14. Focuses on the content of the client's problems.	1	2	3	4	5	N/A
15. Recognizes and resists manipulation by the client.	1	2	3	4	5	N/A
16. Recognizes and deals with positive client affect.	1	2	3	4	5	N/A
17. Recognizes and deals with negative affect of the client.	1	2	3	4	5	N/A
18. Uses silence effectively in the interview.	1	2	3	4	5	N/A
19. Is aware of own feelings in the counseling interview.	1	2	3	4	5	N/A
20. Recognizes and skillfully interprets the client's covert messages.	1	2	3	4	5	N/A
21. Facilitates realistic goal-setting with the client.	1	2	3	4	5	N/A
22. Encourages appropriate action-step planning with the client.	1	2	3	4	5	N/A
23. Employs judgment in the timing and use of different techniques and strategies.	1	2	3	4	5	N/A
24. Initiates periodic evaluation of goals, action-steps, and process during counseling.	1	2	3	4	5	N/A
25. Explains, administers and interprets tests correctly.	1	2	3	4	5	N/A
26. Terminates the interview smoothly.	1	2	3	4	5	N/A

***C) The Conceptualization Process:***

	Poor	Average	Good			
27. Focuses on specific behaviors and their consequences, implications, and contingencies.	1	2	3	4	5	N/A
28. Recognizes and pursues discrepancies and meaning of inconsistent information.	1	2	3	4	5	N/A
29. Uses relevant case data in planning both immediate and long-range goals.	1	2	3	4	5	N/A

30. Uses relevant case data in considering various strategies and their implications.	1	2	3	4	5	N/A
31. Bases decisions on a theoretically sound and consistent rationale of human behavior.	1	2	3	4	5	N/A
32. Is perceptive in evaluating the effects of own counseling techniques.	1	2	3	4	5	N/A
33. Demonstrates ethical behavior in counseling activity and case management.	1	2	3	4	5	N/A

***D) Educational Attainment:***

	Poor	Average	Good			
34. Is able to professionally identify with the counseling profession.	1	2	3	4	5	N/A
35. Demonstrates an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society.	1	2	3	4	5	N/A
36. Shows the ability to incorporate the nature and needs of individuals at all developmental levels into the counseling process.	1	2	3	4	5	N/A
37. Has a working knowledge of career development and related life factors.	1	2	3	4	5	N/A
38. Demonstrates knowledge of counseling and consultation processes.	1	2	3	4	5	N/A
39. Knows both the theoretical and experiential understandings of group purpose, development, dynamics, and other group approaches.	1	2	3	4	5	N/A
40. Understands individual and group approaches to assessment and evaluation.	1	2	3	4	5	N/A
41. Has an understanding of research methods, statistical analysis, needs assessment, and program evaluation as it relates to the counseling process.	1	2	3	4	5	N/A
42. Demonstrates ongoing development of counseling skills.	1	2	3	4	5	N/A

Additional comments and/or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_

Student Counselor comments and/or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature indicates that I have read the above report and have discussed the content with my supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

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

*Practicum Forms*

***Appendix H: Student Practicum Site Evaluation Form***

## STUDENT PRACTICUM SITE EVALUATION FORM

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

Agency: \_\_\_\_\_ Campus: \_\_\_\_\_

Would you be willing to be contacted regarding this practicum experience? \_\_\_\_\_

If so, please provide either a telephone number or e-mail address. \_\_\_\_\_

Respond to each of the following questions by giving a rating based on the following scale:

0	1	2	3	4	5
Not applicable	Not at all	A little	Sometimes	Usually	Very much

1. Practicum Experience:

- a. Were you involved in professional activities? \_\_\_\_\_
- b. Were your counseling experiences appropriate for your skill level? \_\_\_\_\_

2. Client Treatment Standards:

- a. Is the agency responsive to client needs? \_\_\_\_\_
- b. Is the agency sensitive to multi-cultural diversity? \_\_\_\_\_

3. Supervision:

- a. Did you meet with your supervisor weekly? \_\_\_\_\_
- b. Did your supervisor display good supervision skills? \_\_\_\_\_
- c. Was your supervisor appropriately confrontational? \_\_\_\_\_
- d. Were your mistakes welcomed as a learning experience? \_\_\_\_\_
- e. Were practical skills taught? \_\_\_\_\_
- f. During supervisory sessions, were the sessions free of distractions and interruptions? \_\_\_\_\_
- g. Was your supervisor open to feedback and different points of view? \_\_\_\_\_

4. Training Component:

- a. Were you oriented to the agency's policies and procedures? \_\_\_\_\_
- b. Were you provided with enrichment in the form of books, videos, and special training skills? \_\_\_\_\_
- c. Did you attend in-service training programs? \_\_\_\_\_

5. Would you recommend this site as a future practicum site? \_\_\_\_\_

*Optional Practicum Forms*

***Appendix I: Parental Permission to Audio/Video Tape  
(Minor) Form***

**Parental Permission to Audiotape/Videotape**  
***Counselor Education & Services Graduate Program***  
***California University of Pennsylvania***

Parent/Legal Guardian's Name: \_\_\_\_\_

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

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

The Counselor Education & Services Department at California University of Pennsylvania conducts a Counseling Practicum/Internship course each semester at the University. This course is an advanced course in counseling required of all Degree Candidates in the Counseling Program. Students are required to audio and/or video tape counseling sessions as part of their course and degree requirements at their school or agency.

Student's Name: \_\_\_\_\_ would like to work with your son/daughter, a student at \_\_\_\_\_ School/Agency.

The counseling sessions conducted with your child will be audio and/or video taped and will be reviewed by the Student's Supervisor (Name) \_\_\_\_\_, and Faculty Supervisor (Name) \_\_\_\_\_. Brief segments without any identifying information may be presented in the practicum/internship course. All audio and/or video tapes made will be erased at the completion of your child's involvement in the program. Any of the information shared will be handled in a confidential manner and will be limited to the following:

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

**Exceptions to confidentiality will be:**

1. Duty to Warn: Any person determined to be at risk of harm to self or others, all appropriate warning or reporting procedures will be followed.
2. Regarding Minors: Counselors adhere to the Pennsylvania Child Welfare Agency's legal duty to report any suspicion of neglect, physical or sexual abuse of minors.
3. Release of Information Agreements: Information will be released to third parties (school personnel, family members, etc.) only at the student or parent's request and after a Release of Information has been signed by the student and parent or guardian.
4. Court Order: Information may need to be released under court order.

This consent may be revoked by notifying \_\_\_\_\_ and will be considered revoked no earlier than the date of request. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the above purposes. If you have any questions regarding this form, please call \_\_\_\_\_ at \_\_\_\_\_.

We hope you will take the opportunity to have your child become involved in the Counseling Program. If you approve of having your child participate, please sign the form where indicated. Thank you for your cooperation.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Site Address: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Counselor Trainee Signature: \_\_\_\_\_

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

*Optional Practicum Forms*

***Appendix J: Permission to Audio/Video Tape Form***

**Client Permission to Audio or Video Tape  
Counselor Education & Services Graduate Program  
California University of Pennsylvania**

I \_\_\_\_\_ agree to be counseled at site by a practicum/intern student in the Counselor Education Program at California University of Pennsylvania and who has completed advanced coursework in counseling/therapy. I further understand that I will participate in counseling interviews that may be audio taped or video taped and that these tapes may be viewed by students participating in my practicum/internship class for this semester. Brief segments without any identifying information may be presented in the practicum/internship course. All audio and/or video tapes made will be erased at the completion of your involvement in counseling.

I understand that the counselor will be supervised by a faculty member \_\_\_\_\_ and a site supervisor \_\_\_\_\_.

All audio and/or video tapes made will be erased at the completion of your child's involvement in the program. Any of the information shared will be handled in a confidential manner and will be limited to the following:

\_\_\_\_\_  
\_\_\_\_\_.

**Exceptions to confidentiality will be:**

1. Duty to Warn: Any person determined to be at risk of harm to self or others, all appropriate warning or reporting procedures will be followed.
2. Regarding Minors: Counselors adhere to the Pennsylvania Child Welfare Agency's legal duty to report any suspicion of neglect, physical or sexual abuse of minors.
3. Release of Information Agreements: Information will be released to third parties (school personnel, family members, etc.) only at the student or parent's request and after a Release of Information has been signed by the student and parent or guardian.
4. Court Order: Information may need to be released under court order.

This consent may be revoked by notifying \_\_\_\_\_ and will be considered revoked no earlier than the date of request. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the above purposes. If you have any questions regarding this form, please call \_\_\_\_\_ at \_\_\_\_\_.

We hope you will take the opportunity to have you become involved in the Counseling Program. If you approve of participating, please sign the form where indicated.

Thank you for your cooperation.

Client's Signature: \_\_\_\_\_ Site Address: \_\_\_\_\_  
 Counselor Signature: \_\_\_\_\_  
 Counselor Trainee Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Internship Forms*

***Appendix K: Internship Request Form***

## REQUEST FOR INTERNSHIP (CED 790)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Date \_\_\_\_\_  
 Work \_\_\_\_\_

Please write the type of experience you prefer. (e.g.: children , drug and alcohol, geriatric, etc.) \_\_\_\_\_

For which semester are your registering: Fall \_\_\_\_ Spring \_\_\_\_ Year \_\_\_\_

Please name and rank the institutions you prefer to intern at:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Check the courses you will have completed by the time you are ready for intern:

- \_\_\_\_ CED 701, Organization & Administration of Counseling Services  
 \_\_\_\_ CED 702, Theories of Counseling  
 \_\_\_\_ CED 705, Developmental Group Counseling  
 \_\_\_\_ CED 710, Counseling Skills and Techniques  
 \_\_\_\_ CED 711, Practicum I  
 \_\_\_\_ CED 724, Experiential Group Process

When do you plan to graduate? \_\_\_\_\_

You must complete ACT 34 and 151 criminal background checks and child abuse clearances prior to the start of internship. Verification will be required by the first internship class.

I understand that as an intern I may be responsible for any liability claims brought against me in the performance of my counseling activities. The university does not carry liability insurance to protect intern students. I am aware that I must provide evidence at the first Internship class that I have personal liability insurance or am covered under the liability policy of the internship site.

Intern Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Advisor Approval \_\_\_\_\_  
 Date \_\_\_\_\_

Approved: 12/9/2002 required

*Internship Forms*

*Appendix L: Internship Site Development Form*

## INTERNSHIP SITE DEVELOPMENT FORM\*

Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

General Description of Agency Services:

Directed Services Available to Intern Student: (Check all that apply)

Inpatient \_\_\_\_\_

Family Therapy \_\_\_\_\_

Outpatient \_\_\_\_\_

Marital Therapy \_\_\_\_\_

After Care \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Individual Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Group Therapy \_\_\_\_\_

Addictions Counseling \_\_\_\_\_

Other \_\_\_\_\_

Primary Clientele Profile:

Ethnicity: African American

Sex: Male

Age: Infant

Hispanic

Female

Child

Asian American

Teen

American Indian

Young Adult

Caucasian

Adult

Other

Senior

Disabilities: Physical

Developmental

Emotional

Revised by Patti Carroll

\*Based on evaluation for used at University of Phoenix

## Administrative Experience Available:

Intake Interviewing \_\_\_\_\_  
 Testing \_\_\_\_\_  
 Scoring of Tests \_\_\_\_\_  
 Interviewing \_\_\_\_\_  
 Report Writing \_\_\_\_\_  
 Record Keeping \_\_\_\_\_  
 Treatment Plan Development \_\_\_\_\_  
 Consultation \_\_\_\_\_  
 Case Summary Development \_\_\_\_\_  
 Staff Meetings \_\_\_\_\_  
 Referral Opportunities \_\_\_\_\_  
 Other \_\_\_\_\_

## Continuing Education Opportunities:

Professional Seminars \_\_\_\_\_  
 In-service Meetings \_\_\_\_\_  
 Research Possibilities \_\_\_\_\_  
 Other \_\_\_\_\_

## Special Considerations:

Is stipend money available?	Yes	No
Are there opportunities available for evening/weekend hours?	Yes	No
Has the agency had other intern students?	Yes	No
If Yes, how many? _____		
How many intern students are on site during a semester? _____		
Is there any possibility of audio taping of clients?	Yes	No
Other _____		

## Special Expectations from Intern Students:

What are the minimum weekly hours offered or required? \_\_\_\_\_  
 Other \_\_\_\_\_

List Supervisors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summary of Each Supervisor's Education, Experience, and Special Skills:  
 (attach resume if you prefer)

## *Internship Forms*

### ***Appendix M: Internship Placement Agreement Form***

**Department of Counselor Education and Services**

**Telephone: (724) 938-4123**

**Internship (CED 790)**

**Placement Agreement**

A. The Department of Counselor Education and Services at California University of Pennsylvania and \_\_\_\_\_ agree that \_\_\_\_\_ will serve as an Intern student for the period \_\_\_\_\_ to \_\_\_\_\_.

Conditions of his/her placement are as follows:

1. Number of credit hours \_\_\_\_\_
2. Days of week \_\_\_\_\_
3. Hours \_\_\_\_\_

**B. Supervision Requirements:** Both parties agree that \_\_\_\_\_ will serve as intern instructor and \_\_\_\_\_ will serve as on-site supervisor. A site supervisor must have:

- A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses;
- A minimum of two (2) years of pertinent post-master's professional experience in the program area in which the student is completing clinical instruction; and
- Knowledge of the program's expectations, requirements, and evaluation procedures for students.

It is also expected that the on-site supervisor will provide the following services and supervision:

- Provide an orientation to the agency and definition of specific intern duties.
- Written evaluations (mid-semester and end-of-semester) of the intern's performance (Forms provided).
- At least one hour each week set aside for one-to-one supervision, with periodic reviews of work samples (tapes, observations, etc.)
- Whenever possible, it is expected that intern students will have one or two long term counseling clients/students and participate in group counseling

**C. Intern Requirements:**

- Be at the agency on the following days and times (or otherwise by mutual agreement between intern and supervisor). A total of 300 hours (with 120 hours being in individual and group counseling) is required for a three-credit internship (600 hours with 240 hours being in individual and group counseling for a six-credit internship).

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

- Attend 15 internship seminars (CED 790 class).
- Keep a daily log of activity in the agency. This is a tabulation of how each hour is spent in the internship. The log is to be handed in to the intern instructor monthly and at the end of the semester.
- Complete 5 brief-reaction papers- (no more than one per week accepted), 1 page double-spaced. Discuss some event, thought, idea, feeling, etc. that, as a result of class discussion caused you to think more deeply about some aspect of the counseling process. If something in counseling session or reading was particularly striking, you may write about that instead.
- During the semester attend a conference, workshop, training or other professional development activity (at 2-3 hours minimum). Tell the internship class about the activity the week following your attendance. A two page double-spaced reaction paper to a workshop or conference will be handed in (an appropriate workshop will grant CEU's for counselors, psychologists, and social workers).
- **You will be required to prepare 5 audiotapes for presentation in class with 5 written critiques of these tapes handed in.** The format for the presentation will be provided in class. You may discuss 5 different clients or one client 2 or 3 times.
- Complete an evaluation of the intern's experience in the agency to be submitted to the internship instructor at the end of the internship.
- At the end of the semester a transcript of a counseling session with analysis of the techniques used will be due. More information will be provided in class.

#### D. University Supervision Requirements:

- Assist in planning in the internship when needed.
- Advise students regarding the types of agencies available for placement, various client groups served and the responsibilities of the interns in the internship experience.
- Advise students as to the requirements involved in the internship (seminars, reports, evaluations)
- Maintain periodic contacts with the agency supervisor and the student to discuss the intern's progress. In instances of logistical problems, either telephone contacts or written correspondence will be used.
- University supervisors will visit the site where the internship student is placed at least once a semester. This meeting will focus on the progress and areas in need of improvement of the intern. The internship site supervisor and the intern should be present.

E. \_\_\_\_\_ understands that a grade (Satisfactory/  
Unsatisfactory) will be earned on the basis of:

- Attendance and satisfactory participation in intern class.
- Successful counseling performance done at the intern site.
- Approved documentation of counseling, such as: video tapes, audio tapes, case reports, journal work, logs, and workbook sheet.

The following signatures verify agreement to the above stated conditions:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

Internship Site  
Address:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

*Internship Forms*

***Appendix N: Weekly Record of Internship  
Performance Form***

### Weekly Record of Internship Performance

Student Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Semester \_\_\_\_\_ 20\_\_\_\_ Dates \_\_\_\_\_  
 Internship Site \_\_\_\_\_  
 Site Supervisor \_\_\_\_\_  
 University Supervisor \_\_\_\_\_

#### Summary

\_\_\_\_\_ Weekly hours at internship site.  
 \_\_\_\_\_ Weekly number of counseling sessions. Hours: \_\_\_\_\_  
 \_\_\_\_\_ Weekly number of audio tapes submitted.  
 \_\_\_\_\_ Weekly number of video tapes submitted.  
 \_\_\_\_\_ Weekly number of long term clients.  
 \_\_\_\_\_ Weekly number of short term clients.  
 \_\_\_\_\_ Number of consultations conducted and/or participated in.  
 \_\_\_\_\_ Number of consultations observed.  
 \_\_\_\_\_ Number of follow-up activities completed.  
 \_\_\_\_\_ Number of follow-up activities observed.  
 \_\_\_\_\_ Number of testing sessions conducted.  
 \_\_\_\_\_ Number of testing sessions observed.  
 \_\_\_\_\_ Number of test interpretation sessions conducted.  
 \_\_\_\_\_ Number of test interpretation sessions observed.  
 \_\_\_\_\_ Number of referrals made to other professionals.  
 \_\_\_\_\_ Number of follow-ups made on these referrals.  
 \_\_\_\_\_ Number of group counseling sessions co-led.  
 \_\_\_\_\_ Number of group counseling sessions led.  
 \_\_\_\_\_ How many specific career information activities did you perform?  
 Describe (briefly) any other internship activity you performed that is not described by this checklist.

By your signature, you confirm that the above is accurate and complete to the best of your knowledge.

\_\_\_\_\_  
 (Student)

\_\_\_\_\_  
 (Site Supervisor)

\_\_\_\_\_  
 (University Supervisor)

Approved: 12/9/2002 required

## *Internship Forms*

### ***Appendix O: Cumulative Record of Internship Performance Form***

### Cumulative Record of Internship Performance

Student Name \_\_\_\_\_ Program \_\_\_\_\_

Semester \_\_\_\_\_ 20\_\_\_\_ Dates \_\_\_\_\_

Internship Site \_\_\_\_\_

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

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

#### Summary

- \_\_\_\_\_ Total hours at internship site.
- \_\_\_\_\_ Total number of counseling sessions.      Hours: \_\_\_\_\_
- \_\_\_\_\_ Total number of audio tapes submitted.
- \_\_\_\_\_ Total number of video tapes submitted.
- \_\_\_\_\_ Total number of long term clients.
- \_\_\_\_\_ Total number of short term clients.
- \_\_\_\_\_ Number of consultations conducted and/or participated in.
- \_\_\_\_\_ Number of consultations observed.
- \_\_\_\_\_ Number of follow-up activities completed.
- \_\_\_\_\_ Number of follow-up activities observed.
- \_\_\_\_\_ Number of testing sessions conducted.
- \_\_\_\_\_ Number of testing sessions observed.
- \_\_\_\_\_ Number of test interpretation sessions conducted.
- \_\_\_\_\_ Number of test interpretation sessions observed.
- \_\_\_\_\_ Number of referrals made to other professionals.
- \_\_\_\_\_ Number of follow-ups made on these referrals.
- \_\_\_\_\_ Number of group counseling sessions co-led.
- \_\_\_\_\_ Number of group counseling sessions led.
- \_\_\_\_\_ How many specific career information activities did you perform?

Describe (briefly) any other internship activity you performed that is not described by this checklist.

By your signature, you confirm that the above is accurate and complete to the best of your knowledge.

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Site Supervisor)

\_\_\_\_\_  
(University Supervisor)

Approved: 12/9/2002 required

*Internship Forms*

***Appendix P: Internship Supervision Log Sheet Form***

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**Name of Student**

### Supervision Log Sheet

The purpose of this sheet is to document that an internship student has received supervision (at least 1 hour of face-to-face supervision) each week during the internship experience. Supervision must include periodic reviews of taped sessions.

<b>Date</b>	<b>Supervisor Signature</b>	<b>Type of Supervision</b>
01. _____	_____	Individual ___ Group___
02. _____	_____	Individual ___ Group___
03. _____	_____	Individual ___ Group___
04. _____	_____	Individual ___ Group___
05. _____	_____	Individual ___ Group___
06. _____	_____	Individual ___ Group___
07. _____	_____	Individual ___ Group___
08. _____	_____	Individual ___ Group___
09. _____	_____	Individual ___ Group___
10. _____	_____	Individual ___ Group___
11. _____	_____	Individual ___ Group___
12. _____	_____	Individual ___ Group___
13. _____	_____	Individual ___ Group___
14. _____	_____	Individual ___ Group___
15. _____	_____	Individual ___ Group___

Approved: 12/9/2002 required

*Internship Forms*

***Appendix Q: Site Supervisor's Evaluation of Counseling  
Intern's Performance Form***

**California University of Pennsylvania**  
**Site Supervisor's Evaluation of Counseling Intern's Performance**

This form is to be used to check performance in counseling internship. This form must be completed twice (mid-semester and at the end of the semester). This form is appropriate for individual or group counseling.

**Name of Student** \_\_\_\_\_  
**Date of Supervision or Period Covered by the Evaluation** \_\_\_\_\_  
**Name of Supervisor** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

***General Counseling Competencies***

Please rate the student counselor's overall general counseling competencies utilizing the following rating scale. Please check off the appropriate level (highest level achieved):

- \_\_\_\_\_ Level 1 Requires frequent and close supervision and monitoring of basic and advanced tasks in this area.
- \_\_\_\_\_ Level 2 Requires supervision and monitoring in carrying out routine tasks in this area and requires significant supervision and close monitoring in carrying out advanced tasks in this area.
- \_\_\_\_\_ Level 3 Requires some supervision and monitoring in carrying out routine tasks in this area. Requires guidance, training, education, and ongoing supervision for developing skills in this area.
- \_\_\_\_\_ Level 4 Displays mastery of routine tasks in this area. Requires ongoing supervision for performance of advanced skills in this area. The student counselor occasionally, spontaneously demonstrates advanced skills in this area.
- \_\_\_\_\_ Level 5 Displays mastery of routine tasks in this area. Requires periodic supervision for refinement of advanced skills in this area.
- \_\_\_\_\_ Level 6 Displays mastery of routine tasks in this area. Could continue to benefit from some supervision on advanced and/or non-routine tasks in this area.

**Directions:** The supervisor is to circle a number which best evaluates the student counselor on each performance at that point in time.

***A) General Supervision Comments:***

	Poor		Average	Good		
01. Demonstrates a personal commitment in developing professional competencies.	1	2	3	4	5	N/A
02. Accepts and uses constructive criticism to enhance self development and counseling skills.	1	2	3	4	5	N/A
03. Engages in open, comfortable, and clear communication with peers and supervisors.	1	2	3	4	5	N/A
04. Recognizes own competencies and skills and shares these with peers and supervisors.	1	2	3	4	5	N/A
05. Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	1	2	3	4	5	N/A
06. Completes case reports and charts punctually and conscientiously.	1	2	3	4	5	N/A

***B) The Counseling Process:***

	Poor		Average	Good		
07. Researches an incoming referral prior to the first interview.	1	2	3	4	5	N/A
08. Keeps appointments on time.	1	2	3	4	5	N/A
09. Begins the interview smoothly.	1	2	3	4	5	N/A
10. Explains the nature and objectives of counseling when appropriate.	1	2	3	4	5	N/A
11. Seems to be relaxed and comfortable in the interview.	1	2	3	4	5	N/A
12. Communicates interest in and acceptance of the client.	1	2	3	4	5	N/A
13. Facilitates client expression of concerns and feelings.	1	2	3	4	5	N/A
14. Focuses on the content of the client's problems.	1	2	3	4	5	N/A

15. Recognizes and resists manipulation by the client.	1	2	3	4	5	N/A
16. Recognizes and deals with positive client affect.	1	2	3	4	5	N/A
17. Recognizes and deals with negative affect of the client.	1	2	3	4	5	N/A
18. Uses silence effectively in the interview.	1	2	3	4	5	N/A
19. Is aware of own feelings in the counseling interview.	1	2	3	4	5	N/A
20. Recognizes and skillfully interprets the client's covert messages.	1	2	3	4	5	N/A
21. Facilitates realistic goal-setting with the client.	1	2	3	4	5	N/A
22. Encourages appropriate action-step planning with the client.	1	2	3	4	5	N/A
23. Employs judgment in the timing and use of different techniques and strategies.	1	2	3	4	5	N/A
24. Initiates periodic evaluation of goals, action-steps, and process during counseling.	1	2	3	4	5	N/A
25. Explains, administers and interprets tests correctly.	1	2	3	4	5	N/A
26. Terminates the interview smoothly.	1	2	3	4	5	N/A

***C) The Conceptualization Process:***

	Poor	Average	Good			
27. Focuses on specific behaviors and their consequences, implications, and contingencies.	1	2	3	4	5	N/A
28. Recognizes and pursues discrepancies and meaning of inconsistent information.	1	2	3	4	5	N/A
29. Uses relevant case data in planning both immediate and long-range goals.	1	2	3	4	5	N/A
30. Uses relevant case data in considering various strategies and their implications.	1	2	3	4	5	N/A

31. Bases decisions on a theoretically sound and consistent rationale of human behavior.	1	2	3	4	5	N/A
32. Is perceptive in evaluating the effects of own counseling techniques.	1	2	3	4	5	N/A
33. Demonstrates ethical behavior in counseling activity and case management.	1	2	3	4	5	N/A

***D) Educational Attainment:***

		Poor	Average	Good		
34. Is able to professionally identify with the counseling profession.	1	2	3	4	5	N/A
35. Demonstrates an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society.	1	2	3	4	5	N/A
36. Shows the ability to incorporate the nature and needs of individuals at all developmental levels into the counseling process.	1	2	3	4	5	N/A
37. Has a working knowledge of career development and related life factors.	1	2	3	4	5	N/A
38. Demonstrates knowledge of counseling and consultation processes.	1	2	3	4	5	N/A
39. Knows both the theoretical and experiential understandings of group purpose, development, dynamics, and other group approaches.	1	2	3	4	5	N/A
40. Understands individual and group approaches to assessment and evaluation.	1	2	3	4	5	N/A
41. Has an understanding of research methods, statistical analysis, needs assessment, and program evaluation as it relates to the counseling process.	1	2	3	4	5	N/A
42. Demonstrates ongoing development of counseling skills.	1	2	3	4	5	N/A

***E) Community/Agency Counseling Knowledge Base:***

	Poor	Average	Good			
43. Understands historical, philosophical, societal, cultural, economic, and political dimensions of and current trends in the community human services/mental health movement.	1	2	3	4	5	N/A
44. Aware of roles, functions, preparation, standards, credentialing, licensure of community counselors.	1	2	3	4	5	N/A
45. Has a working knowledge of policies, laws, legislation, recognition, reimbursement, right-to-practice, and other issues relevant to community counseling.	1	2	3	4	5	N/A
46. Demonstrates knowledge of ethical and legal considerations related to community counseling.	1	2	3	4	5	N/A
47. Understands the role of racial, ethnic, cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in community counseling.	1	2	3	4	5	N/A
48. Shows an understanding of the role of community counselors in various practices settings and the relationships between counselors and other professionals in these settings.	1	2	3	4	5	N/A
49. Demonstrates awareness of the organizational, fiscal, and legal dimensions of the institutions and settings in which community counselors practice.	1	2	3	4	5	N/A
50. Understands strategies for community needs assessment.	1	2	3	4	5	N/A
51. Knows general principles of community intervention, consultation, education, and outreach; and characteristics of human services programs and networks.	1	2	3	4	5	N/A

52. Demonstrates knowledge of typical characteristics of individuals and communities served by agency.	1	2	3	4	5	N/A
53. Shows understanding of program development and service delivery for clientele served by agency.	1	2	3	4	5	N/A
54. Is able to promote client understanding of and access to community resources.	1	2	3	4	5	N/A
55. Shows ability to diagnose (DSM-IV TR) use current diagnostic tools, and develop appropriate counseling plans.	1	2	3	4	5	N/A
56. Can effectively advocate for clients.	1	2	3	4	5	N/A
57. Can apply various treatment modalities for initiating, maintaining, and terminating counseling.	1	2	3	4	5	N/A

Additional comments and/or suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_

Student Counselor comments and/or suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My signature indicates that I have read the above report and have discussed the content with my supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

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

*Internship Forms*

***Appendix R: Student Internship Site Evaluation Form***

## STUDENT INTERNSHIP SITE EVALUATION FORM

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

Agency: \_\_\_\_\_ Campus: \_\_\_\_\_

Would you be willing to be contacted regarding this internship experience? \_\_\_\_\_

If so, please provide either a telephone number or e-mail address. \_\_\_\_\_

Respond to each of the following questions by giving a rating based on the following scale:

0	1	2	3	4	5
Not applicable	Not at all	A little	Sometimes	Usually	Very much

1. Internship Experience:

- a. Were you involved in professional activities? \_\_\_\_\_
- b. Were your counseling experiences appropriate for your skill level? \_\_\_\_\_

2. Client Treatment Standards:

- a. Is the agency responsive to client needs? \_\_\_\_\_
- b. Is the agency sensitive to multi-cultural diversity? \_\_\_\_\_

3. Supervision:

- a. Did you meet with your supervisor weekly? \_\_\_\_\_
- b. Did your supervisor display good supervision skills? \_\_\_\_\_
- c. Was your supervisor appropriately confrontational? \_\_\_\_\_
- d. Were your mistakes welcomed as a learning experience? \_\_\_\_\_
- e. Were practical skills taught? \_\_\_\_\_
- f. During supervisory sessions, were the sessions free of distractions and interruptions? \_\_\_\_\_
- g. Was your supervisor open to feedback and different points of view? \_\_\_\_\_

4. Training Component:

- a. Were you oriented to the agency's policies and procedures? \_\_\_\_\_
- b. Were you provided with enrichment in the form of books, videos, and special training skills? \_\_\_\_\_
- c. Did you attend in-service training programs? \_\_\_\_\_

5. Would you recommend this site as a future internship site? \_\_\_\_\_

*Optional Internship Forms*

***Appendix S: Parental Permission to Audio/Video Tape  
(Minor) Form***

**Parental Permission to Audiotape/Videotape**  
***Counselor Education & Services Graduate Program***  
***California University of Pennsylvania***

Parent/Legal Guardian's Name: \_\_\_\_\_

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

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

The Counselor Education & Services Department at California University of Pennsylvania conducts a Counseling Practicum/Internship course each semester at the University. This course is an advanced course in counseling required of all Degree Candidates in the Counseling Program. Students are required to audio and/or video tape counseling sessions as part of their course and degree requirements at their school or agency.

Student's Name: \_\_\_\_\_ would like to work with your son/daughter, a student at \_\_\_\_\_ School/Agency.

The counseling sessions conducted with your child will be audio and/or video taped and will be reviewed by the Student's Supervisor (Name) \_\_\_\_\_, and Faculty Supervisor (Name) \_\_\_\_\_. Brief segments without any identifying information may be presented in the practicum/internship course. All audio and/or video tapes made will be erased at the completion of your child's involvement in the program. Any of the information shared will be handled in a confidential manner and will be limited to the following:

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

**Exceptions to confidentiality will be:**

1. Duty to Warn: Any person determined to be at risk of harm to self or others, all appropriate warning or reporting procedures will be followed.
2. Regarding Minors: Counselors adhere to the Pennsylvania Child Welfare Agency's legal duty to report any suspicion of neglect, physical or sexual abuse of minors.
3. Release of Information Agreements: Information will be released to third parties (school personnel, family members, etc.) only at the student or parent's request and after a Release of Information has been signed by the student and parent or guardian.
4. Court Order: Information may need to be released under court order.

This consent may be revoked by notifying \_\_\_\_\_ and will be considered revoked no earlier than the date of request. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the above purposes. If you have any questions regarding this form, please call \_\_\_\_\_ at \_\_\_\_\_.

We hope you will take the opportunity to have your child become involved in the Counseling Program. If you approve of having your child participate, please sign the form where indicated. Thank you for your cooperation.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Site Address: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Counselor Trainee Signature: \_\_\_\_\_

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

*Optional Internship Forms*

***Appendix T: Permission to Audio/Video Tape Form***

**Client Permission to Audio or Video Tape**  
**Counselor Education & Services Graduate Program**  
**California University of Pennsylvania**

I \_\_\_\_\_ agree to be counseled at site by a practicum/intern student in the Counselor Education Program at California University of Pennsylvania and who has completed advanced coursework in counseling/therapy. I further understand that I will participate in counseling interviews that may be audio taped or video taped and that these tapes may be viewed by students participating in my practicum/internship class for this semester. Brief segments without any identifying information may be presented in the practicum/internship course. All audio and/or video tapes made will be erased at the completion of your involvement in counseling.

I understand that the counselor will be supervised by a faculty member \_\_\_\_\_ and a site supervisor \_\_\_\_\_.

All audio and/or video tapes made will be erased at the completion of your child's involvement in the program. Any of the information shared will be handled in a confidential manner and will be limited to the following:

\_\_\_\_\_  
 \_\_\_\_\_.

**Exceptions to confidentiality will be:**

1. Duty to Warn: Any person determined to be at risk of harm to self or others, all appropriate warning or reporting procedures will be followed.
2. Regarding Minors: Counselors adhere to the Pennsylvania Child Welfare Agency's legal duty to report any suspicion of neglect, physical or sexual abuse of minors.
3. Release of Information Agreements: Information will be released to third parties (school personnel, family members, etc.) only at the student or parent's request and after a Release of Information has been signed by the student and parent or guardian.
4. Court Order: Information may need to be released under court order.

This consent may be revoked by notifying \_\_\_\_\_ and will be considered revoked no earlier than the date of request. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the above purposes. If you have any questions regarding this form, please call \_\_\_\_\_ at \_\_\_\_\_.

We hope you will take the opportunity to have you become involved in the Counseling Program. If you approve of participating, please sign the form where indicated.

Thank you for your cooperation.

Client's Signature: \_\_\_\_\_ Site Address: \_\_\_\_\_  
 Counselor Signature: \_\_\_\_\_  
 Counselor Trainee Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Notes:**