



PRACTICUM AND INTERNSHIP

HANDBOOK

DOCTORAL PROGRAM

UNC CHARLOTTE

May 15, 2018, April 2, 2019, August 14, 2023

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Counselor Education Internship: Teaching

The Counselor Education Internship is comprised of 200 hours of activities that enhance the student's development as a counselor educator. The main focus of the internship is teaching under the tutelage of our professors. In addition to teaching, students engage in the leadership of the experiential group for MA students enrolled in CSLG 6120.

The prerequisite for enrolling in a counselor education internship is completion of CSLG 8203-Instructional Theory in Counselor Education. Students assist in teaching two MA content courses as the major requirement for this course and the T-group leadership experience.

Requirements for each content course:

1. Attend all classes (45 hours)
2. Present at least 3 lectures or the equivalent of 9 hours and video record (20 hours)
3. Assist in grading assignment (10 hours)
4. Meet regularly with professor (10 hours)
5. Activities as defined by the professor
 - a. Students can teach one course in the summer to carry over to the fall internship.
 - b. If a student completes co-teaching a course in the spring semester, a second course can be completed in the summer.
 - c. If split over two semesters, the student will receive the grade of InProgress (IP) in the internship for that semester and will attend internship in the semester in which the internship is completed.
 - d. Students will receive a grade of IP until all components of the course are completed.

Requirements for group leadership experience:

1. Lead T-group experience (13 hours)
 - a. The first 2 hours of the course will focus on teaching internship supervision and the last hour T-group supervision
 - b. If student delays T-group to the next semester, they will get an IP and complete the T-group and one-hour supervision only in the following semester. Student does not have to attend the two-hour teaching internship portion of the class.
 - c. Students will be assigned to either an afternoon or evening section.

Teaching Supervisor Expectations

1. The course instructor should be a full-time member of counseling faculty or approved adjunct professor.
2. The instructor of the course will attend all student lectures and provide written feedback on the presentations.
3. The instructor will meet regularly with the student to discuss goals of each class, classroom dynamics, and expectations of the doctoral student in each class.
4. The instructor will provide guidance for the doctoral student as the student develops the core content and process of each presentation.

Counselor Education Teaching Contract

Name: _____

Program Advisor: _____

Date: _____

Course 1 Title: _____

Instructor: _____

Signature and Date: _____

Course evaluation completed by instructor (date) _____

Course 2 Title: _____

Instructor: _____

Signature and Date: _____

Course evaluation completed by instructor (date) _____

Group leadership experience _____

Instructor: _____

Signature and Date: _____

Student signature: _____

Program advisor signature: _____

Date internship completed: _____

Assessment of Teaching

The teaching supervisor agrees to provide an evaluation that addresses the student's performance at the completion of each course that includes key responsibilities, performance, and disposition for teaching. Evaluations from students taking the course can also be included.

Organization

Notes:

Indicators: (rate, if applicable, as you observe them)

- ____ 1. Objectives are clear, even if not explicitly stated
- ____ 2. Provides overviews/introductions
- ____ 3. Uses time well
- ____ 4. Uses notes as necessary
- ____ 5. Provides closure
- ____ 6. Other (specify):

Communication

Notes:

Indicators: (rate, if applicable, as you observe them)

- ____ 1. Explanations are clear and precise
- ____ 2. Examples are demonstrated or provided to clarify concepts
- ____ 3. Communicates at students' level, defining unfamiliar words
- ____ 4. Facts & opinions are clearly distinguished
- ____ 5. Lectures are easy to follow
- ____ 6. Purposes of questions are clear
- ____ 7. Speech is audible and precise, with few false starts, redundantly spoken words, or meaningless phrases
- ____ 8. Important points are emphasized
- ____ 9. Written communication, if used, is legible and relevant
- ____ 10. Other (specify):

Knowledge of Subject Matter

Notes:

Indicators: rate, if applicable, as you observe them)

- ____ 1. Presents accurate information
- ____ 2. Demonstrates or provides examples (as appropriate)
- ____ 3. Answers student's questions from a factual foundation
- ____ 4. Provides references and cites appropriate publications
- ____ 5. Addresses diversity, ethics, and other issues relevant to the course content
- ____ 6. Other (specify):

Appropriateness of Method

Notes:

Indicators: rate, if applicable, as you observe them)

- ____ 1. Designs relevant class activities that stimulate curiosity and creativity
- ____ 2. Makes appropriate use of texts and assigned reading materials
- ____ 3. Devises/demonstrates appropriate experiential/applied activities
- ____ 4. Utilizes a variety of teaching methods, including the use of media and technology (when appropriate)
- ____ 5. Adjusts the pace and difficulty of activities to the students' backgrounds and abilities
- ____ 6. Other (specify):

Teacher Responsiveness to Students

Notes:

Indicators: rate, if applicable, as you observe them)

- ____ 1. Encourages student participation in class
- ____ 2. Answers questions in a clear and helpful manner
- ____ 3. Responds supportively to student contributions
- ____ 4. Respects legitimate differences in points of view
- ____ 5. Displays an open attitude, without prejudice or bias
- ____ 6. Other (specify):

Student Attention/Engagement

Notes:

Indicators: rate, if applicable, as you observe them)

- ____ 1. Students are attentive and participate in class activities
- ____ 2. Students comment, share ideas, and/or ask questions
- ____ 3. Students respond to questions
- ____ 4. Other (specify):

Teacher Enthusiasm and Energy

Notes:

Indicators: rate, if applicable, as you observe them)

- ____ 1. Demonstrates enthusiasm/passion for subject and teaching
- ____ 2. Energizes and motivates students
- ____ 3. Demonstrates appropriate sense of humor
- ____ 4. Other (specify):

Overall strengths observed:

Any specific behaviors for future development observed:

Charlotte Faculty Evaluation of Doctoral Teaching Intern

This is to be completed by your faculty professor(s) with whom you worked during this semester.

Professor of Record:

Course:

Semester:

Please write a short narrative about the work of the doctoral student you supervised for the teaching internship. You may use the categories below or create your own.

Context

Instructional Method

Presentation

Management of Assignments

General Interaction with Students

Additional Effective Behaviors

Signature of Instructor of Record

Course

Counselor Education Internship: Supervision

The Supervision Internship is comprised of 200 hours of activities that enhance the student's development as a clinical supervisor. This course provides students with the practical experiences necessary to facilitate individual and group supervision of counselors, including field supervision and analyses of counseling audio and videotapes.

The prerequisite for enrolling in the Supervision Internship is completion of CSLG 8110- Clinical Supervision in Counseling. By providing supervision to master's level practicum students, doctoral internship students will have the opportunity to test their conceptual knowledge, skill, and self-awareness developed through prerequisite coursework.

Course Requirements:

- Students will present a personal model of supervision that incorporates theoretical concepts and developmental models from CSLG 8110.
- Internship students will provide on-campus individual supervision to 3 master's level practicum students throughout the semester.
- Students will meet in a small group (Peer Group Supervision of Supervision) for 2.5 hours each week with the instructor.
- Students will record each of their supervision sessions and make them available for review by the practicum instructor and the internship instructor.
- Students will present 3 case presentations (of supervision sessions) in the Peer Group Supervision of Supervision setting.
- Students will meet weekly with the practicum instructor ("site supervisor") of their assigned master's student supervisee, for supervision of supervision. During the individual meeting (supervision of supervision) with the practicum instructor it is the students' responsibility to hand materials in to be reviewed by the instructor prior to the weekly scheduled meeting.
- Students will attend all of the assigned master's student 1.5 hour practicum group meetings and will co-facilitate group sessions.
- Students will conduct an evaluation of their supervision work in the form of a quasi process research study.
- Students will keep summary case notes for each supervisee that cover each supervision session.
- Students will keep a log of all their supervision related activities for the internship. This will include direct and indirect hours.

Site Supervisor's (Practicum Instructor) Responsibilities:

- The site supervisor agrees to provide an orientation to the master's practicum course, including the roles and functions of the student supervisor and explain relevant policies and procedures of the practicum.
- The site supervisor agrees to provide weekly supervision of the doctoral supervisor's work and performance feedback. Supervision activities will be determined by the site supervisor, including activities such as utilizing taped interactions, written case reports, direct observations, and verbal consultations.
- The site supervisor agrees to consult with the doctoral course instructor concerning the student's performance.
- The site supervisor agrees to contact the doctoral course instructor at any time during the field placement when the student's knowledge, attitudes, or skills are not acceptable.
- The site supervisor agrees to provide a summative evaluation of the student's competencies. An evaluation form will be provided by the doctoral course instructor that may be used for this competency evaluation.



Supervisee Release Form

Counselor Education

UNCC

I _____ agree to be supervised by a doctoral supervision practicum student in the Department of Counseling at Charlotte. I understand that all information will be kept in strictest confidence.

I realize that the supervisor is a doctoral student being trained in supervision skills and that he/she is receiving supervision from a faculty member in the Department of Counseling.

I understand that my supervisor will be recording our sessions for his/her educational purposes. I give permission for sessions to be recorded and for other supervisors-in-training to listen to those supervision sessions only when used as a part of their supervisor training program.

Supervisee's signature _____ Date: _____

Supervisor's signature _____ Date: _____

Semester Totals							

DSC-Direct Supervisee Contact. All DSC columns must total a minimum of 150 hours. The total number of hours accrued (DSC and other supervision related activities) should total a minimum of 200 hours for the semester.

University Supervisor Signature

Date

Site Supervisor Signature

Date

Student Signature

Date

Counselor Education Internship: Research

The Research Internship is comprised of 200 hours of activities that enhance the student's development as a researcher. This course is designed to assist students in conducting an empirical study in the counseling field and to report their research findings in a journal article. Students will take this course beginning in their second semester of doctoral studies, for 3 consecutive semesters (Spring, Fall, Spring, etc.). They enroll for 1 credit hour each semester and will accumulate a total of 3 credit hours over the 3-semester sequence.

Course Requirements:

1. 1st semester students must complete the **CITI training**. The training portal can be found at the following link: <https://about.citiprogram.org> found on the UNC Charlotte's Division of Research website:
<http://research.uncc.edu/departments/office-research-compliance-orc/humansubjects/training-information>
2. Students must attend all class meetings as scheduled. (All students)
3. Students will complete an empirical study in collaboration with a faculty mentor and must submit that study to a professional journal for publication. The final product for the research internship includes a journal article written in APA format and a cover letter to a journal editor. (All students)
4. Students will meet with their faculty mentor on a regular basis to ensure steady progress on the research project. (All students) A mentor must be selected by the 2nd meeting of the semester for 1st semester students.
5. Students must keep a **log** of their work on research projects to be turned in at the end of the semester. Students must document a minimum of 50 hours of work on their research project over the course of the semester. Students must also document their individual contributions to the research project. (All students)
6. Students must report their research progress to the class in a regular basis. A progress report paper is due to the instructor at the end of every semester until the student has completed the research project (All students)

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
 Department of Counseling
Research Weekly Log

Student Name: _____

Instructor: _____

Guiding Faculty Member(s): _____

Semester/Year: _____

Week Dates	Completing CITI Training	Reading literature	Writing Literature Review & Questions	Consultation with experienced researchers	Writing IRB	Collecting data	Analyzing data	Research team meetings	Writing Manuscript	Other Research Activities (describe in boxes below)	Weekly Hours

Semester Totals											

Instructor Signature

Date

Guiding Faculty Member Signature

Date

Student Signature

Date

Counselor Education Internship: Clinical

Doctoral Clinical Contract

University of North Carolina at Charlotte Department of Counseling

The purpose of this contract for the supervised professional counseling practice of a UNC Charlotte doctoral counseling student is to clarify the expectations and responsibilities of the student counselor, the University supervisor, and the on-site supervisor. The original contract will be placed in the student's file, and the on-site supervisor will have a copy. Sites must be approved by individual students' Doctoral Program Advisor.

Students Counselor Information

Full time ___

Part time ___

Name: _____ Student ID#: _____ E-mail address: _____

Address: _____ Phone: _____

Work _____ Phone: _____

Address: _____

Course: __ Internship 1 ___ Internship 2

Previous Field Placements: _____

Counseling Related Employment/Experiences: _____

Requirements for Internship Sites:

- Internship is a more specifically defined experience for students. Students, their advisors, and their on-site supervisors will develop the specific requirements for the internship experience. Possible activities are: counseling, supervision, training, program development and evaluation, and consultation.
- The Internship experience is for a minimum **200** hours during the semester.
- When engaged in individual counseling, students must be able to audiotape/videotape clients with their informed consent.
- Students must have an on-site supervisor, an employee of the site, who has at least a master's degree in counseling or a related field and has been a counselor for at least **five (5)** years; doctoral level supervision is strongly recommended. The on-site supervisor should have appropriate certification and/or licensure. Supervisor with training in supervision is preferred.
- Students must receive at least **one (1)** hour per week of on-site supervision.

Students Counselor Responsibilities:

1. Students will complete the case notes forms and client consent forms used by the agency/school. If the agency/school does not have a form for consent to tape sessions, the student will use the attached forms. All consent forms must be presented at the time the students make their class presentations.
2. The students will read, understand, and adhere to the latest Code of Ethics of the American Counseling Association (ACA).
3. The students will demonstrate the applicable competencies.
4. The students will keep on-site supervisor informed regarding the issues and activities of the field placement.
5. The students will act in accordance with the rules and regulations that govern the placement site.
6. The students will document time and activities at the placement site.
7. The students will be fully prepared for supervisory sessions and classes.
8. The students will spend a minimum of the following clock hours per week at their sites: 150 hours during the semester for Practicum, and 200 hours during the semester for Internship.
9. The students will begin the field placement during the first week of the academic term and continue through the last week of regular class.

UNC Charlotte Instructor's Responsibilities:

1. The UNC Charlotte practicum/internship instructor will be the responsible link between the clinical site and UNC Charlotte.
2. The UNC Charlotte internship instructor will visit the site at least one time during the semester. Site visits will not be conducted for practicum.
3. The UNC Charlotte practicum/internship instructor will initiate contact with the on-site supervisor for consultation during the field placement.
4. The UNC Charlotte practicum/internship instructor will conduct regular counseling seminars concurrently with the field placement. Instruction and group supervision will be provided in the seminar.
5. The UNC Charlotte practicum instructor will conduct individual or triadic supervision with students.
6. The UNCC instructor will have the responsibility for terminating any field placement that is not satisfactory for the student counselor.
7. The UNCC instructor will issue a Pass/No Credit grade for the students after receiving input from the on-site supervisor.

On-Site Supervisor's Responsibilities:

1. The on-site supervisor agrees to provide an orientation of the site to clarify the roles and functions of the student counselor and explain relevant policies and procedures of the site.
2. The on-site supervisor agrees to provide weekly supervision of the student's work and performance feedback. Supervision activities will be determined by the on-site supervisor, including activities such as utilizing taped interactions, written case reports, direct observations, and verbal consultations.
3. The on-site supervisor agrees to consult with the UNC Charlotte instructor concerning the student counselor's performance.

4. The on-site supervisor agrees to contact the UNC Charlotte instructor at any time during the field placement when the student's knowledge, attitudes or skills are not acceptable for the missions of the placement site.
5. The on-site supervisor agrees to provide a summative evaluation of the student's competencies. An evaluation form will be provided by the UNC Charlotte instructor that may be used for this competency evaluation.

Practicum or Internship Agreement Outline (activities, responsibilities, days and number of hours):

On-Site Supervisor Information

Name: _____ E-mail: _____ Phone: _____

Site: _____ Major: _____ Highest degree: _____

Years of counseling experience: _____ Certification/License: _____

Address: _____

Signatures

I understand and agree to the conditions stated in this contract:

(Students/Date)

(UNC Charlotte Instructor/Date)

(On-Site Supervisor/Date)

(Advisor/Date)

(Doctoral Coordinator/Date)



Client Release Form

University of North Carolina at Charlotte Department of Counseling

I, _____, agree to be counseled by a doctoral Internship student from the Department of Counseling at The University of North Carolina at Charlotte. I understand that my identity will remain anonymous and all information will be kept in strictest confidence. I realize that the counselor is a doctoral graduate student being trained in counseling skills and that he or she is receiving supervision from a faculty member in the Department of Counseling.

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

Client signature: _____

Date: _____

Parent or Guardian signature: _____

Date: _____

(if client is under 18 years of age)

Counselor signature: _____

Date: _____

Doctoral Intern Evaluation of On-Site Supervisor

University of North Carolina at Charlotte Department of Counseling

Student Name: _____

Name of School/Agency or Counselor Ed course/experience: _____

Supervisor Name: _____

Course: ____ CSLG 8440 ____ CSLG 8445

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

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

My Supervisor....

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

My supervisor helped promote....

- | | | | | | | |
|----|---|---|---|---|---|-----|
| 8. | my professional identity by encouraging membership in professional organizations | 1 | 2 | 3 | 4 | N/A |
| 9. | legal and ethical practice by discussing and by modelling appropriate ethical behaviors | 1 | 2 | 3 | 4 | N/A |

I felt....

10.	confident of my supervisor's skills	1	2	3	4	N/A
11.	my supervisor respected me and was concerned with my professional growth	1	2	3	4	N/A
12.	my supervisor was committed to his/her role as a supervisor	1	2	3	4	N/A
13.	my supervisor motivated and encouraged	1	2	3	4	N/A
14.	my supervisor served as an appropriate professional role model	1	2	3	4	N/A
15.	my supervision sessions allowed for both personal and professional growth	1	2	3	4	N/A
16.	my supervisor recognizes his/her own limitations	1	2	3	4	N/A
17.	my supervisor was genuine, congruent, empathetic, honest	1	2	3	4	N/A

My supervisor helped me....

18.	to clarify my own ideas about counseling/ teaching/ supervision theory	1	2	3	4	N/A
19.	to focus on specific counseling/teaching/supervision strategies	1	2	3	4	N/A
20.	to develop techniques to resolve conflict	1	2	3	4	N/A

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

Doctoral Intern Evaluation of Internship Site(s)

University of North Carolina at Charlotte Department of Counseling

Student Name: _____

Internship Site: _____

University Supervisor: _____

Course: _____ Internship CSLG 8440 _____ Internship CSLG 8445

Semester/Year: _____

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

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

- _____ Amount of on-site supervision
- _____ Quality and usefulness of on-site supervision
- _____ Availability of supervisor
- _____ Ability to obtain overall hours (including client contact hours when relevant)
- _____ Relevance of experience to career goals.
- _____ Exposure to and communication of goals.
- _____ Exposure to and communication of procedures.
- _____ Exposure to professional roles and functions.
- _____ Exposure to information about resources.

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



Clinical Supervision Agreement

This document is designed to inform you of the nature of our relationship during your clinical training. This agreement will cover what can be expected during supervision and the boundaries of our supervisor-supervisee relationship. I view our relationship as collaborative one and I welcome your questions, comments, or suggestions at any time.

Supervisor: As your supervisor I agree to provide you with:

- Professional clinical supervision
- Keep a record of your individual and group supervision
- Periodic evaluations of your counselor development in the major clinical domains
- Consultation on your clients that you present to me. I am not responsible for your clients that you do not present for my consultative feedback.
- Provide you with training, or information on where to access information and training, to increase your counseling knowledge and skills.
- Complete the necessary forms to satisfy the supervision requirement for the LPC and NCC criteria [when appropriate] ▪ Professional services consistent with ACA/ASCA and CACREP standards and ethics.

Supervisee: As the supervisee you will provide me with:

- Audio or video tapes of counseling sessions with selected clients
- Transcriptions of client sessions as directed for purposes of supervision
- Audible recordings of client sessions
- Completed documentation i.e. signed agreements, case notes, assessment summaries, treatment plans, case conceptualizations, and other information when requested for supervision purposes

Supervisee: As a professional counseling intern you will agree to:

- Follow the ethical standards of the counseling profession as stated in the ACA/ASCA and CACREP codes when providing professional counseling and consultation services to clients.
- Follow all guidelines for clinical training as stated in the Department of Counseling Clinical Handbook [revised 9/2009]

We will be meeting on _____ at _____ for the _____ semester.

Your signature below indicates that you have read this supervision agreement and understand the expectations and limitations of clinical supervision. It also indicates that you agree to abide by ethical standards and codes as indicated. I look forward to working with you during this important stage of your counselor development.

Counselor Supervisee

Date

Counselor Supervisor

Date

[12/2009]

Doctoral Practicum in Counseling

Introduction

The Doctoral Practicum in Counseling is the opportunity to advance the development of counseling skills for professional growth. The further development of these skills is viewed in the broadest sense as:

- Acquisition of and further development of specific intervention skills
- Appropriate application of counseling theory
- Understanding of and ability to use conceptual skills
- Awareness of and appreciation for human diversity
- Development of mature professionalism

A mature professional is characterized by demonstrating ethical behavior, sound judgment, effective communication skills with fellow professionals, and a commitment to contributing to the profession of counseling.

A doctoral practicum is a developmentally appropriate, planned, and supervised experience in clinical settings and consists of observing and applying principles, methods, and techniques (both assessment and interventions) for the advancement of client welfare. This course is designed to facilitate progressively greater degrees of skill development in counseling. Ethics of practice and working with diverse populations is stressed.

This handbook provides the necessary information and forms for the practicum in the doctoral program in Counselor Education and Supervision, Department of Counseling, Cato College of Education at the University of North Carolina at Charlotte.

Doctoral Practicum Site Information Sheet

Name: _____

Address: _____

Email address: _____

Phone (home/mobile): _____

Practicum Site Name: _____

Address: _____

Phone: _____

Supervisor: _____

Supervisor email: _____ Phone: _____

Highest Degree: _____ Major: _____

Years of Counseling/Clinical Experience: _____

Licenses/Certifications: _____

Practicum schedule: [please notify instructor of any change to your schedule]

M ___ T ___ W ___ TR ___ F ___

Time(s):

Self-Assessment and Goal Statement

Please address the following:

Description of your theoretical orientation/counseling style:

Your strengths as a counselor (counseling skills):

Areas for continued development (client issues and/or issues about yourself that concern you):

Statement of learning goals for this Doctoral Practicum experience (counseling skills, self-awareness, case conceptualization and/or professional awareness):

How will you know whether you have accomplished these goals? (identify specific behavioral changes).

Signature

Date



Department of Counseling

Doctoral Student Clinical Contract

I, _____, agree to adhere to the following guidelines during my Doctoral Practicum.

1. **Confidentiality.** I will at all times make every effort to protect the identity of my clients/students and their information. As an intern, I will never discuss client/student cases in public settings outside of class nor will ever discuss cases with persons who are not authorized and associated with my clinical training.
2. **Recognition of Qualifications.** I will recognize the limitations of my training and abilities and will consult and seek assistance from my supervisor and university instructor in such cases where a clinical situation is beyond my level of knowledge and ability.
3. **Record Keeping.** I will accurately and reliably maintain written records [case notes, hourly logs, etc.] as required by my university program. I will also accurately and reliably maintain any written records as required by my site and by state and federal law.
4. **Dual Relationships and Sexual Misconduct.** I will follow the ethical guidelines as set forth by the American Counseling Association [ACA] and the American School Counseling Association [ASCA] regarding multiple relationships with persons with whom I am working as a counselor. Under no circumstances will I ever form a sexual or romantic relationship with clients/students or their family members. I will refrain from sexual harassment and be sensitive of others regarding sexual matters.
5. **Clinical Recordings.** I verify by my signature that any recordings [CD, video, digital] that I submit as part of my clinical course requirements have been completed during the semester that I am registered for Practicum with clients/students I am currently working with at my site. These recordings are submitted solely for this course and **will be erased** upon completion.
6. **Self-awareness and Monitoring.** I will monitor my emotional and physical status during my clinical experience and be aware of any conditions that might adversely influence my ability to serve my clients/students or placement site. If such conditions arise, I will inform my placement supervisor and university instructor.

By signing below, I agree to adhere to these guidelines listed above as well as those of the Counseling Profession, state and federal laws, and my specific placement site.

Intern signature: _____ Date: _____

University Instructor: _____ Date: _____

[Adapted from Baird, B.N. (2008) *The internship, practicum, and field placement handbook: A guide for helping professionals* [5th ed.] 9/2009

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
DEPARTMENT OF COUNSELING

CONFIDENTIALITY AND EXPECTATIONS AGREEMENT FOR STUDENTS

STUDENT'S NAME _____

(Please Print)

As part of my training within the University of North Carolina at Charlotte Department of Counseling (the "Department"), I will have access to audio and/or video recordings of counseling interviews. The Department is required to maintain the confidentiality of counseling interviews regardless of whether they involve actual or role-playing clients (each, a "Client"). I understand that it is my duty and ethical responsibility to assist the Department in maintaining such confidentiality.

Accordingly, as a condition of my training in the Department, I agree that I will NOT:

- Discuss or reveal Client information disclosed during a counseling interview to anyone other than faculty of the Department (e.g., friends, family, fellow students, or University employees) without a consent for release of information.
- Remove any Client information from the Department for any purpose (including working from home) without explicit authorization from my faculty supervisor.
- Copy any audio or video recordings of counseling interviews onto CD, flash drive, or other electronic medium, without explicit authorization from my faculty supervisor.
- Place any portion of a counseling interview onto the Internet or any other publicly available forum.

As a condition of my training in the Department, I agree that I WILL:

- Use audio or video recordings of counseling interviews only as necessary to perform my training obligations or the tasks to which I am assigned.
- Disclose Client information obtained in the interviews only to faculty of the Department; Report unauthorized disclosures of Client information.
- Abide by all policies and procedures established to protect the privacy and security of Client information.
- Continue to maintain the confidentiality of Client information after the completion or termination of my training in the Department.

I have read this Confidentiality and Expectations Agreement and understand it. I understand that failure to adhere to this agreement may subject me to suspension from further activities within the Department and/or disciplinary action under applicable university policy.

Student's Signature

Date

800 _____
Student ID Number

Clinical Supervision Agreement for Doctoral Practicum

This document is designed to inform you of the nature of our relationship during your clinical training. This agreement will cover what can be expected during supervision and the boundaries of our supervisor-supervisee relationship. I view our relationship as collaborative one and I welcome your questions, comments, or suggestions at any time.

Supervisor: As your supervisor, I agree to provide you with:

- ☐ Weekly professional clinical supervision
- ☐ Keep a record of your individual and group supervision
- ☐ Periodic evaluations of your counselor development in the major clinical domains
- ☐ Consultation on your clients that you present to me. I am not responsible for your clients that you do not present for my consultative feedback.
- ☐ Provide you with training, or information on where to access information and training, to increase your counseling knowledge and skills.
- ☐ Complete the necessary forms to satisfy the supervision requirement for the LPC and NCC criteria [when appropriate]
 - ☐ this includes the CCS-R at the mid-term and final points in the semester ☐

Professional services consistent with ACA/ASCA and CACREP standards and ethics.

Supervisee: As the supervisee, you will provide me with:

- ☐ Audio or video tapes of counseling sessions with selected clients
- ☐ Transcriptions of client sessions as directed for purposes of supervision
- ☐ Audible recordings of client sessions
- ☐ Completed documentation i.e. signed agreements, case notes, assessment summaries, treatment plans, case conceptualizations, and other information when requested for supervision purposes

Supervisee: As a professional counseling intern, you will agree to:

- ☐ Follow the ethical standards of the counseling profession as stated in the ACA/ASCA and CACREP codes when providing professional counseling and consultation services to clients.
- ☐ Follow all guidelines for clinical training as stated in the Department of Counseling Doctoral Practicum Handbook.

Your signature below indicates that you have read this supervision agreement and understand the expectations and limitations of clinical supervision. It also indicates that you agree to abide by ethical standards and codes as indicated. I look forward to working with you during this important stage of your counselor development.

Counselor Supervisee

Date

Supervisor/University Instructor
[12/2009]

Date

Doctoral Clinical Contract

University of North Carolina at Charlotte Department of Counseling

The purpose of this contract for the supervised professional counseling practice of a UNC Charlotte doctoral counseling student is to clarify the expectations and responsibilities of the student counselor, and the University supervisor. The original contract will be placed in the student's file. The Doctoral Practicum Instructor must approve sites.

Student/Counselor Information:

Name: _____ ID# 80 _____

Address: _____

Email: _____ (use UNCC as primary)

Phone: (H) _____

(C) _____

Course: CSLG 8431 Doctoral Practicum in Counseling

Previous Clinical Field Placements: _____

Counseling-Related Employment/Experiences: _____

Requirements for Practicum Site:

1. The doctoral practicum is a more specifically defined experience for students. Students, their advisors, and their university supervisors will develop the specific requirements for the practicum experience. Possible activities are counseling, supervision, training, program development and evaluation, and consultation.
2. The practicum experience will be composed of new learning experiences for doctoral students including those who choose to do their practicum at sites where they are employed.
3. The practicum experience is for a minimum **100** hours during the semester [at least 40 Direct].
4. Students must receive at least **one (1)** hour per week of supervision from their university instructor or on-site supervisor.
5. When engaged in individual counseling, students must be able to audiotape/videotape clients with their informed consent.

6. Students must have an on-site supervisor, who works at the site, with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
7. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.

Students Counselor Responsibilities:

1. Students will complete the case notes forms and client consent forms used by the agency/school. If the agency/school does not have a form for consent to tape sessions, the student will use the attached forms. All consent forms must be presented at the time the students make their class presentations.
2. The students will read, understand and adhere to the latest Code of Ethics of the American Counseling Association (ACA).
3. The students will demonstrate all applicable competencies.
4. The students will keep on-site supervisor informed regarding the issues and activities of the field placement.
5. The students will act in accordance with the rules and regulations that govern the placement site.
6. The students will document time and activities at the placement site.
7. The students will be fully prepared for supervisory sessions and classes.
8. The students will spend a minimum of the following clock hours at their sites: 100 hours during the semester for Practicum.
9. The students will begin the field placement during the first week of the academic term and continue through the last week of regular class.

UNC Charlotte Practicum Instructor's Responsibilities:

1. The UNC Charlotte Practicum instructor will be the responsible link between the clinical site and UNC Charlotte.
2. The UNC Charlotte instructor will visit the site at least one time during the semester. Site visits will not be conducted for Practicum.
3. The UNC Charlotte Practicum instructor will initiate contact with the on-site supervisor for consultation during the field placement.
4. The UNC Charlotte Practicum instructor will conduct regular counseling seminars concurrently with the field placement. Instruction and group supervision will be provided in the seminar.
5. The UNC Charlotte Practicum Instructor will conduct individual and triadic supervision with students.
6. The UNC Charlotte Practicum instructor, in consultation with the on-site supervisor, will assess whether the doctoral practicum student will be required to enroll in a Counseling Internship (8440) class.
7. The UNC Charlotte instructor will have responsibility for terminating any field placement that is not satisfactory.
8. The UNC Charlotte instructor will issue a Pass/Unsatisfactory grade for the students after receiving input from the on-site supervisor and all final evaluations and paperwork.

Doctoral Practicum Experience Summary

Concisely outline the proposed doctoral practicum experience. The agreement should make clear the chief responsibilities of the doctoral student. You should take advantage of new opportunities when they arise, after consulting with your instructor and your site supervisor. This agreement should cover the duties that you will perform. A doctoral Practicum student should have the opportunity to engage in the activities that are performed by a staff member of the site. The activities and goals for the clinical experience should be discussed, identified, and agreed upon, by the intern, site supervisor, and university instructor.

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

When developing the practicum agreement, the doctoral student and site supervisor should keep in mind, the basic clinical requirements for the doctoral program (i.e. number of direct and indirect hours required, weekly supervision) and the overall training experience expected at a doctoral level.

Practicum Agreement Outline: [NOTE: it is essential that this page detail the activities/goals the intern will be engaged in to accomplish their required clinical experience and hours]:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signatures: I understand and agree to the conditions stated in this contract.

Doctoral Student/Counselor Date

Site Supervisor Date

University Instructor/Supervisor Date

Revised 2017



Department of Counseling Informed Consent Agreement

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

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

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

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

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

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

Client/Student (or Parent/Guardian) Signature

Date



Departamento de Asesoramiento Acuerdo de Consentimiento

El Departamento de Orientación de la Universidad de Carolina del Norte en Charlotte se enfoca en el crecimiento personal, familiar y social del individuo y en ayudar al mismo con las opciones educativas y formación profesional. El programa de orientación hace hincapié en mejorar las habilidades personales, ayudar con la adaptación a situaciones adversas en la vida, desarrollar la capacidad para solucionar problemas, y asistir con preocupaciones personales, relacionales o de carrera.

Al usar los servicios de un estudiante haciendo su práctica de consejería en el Departamento de Orientación, el alumno / cliente debe entender que para fines de entrenamiento, videos / grabaciones de las sesiones de consejería pueden ser requeridos. Estas grabaciones permiten a la facultad de orientación de la universidad evaluar las habilidades del estudiante que está haciendo su práctica.

Debe quedar claro que la información obtenida o divulgada por el cliente es tratada con la más estricta confidencialidad de acuerdo con las normas éticas y profesionales propuestas por la Asociación Americana de Consejería y el Asociación Americana de Consejería Escolar. Además, la información no es compartida con ninguna persona o entidad sin el consentimiento escrito del cliente y / o el padre / tutor del cliente (si el cliente es menor de edad).

LAS EXCEPCIONES A LA CONFIDENCIALIDAD SON:

Citación u orden judicial por un juez

La sospecha de abuso o negligencia de niños / ancianos

La sospecha que el cliente tiene intención o se ha hecho daño a sí mismo o a un tercero.

_____ He
leído este documento y entiendo su contenido. Yo estoy de acuerdo con lo siguiente:

- Grabaciones de todas las sesiones de consejería. Las cintas serán borradas al terminar la terapia.
- La facultad de orientación de la universidad y estudiantes del grupo de supervisión del consejero en práctica van a escuchar o ver la cinta para evaluar las habilidades del estudiante.
- Lo que es dicho o hecho por el cliente durante las sesiones se mantendrá en confidencial y no será compartido con nadie a excepción del supervisor y estudiantes del grupo de supervisión del consejero en práctica. Sólo el cliente o el padre / tutor puede dar permiso de divulgar esta información a personas o agencias fuera del programa de orientación.
- En el caso que se determine que algún examen/evaluación es útil para el cliente y, si se considera necesario por el cliente y el consejero(a) en práctica, estas se llevarán a cabo para proporcionar información adicional que puede ayudar al cliente.
- Los expedientes mantenidos en relación con estas sesiones de orientación se mantendrá en un archivo confidencial y siempre bajo la protección del consejero en prácticas y profesores.

Cliente o del padre / tutor firma _____ Fecha: _____



Department of Counseling
Client Release Form

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

I realize that the counselor is currently a doctoral student and that he or she is receiving supervision from a faculty member in the Department of Counseling.

I understand that my counselor may record our sessions only for his or her educational purposes. I give permission for interviews to be recorded when necessary as a part of the doctoral students training program.

Client signature: _____

Date: _____

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

Date: _____

Counselor signature: _____

Date: _____



Autorización del cliente

Yo _____ estoy de acuerdo en recibir consejería. Entiendo que la consejería será dada por un consejero(a) que está haciendo su práctica en el Departamento de Orientación de la Universidad de Carolina del Norte en Charlotte. Yo entiendo que mi identidad se mantendrá anónima y toda la información de mis sesiones será mantenida en estricta confidencialidad.

Yo entiendo que el consejero(a) es un estudiante de postgrado quien está siendo entrenado en técnicas de consejería y que él o ella está bajo la supervisión de un profesor en el Departamento de Orientación.

Yo entiendo que mi consejero(a) va a grabar las sesiones para sus fines educativos. Doy permiso para que las sesiones de consejería sean grabadas y para que otros consejeros en práctica escuchen las sesiones de consejería sólo cuando se usan como con fines educativos.

Firma del cliente: _____ Fecha: _____

La firma del padre o tutor: _____ Fecha: _____ (si el cliente es menor de 18 años de edad)

Firma del consejero: _____ Fecha: _____



Play Therapy Client Release Form

Department of Counseling

How can my child benefit from play therapy?

Benefits of individual play therapy includes one-on-one attention from an adult and improvement in the child's self-control and self-esteem. In addition, play therapy helps children to handle stress and feelings of anger. Most importantly, play therapy helps children to become more self-reliant and independent.

I, _____, the legal guardian of
_____ agree for my child to be counseled by an internship student in the Department of Counseling at University of North Carolina at Charlotte. I understand that my child's identity will remain anonymous and all information will be kept in strictest confidence.

I understand that the counselor is a graduate student being trained in counseling skills and that he/she is receiving supervision from a faculty member in the Department of Counseling. I give permission for sessions to be recorded and for my clinical supervisors and other counselors in training to listen to those counseling sessions as a part of my counselor training program.

Parent or Guardian's signature _____ Date _____

Counselor's signature _____ Date: _____



Departamento de Counseling

Formulario de Consentimiento para Clientes en Terapia de Juego

¿Como se puede beneficiar mi niño(a) al participar en Terapia de Juego?

El beneficio de la terapia de juego incluye la atención individual que recibirá el niño(a) de parte del terapeuta de juego, así como también un mejoramiento del auto-control y de la auto-estima en el niño(a). Adicionalmente, la terapia de juego ayuda a los niños a manejar de mejor forma el estrés y sentimientos como el enojo. Aún más importante es que la terapia de juego ayuda a los niños a ser más independientes y seguros de sí mismos.

Yo, _____, el representante legal de _____ estoy de acuerdo de que mi niño(a) participe en terapia de juego dirigida por un estudiante que está haciendo su pasantía en el Departamento de Consuelan en la Universidad de North Carolina at Charlotte. Yo entiendo que la identidad de mi niño(a) será mantenida anónima y que toda la información será mantenida en completa confidencialidad.

Yo entiendo que el terapeuta de juego es un estudiante de estudios avanzados quien está siendo entrenado(a) en habilidades específicas para proveer terapia. Yo también entiendo que este estudiante recibe supervisión de parte de un profesor del Departamento de Consuelan. Yo doy mi permiso para que las sesiones de terapia de juego sean grabadas y que supervisores y otros estudiantes que están en entrenamiento vean estas sesiones como parte del entrenamiento que recibe el estudiante en pasantía.

Firma del Representante Legal _____ Fecha _____

Firma del Counselor _____ Fecha: _____

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling

Mid-Semester Self-Assessment

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

2. What you have learned about:
 - a. counseling in general

 - b. supervision in counseling

 - c. yourself as a counselor

3. Evaluate your skills and effectiveness as a counselor based on:
 - a. receiving feedback from peers

 - b. receiving feedback from supervisors

 - c. self-assessment

4. Are there any ways you would like to revise, update or change your initial goals? If so, please provide details regarding any changes.

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling

End of Semester Self-Assessment

1. Have you been successful in realizing your goals as stated at the beginning of the semester (and possibly revised at mid-semester)? Please be specific and describe how you have or have not achieved these goals.
2. Provide an evaluation of your skills and your perception of your effectiveness as a counselor based on your performance during this clinical experience.
3. Do you have any suggestions/recommendations regarding your clinical placement and/or the practicum class? Please be specific.

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

Weekly Reflection on my Counseling Experience

Name: _____

Week of: Start date: _____ End date: _____

Practicum site: _____

Hours per 1-week period:

Direct contact hours: _____

Total clinical hours: _____

Provide a description of the activities you participated in at your site during this past week:

As you reflect on your participation in these activities, what impressions, insights, and/or learning have you gained:

Are there any areas of concern, areas needing clarification, questions [can be specific to this period or in general]:

Please describe any multicultural experiences or awareness that you have had during the previous week.

IMPORTANT: How has your experience(s) over this week supported your clinical goals? If in any way not, why?

NOTE: Leave NO item blank...

Doctoral Practicum Weekly Log Summary

Student Name: _____

Clinical Site: _____

University Supervisor Name: _____

This form will be submitted to the instructor at the time of the Mid-Semester Self-Assessment and Final Self-Assessment.

Week Dates	DCC Individual	DCC Small Group, Parent or Family Meetings, Classroom Guidance or Psy.Ed. Groups	Other Duties (consulting, program development, assessment, IEP, staffing)	Hours of on-site Supervision	Weekly Total
Total					

DCC-Direct Client Contact; All DCC columns must total 40 hours and 60 hours for the remaining Indirect Hours totaling 100 hours of Practicum experience. Classroom group supervision hours are not included in the total number of on-site hours for practicum (100).

University Supervisor Signature

Date

Site Supervisor Signature

Date

Student Signature

Date

Supervisor's Final Evaluation of Doctoral Student

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Counselor Competencies Scale—Revised (CCS-R) ©

(Lambie, Mullen, Swank, & Blount, 2015)

The *Counselor Competencies Scale—Revised* (CCS-R) assesses counselors' and trainees' skills development and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at the “Demonstrates Competencies” level at the conclusion of his or her practicum and/or internship.

- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

Directions: Evaluate the counselor's or trainee's counseling skills, ability to facilitate therapeutic conditions, and professional dispositions & behaviors per rubric evaluation descriptions and record rating in the "score" column on the left.

CACREP (2016) Standards relating to the *Counselor Competencies Scale—Revised (CCS-R)*

CACREP (2016) Common Core Standards:

- Strategies for personal and professional self-evaluation and implications for practice (Section II, *Standard 1.k.*).
- Self-care strategies appropriate to the counselor role (Section II, *Standard 1.l.*).
- Multicultural counseling competencies (Section II, *Standard 2.c.*)
- A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP, 2016, Section II, *Standard 3.h.*).
- Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (Section II, *Standard 5.d.*).
- Counselor characteristics and behaviors that influence the counseling processes (Section II, *Standard 5.f.*).
- Essential interviewing, counseling, and case conceptualization skills (Section II, *Standard 5.g.*).
 - Developmentally relevant counseling treatment or intervention plans (Section II, *Standard 5.h.*).
- Processes for aiding students in developing a personal model of counseling (Section II, *Standard 5.n.*).
- The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal. (Section 4, *Standard H.*).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (Section III, *Professional Practice*).
- Entry-Level Professional Practice and Practicum (Section III, *Professional Practice*, p. 13). A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
 - B. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.

C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum.

F. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.

G. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.

H. Practicum students have weekly interaction with supervisors that averages **one hour per week of individual and/or triadic supervision** throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement

I. Practicum students participate in an average of **1½ hours per week of group supervision** on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

CACREP (2016) Specialty Standards:

- Clinical Mental Health Counseling ○ Techniques and interventions for prevention and treatment of a broad range of mental health issues (3. Practice, *Standard b.*).
- Marriage, Couple, and Family Counseling ○ Techniques and interventions of marriage, couple, and family counseling (3. Practice, *Standard c.*).
- School Counseling ○ Techniques of personal/social counseling in school settings (3. Practice, *Standard f.*).

NOTE: The **CCS-R** form can be found on the course Canvas Page in the Resource section.

Please make sure your site supervisor has a copy to complete for the mid-term and final evaluation.

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling

Doctoral Student Evaluation of On-Site Supervisor

Student Name: _____

Name of School/Agency: _____

Supervisor Name: _____

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

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

My Supervisor....

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

My supervisor helped promote....

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

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

I felt....

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

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

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

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

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

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

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

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

My supervisor helped me....

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

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

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

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

THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
Department of Counseling

Doctoral Student Evaluation of Practicum Site

Student Name: _____

Practicum Site: _____

University Supervisor: _____

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

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

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

Rate all applicable experiences that you had at your site.

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

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

Case Presentation for Group Supervision

Name: _____ Session # _____

Date: _____ Client's Initials: _____

Session Length: _____

- 1. Background Information** (Client description, demographics, and presenting issue/concern; use client's initials throughout). You could include the following information:
 - o Age, race, gender
 - o Family information/background
 - o Education/employment
 - o How client presents him/herself
 - o General impressions of the client
 - o Client's strengths and level of functioning
 - o Presenting problem(s) (include diagnosis)
 - o Additional data *pertinent to working with this client* (e.g., cultural aspects, sexual orientation, spirituality, physical/intellectual limitations, etc.)
- 2. Session Notes** [What was your goal(s) for the session? How were you intentionally attempting to accomplish this goal? What actually happened in the session (summarize the session)? Any behavioral observations (did the client demonstrate any incongruities, etc.?)]:
- 3. Demonstration of counseling skills** (What skills were predominantly used in this session? Were these appropriate to the timing and issues being discussed? Be specific.)
- 4. Conceptualization** [Using the language from the theory from which you are working, what are your interpretations of what is "happening" with the client (i.e. "below the surface" of the topics discussed); what are your hypotheses concerning possible counseling approaches or interventions?]:
- 5. Counselor's reaction to session** [YOUR thoughts and feelings about what happened in the session, what went well (or did not go well) in the session, and why. Be specific in relation to the counseling skills applied or not applied in this counseling session]:
- 6. What another counselor would have done differently and why:** (What were some different counseling skills, responses, and interventions that you might have used instead and why?):

7. How does this assignment relate to your future work as a counselor/counselor educator?

In other words, how will you be able to use and apply the knowledge, skills, and dispositions learned in this assignment in your future work as a counselor educator?

8. Rate your overall performance in this session based on the criteria delineated in the scoring rubric:

On Target

Acceptable

Not Acceptable

Why did you choose to rate your performance at this level?

9. What additional supervision and feedback do you want/you need from the professor and your peers on this assignment (be specific and note where in the session the feedback is sought)? For example:

- o What buttons does this client push in you (e.g., you find the need to rescue, you get irritated or bored easily, you really like/dislike the client, etc.)?
- o What kind of specific help/feedback would you like from the group and instructor?
- o What should we be listening for in the chosen segment that you will play for us?

Note: Write at least a paragraph for each of the prompts above