Practicum & Internship Handbook

Department of Counseling, Foundations, & Leadership

Updated: 06-22-2016

THIS MANUAL IS A PART OF THE PRACTICUM/INTERNSHIP COURSE SYLLABUS. IT INCLUDES PROCEDURES REQUIRED PRIOR TO ENTERING PRACTICUM, ON-SITE REQUIREMENTS, VARIOUS STUDENT RESPONSIBILITIES AND SUGGESTIONS, FOR EVERYONE CONCERNS, TO AID THE SUPERVISORY PROCESS.

OTHER CONDITIONS MAY BECOME APPLICABLE IN THE FUTURE. IT IS REQUIRED THAT YOU WORK CLOSELY WITH THE PRACTICUM COORDINATOR DURING YOUR PLANNING TIME.
PREFACE

The Clinical Mental Health Counseling (CMHC) and School Counseling Practicum & Internship Handbook has been compiled to ensure a smooth transition into your clinical experience. These guidelines reflect the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards, the Board of Regents (BoR), and the Department of Counseling, Foundations, and Leadership policies. This Handbook is divided into several parts beginning with an overview of general policies, followed by a section on each of the individual professional experiences and course requirements, and ending with the appendices of appropriate forms.

The Clinical Mental Health Counseling and School Counseling programs at Columbus State University are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th><strong>Handbook Contents</strong></th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Page</td>
<td>1</td>
</tr>
<tr>
<td>Preface</td>
<td>2</td>
</tr>
<tr>
<td>Practicum Checklist</td>
<td>4</td>
</tr>
<tr>
<td>Practicum &amp; Internship Requirements Overview for CMHC</td>
<td>5-6</td>
</tr>
<tr>
<td>Practicum &amp; Internship Requirements Overview for SC</td>
<td>7-8</td>
</tr>
<tr>
<td>Preparation for Beginning Practicum &amp; Internship</td>
<td>9-10</td>
</tr>
<tr>
<td>Procedures &amp; Expectations for Practicum &amp; Internship Courses</td>
<td>11-18</td>
</tr>
<tr>
<td><strong>Practicum &amp; Internship Forms</strong></td>
<td>19</td>
</tr>
<tr>
<td>Appendix A: Clinical Experience Training Agreement (CETA) Form</td>
<td>20</td>
</tr>
<tr>
<td>Appendix B: CETA Addendum Form – For updates only</td>
<td>22</td>
</tr>
<tr>
<td>Appendix C: Prerequisite Course Verification Form</td>
<td>24</td>
</tr>
<tr>
<td>Appendix D: Request for Site Supervisor Resume/Vitae Form</td>
<td>25</td>
</tr>
<tr>
<td>Appendix E: Practicum &amp; Internship Contact Information Sheet</td>
<td>26</td>
</tr>
<tr>
<td>Appendix F: Practicum &amp; Internship Student Handbook Acknowledgement Form</td>
<td>27-28</td>
</tr>
<tr>
<td>Appendix G: Consent for Recording (Audio/Video)</td>
<td>29</td>
</tr>
<tr>
<td>Appendix H: Summary of Hours of Professional Service Form</td>
<td>30</td>
</tr>
<tr>
<td>Appendix I: Practicum &amp; Internship Weekly Logs</td>
<td>31-34</td>
</tr>
<tr>
<td>Appendix J: Grading Checklist for Practicum &amp; Internship</td>
<td>35</td>
</tr>
<tr>
<td>Appendix K: Practicum Portfolio Evaluation Form</td>
<td>36</td>
</tr>
<tr>
<td>Appendix L: Evaluation Criteria for Case Presentation</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Additional Forms Online, but not included in Handbook</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix M: Counseling Student Dispositions Rating Form &amp; Rubric</td>
</tr>
<tr>
<td>Appendix N: Midterm Evaluation (Site &amp; University Supervisors)</td>
</tr>
<tr>
<td>Appendix O: Final Evaluation (Site &amp; University Supervisors)</td>
</tr>
<tr>
<td>Appendix P: Field Placement Evaluation (By Student)</td>
</tr>
<tr>
<td>Appendix Q: Student Evaluation of Site &amp; University Supervisors</td>
</tr>
</tbody>
</table>
PRACTICUM CHECKLIST

This checklist serves as a guide prior to the beginning of practicum. Please check with the Practicum Coordinators to ensure you have met all the following requirements.

- Read handbook, including guidelines and expectations on practicum, and sought answers to questions from faculty.
- Signed and returned acknowledgement statement.
- Met with Practicum Coordinator to discuss practicum/internship plan.
- Investigated more than one site. Learned expectations for students at site. Identified possible licensed/certified site supervisor.
- Discussed placement with Practicum Coordinator.
- Completed resume and prepared for interview with site personnel.
- Scheduled and completed interview with potential site supervisor.
- Completed application forms and course verification form, submitted forms to the Practicum Coordinator by June 1st for the upcoming fall semester start date.
- Had practicum application approved by Practicum Coordinator.
- Secured Professional Liability Insurance.
- Contacted Department Secretary regarding registration for COUN 6405.

**** Prerequisite Courses Required for Practicum & Internship Start ****

The following courses must be completed before the beginning of your Practicum/Internship start date or your practicum will have to be deferred to the following year/fall start day:

1) COUN 6115 Ethics/Professional Issues in Counseling
2) COUN 6225 Counseling Skills I
3) COUN 6155 Counseling Theory
4) COUN 6265 Group Techniques and Procedures
5) COUN 6117 Diagnosis in Counseling
6) COUN 6785 Seminar in CMHC Counseling (Clinical) or COUN 6187 School Counseling Services (School)

Note: The prerequisite course verification form must accompany your practicum/internship application. Please see the forms listed in the back of this handbook.
COUN 6405 Practicum & COUN 6698 Internship

Clinical Mental Health Counseling (CMHC)

Practicum-Internship Synopsis

After completing the pre-requisite courses shown in their curriculum, students can apply to start their practicum-internship experience. This experience starts only in the fall and spring semester and runs throughout the summer semester until all of the required 700 hours and other program requirements have been completed. Students are required to attend a mandatory practicum-internship orientation in June of each year prior to the start of fall or spring semester that they will start practicum and internship. At that time detailed information will be presented to them about practicum and internship requirements. Below is a synopsis of the practicum and internship experience. It is not intended to be a full explanation of the practicum and internship experience or requirements, but a brief overview of required hours and expectations.

<table>
<thead>
<tr>
<th>When is this course taken?</th>
<th>COUN 6405 Applied Practice</th>
<th>COUN 6698 Internship-I</th>
<th>COUN 6698 Internship-II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall or Spring Semester</td>
<td>100 hours – 40 hours direct service with clients; 60 hours work-related activities.</td>
<td>450 hours - 175 hours direct service with clients; 275 hours work-related activities.</td>
<td>150 hours -65 hours direct service with clients; 85 hours work-related activities.</td>
</tr>
</tbody>
</table>

Direct Service Hours

| 40 | 175 | 65 |

Work-Related Hours

| 60 | 275 | 85 |

Total Hours Accumulated

| 100 | 450 | 150 |

Total CACREP on-site Hour Requirement: 100 Practicum + 450 Internship-I + 150 Internship-II = 700

Faculty will assess your progress in the program prior to the start of your practicum/internship. You cannot accrue practicum-internship hours until after your first initial practicum or internship course meeting each semester. This restriction is due to the CSU calendar, insurance parameters, and the availability of CSU supervision. If a student is not able to begin the practicum at the beginning of fall or spring semesters, the student will be asked to postpone practicum and internship until the next upcoming start date.

Students who are receiving financial aid will want to check before beginning practicum to make sure all requirements are met to continue to receive aid. Students who attempt to work in a full time job at the time they do their practicum-internship experience will provide the Practicum-Internship Coordinator with a plan detailing how they will accrue their required hours while providing quality service to their practicum-internship clients. In most cases, working a full-time job while completing internship experience will be practically impossible to complete the required hours.
Examples of direct-service and clinical hours are listed below. This list does not cover all situations. If you have a question that is not covered be sure to ask your CSU supervisor.

<table>
<thead>
<tr>
<th>Direct Service</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUN 6405 (40 hrs)</td>
<td>COUN 6405 (60 hrs)</td>
</tr>
<tr>
<td>COUN 6698 (240 hrs)</td>
<td>COUN 6698 (360 hrs)</td>
</tr>
<tr>
<td>One-to-one counseling</td>
<td>On-site supervision</td>
</tr>
<tr>
<td>Group counseling (as leader or co-leader)</td>
<td>Telephone contacts</td>
</tr>
<tr>
<td>*Psycho-educational leader/instructor</td>
<td>Research (assigned) for client care</td>
</tr>
<tr>
<td>Couples counseling</td>
<td>Clinical rounds</td>
</tr>
<tr>
<td>Family counseling</td>
<td>Writing case notes</td>
</tr>
<tr>
<td>Crisis counseling by telephone or live</td>
<td>Treatment planning</td>
</tr>
<tr>
<td>*Psychosocial evaluations</td>
<td>Attending agency meetings</td>
</tr>
<tr>
<td>*Intake interviews</td>
<td>Attending counseling trainings/workshops</td>
</tr>
<tr>
<td>**Clinical Shadowing</td>
<td>Staffing (case presentation)</td>
</tr>
<tr>
<td>Consultation in the presence of the client</td>
<td>Counseling-related workshops</td>
</tr>
<tr>
<td></td>
<td>Crisis calls</td>
</tr>
<tr>
<td></td>
<td>Documentable interactions</td>
</tr>
<tr>
<td></td>
<td>Site requirements not otherwise listed</td>
</tr>
</tbody>
</table>

Details of how to secure your internship site will be discussed at the Practicum/Internship orientation. All Mental Health Counseling interns are to be at a site where they can have long-term clients. The number and what constitutes long term will be determined by the CSU supervisor. You must be at a site that has an appropriate supervisor, that will allow you to tape and that is under contract with CSU.

* Discretion of your CSU supervisor
** Only in COUN 6698
*** COUN 6698 taken twice (Internship I and II)
COUN 6415 Practicum & COUN 6697 Internship
School Counseling (SC)
Practicum-Internship Synopsis

After completing the pre-requisite courses shown in their curriculum, students can apply to start their practicum-internship experience. This experience starts only in the fall and spring semester and runs throughout the summer semester until all of the required 700 hours and other program requirements have been completed. Students are required to attend a mandatory practicum-internship orientation in June of each year prior to the start of fall or spring semester that they will start practicum and internship. At that time detailed information will be presented to them about practicum and internship requirements. Below is a synopsis of the practicum and internship experience. It is not intended to be a full explanation of the practicum and internship experience or requirements, but a brief overview of required hours and expectations.

<table>
<thead>
<tr>
<th>Course</th>
<th>Fall or Spring Semester</th>
<th>Fall or Spring Semester</th>
<th>Fall or Spring Semester</th>
<th>Fall or Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>When is this course taken?</td>
<td>COUN 6415</td>
<td>COUN 6697</td>
<td>COUN 6697</td>
<td>COUN 6697</td>
</tr>
<tr>
<td></td>
<td>Applied</td>
<td>Internship-I</td>
<td>Internship-I</td>
<td>Internship-II</td>
</tr>
<tr>
<td>What are the clock hours I must accumulate at my site?</td>
<td>100 hours</td>
<td>600 hours - 240 hours direct service with clients; 360 hours work-related activities.</td>
<td>300 hours - 120 hours direct service with clients; 180 hours work-related activities.</td>
<td>300 hours - 120 hours direct service with clients; 85 hours work-related activities.</td>
</tr>
<tr>
<td>Direct Service</td>
<td>40</td>
<td>240</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>Work-Related</td>
<td>60</td>
<td>360</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>Total Hours</td>
<td>100</td>
<td>600</td>
<td>300</td>
<td>300</td>
</tr>
</tbody>
</table>

Total CACREP on-site Hour Requirement: 100 Practicum + 600 Internship I OR 300 Internship-I AND 300 Fall Internship II = 700

Faculty will assess your progress in the program prior to the start of your practicum/internship. You cannot accrue practicum-internship hours until after your first initial practicum or internship course meeting each semester. This restriction is due to the CSU calendar, insurance parameters, and the availability of CSU supervision. If a student is not able to begin the practicum at the beginning of fall or spring semesters, the student will be asked to postpone practicum and internship until the next upcoming start date.

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Examples of direct-service and clinical hours are listed below. This list does not cover all situations. If you have a question that is not covered be sure to ask your CSU supervisor.

<table>
<thead>
<tr>
<th>Direct Service Hours</th>
<th>Indirect Service Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUN 6415 (40 hours)</td>
<td>COUN 6697 (240/120 hours)</td>
</tr>
<tr>
<td>COUN 6415 (60 hours)</td>
<td>COUN 6697 (360 hours)</td>
</tr>
</tbody>
</table>

One-to-one counseling
Group counseling (as leader or co-leader)
Classroom guidance lessons
Parent conferences (in person or by phone)
Consultation/collaboration with other school professionals
DFACS reporting

Group and individual supervision
Attending faculty meetings
Research for lesson planning/
counseling interventions
Coordination and organization of school activities
(i.e., Career Day, FAFSA, College Fair, etc.)
Attending counseling trainings/workshops
Counseling-related workshops
Documentation/student notes
Site requirements not otherwise listed

Details of how to secure your internship site will be discussed at the Practicum/Internship orientation. All School Counseling interns are to be at a site where they can work with students directly on a regular basis. You must be at a site that has an appropriate supervisor, who will allow you to record student sessions for supervision purposes and that has been approved by SAFE/CSU.
Preparation for Beginning Practicum/Internship
(Following Approval)

Obtain Liability Insurance:
All students must obtain professional liability insurance prior to the first day of class for your Practicum/Internship. Professional liability insurance can be obtained from a number of providers, including professional organizations such as ACA, ASCA, and LPCA.

A copy of the declaration page of your policy is due on the first day of class and must be submitted via CougarView and bring a copy to class. You are required to have liability insurance before reporting to your site during Practicum/Internship. There are no exceptions to this rule.

*The Counselor Education Program 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. *

Site Contact

Clinical Mental Health Concentration: Before the semester begins Clinical Mental Health Counseling students are encouraged to consult with their site supervisor to make the necessary preparations for beginning work with clients as soon as practicum class begins. You may not begin your work (even indirect hours) at the site prior to attending the first class session of your Practicum/Internship class that semester.

Professional Considerations

Personal Challenges: During clinical experiences, you will likely encounter clients/supervisors who will “push your buttons.” This is a normal and desirable process that challenges you to grow by facing and acknowledging unresolved issues that may block your effectiveness as a counselor. Although encountering these issues may be painful at first, openness to the experience is an important quality to develop.

It is equally essential for you to become aware of your own 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. Review your notes from your multicultural course on bias and prejudice when necessary.

Many students choose to invest in their professional futures by participating in personal counseling. In addition to personal counseling resources available in your own community, you may contact the CSU Counseling Center (706-507-8740) for information about free counseling services available to students.

Code of Ethics: A professional ethical code is the set of guidelines that governs professional behavior. Standards of practice are statements of minimum behavior by which professionals are expected to abide. ACA
publishes the *Code of Ethics and Standards of Practice* that “establishes principles that define the ethical behavior of association members.” ACA members are required to adhere to the ethical responsibilities outlined in this publication.

As a Practicum/Internship STUDENT, you are required to meet your professional obligations regarding ethical practice. Therefore, without exception, you are expected to meet the minimum responsibilities outlined below:

### ***Minimum Ethical Obligations:***

- Secure the *Code of Ethics and Standards of Practice* available online at the ACA website ([www.counseling.org](http://www.counseling.org)).
- Read and become thoroughly familiar with the applicable ethical codes.
- Abide by the ethical behavior and standards of practice endorsed by ACA/ASCA.
- Learn and abide by an ethical decision making model.
- Bring your general, non-emergency ethical questions to supervision.
- Immediately consult with your faculty supervisor and/or site supervisor when emergency ethical dilemmas arise (i.e., suicide, homicide, child abuse, etc.).
- Become familiar with and abide by policies and procedures established by your Practicum site.
- Adhere to the code of ethics and laws of the state in which you conduct your Practicum/Internship.
- **Please Note:** Failure to adhere to professional codes of ethics, standards of practice, and state laws may result in disciplinary action and/or dismissal from the program.

*Please Note: If you postpone your Practicum or Internship, you must submit a new application for the semester you plan to take the course*
PROCEDURE FOR ENTERING COUN 6405—CMHC

1) While you are completing prerequisite course work (see appropriate form), explore your professional goals and the type of field experience which seems appropriate. Plan to begin your Practicum after completing all prerequisite course work. You should begin exploring information regarding practicum and internship during your first semester in the program.

2) Discuss possible Sites with the Practicum/internship Coordinator. Choose several Sites for exploration. Investigate them, contacting other students who have personal experience as one of your resources. You are encouraged to prepare a one-page resume for each potential Site.

3) It is your responsibility to find an acceptable Site. You must discuss your Site choice with the Practicum Coordinator prior to contacting the site. Your application must be signed by the Site Supervisor and returned to the Practicum Coordinator. Final approval of the application for practicum rests with the Practicum Coordinator after all of the above is completed.

4) In researching Sites, choose several to investigate. A goal of your search is to find a site that provides a training setting compatible with your career goals. In making this decision, consider the following:

   a) the kind of work you wish to do or experience you wish to gain;
   b) the kind of population with whom you wish to work;
   c) whether or not suitable transportation is available;
   d) scheduling your hours on site;
   e) availability of licensed or credentialed on-site supervision;
   f) additional activities the organization or agency may require of their Practicum/internship students;
   g) policies and procedures of audiotaping/videotaping for supervision purposes.

   Discussion with the practicum coordinators is required. It is advised that an appointment with the coordinator be made well in advance.

5) Most agencies, public, private or non-profit, which provide some kind of counseling or psychological services, are possible Sites for CMHC counselor practicum students. Your Site must provide an appropriate number of hours of on-site work per week for the CMHC Counseling Practicum. In addition, one hour per week of supervision, on-site, by a Licensed Master's level counselor, or the equivalent, is required. Regular audiotaping of individual sessions each week for supervision is required by the University. Finally, your placement must be approved by the Practicum Coordinator on an individual basis prior to you being registered for class.

6) ALL STUDENTS MUST HAVE LIABILITY INSURANCE IN PLACE BEFORE BEGINNING PRACTICUM. INSURANCE APPLICATION FORMS AND OTHER INFORMATION CAN BE OBTAINED IN THE DEPARTMENT. YOUR UNIVERSITY SUPERVISOR WILL REQUIRE
7) If your plans regarding your placement change, notify both the Practicum/internship Coordinator and the Site personnel. If you have registered, you are required to formally withdraw from the course. In the event of changing your site, you will need to complete another application.

**PROCEDURE FOR ENTERING COUN 6415—SCHOOL**

Early during each fall and spring semester, the School Counseling Practicum/Internship Coordinator will send a message via the departmental listserv providing information about placements for students who are eligible for field experiences during the following semester (note that placements for fall terms are made during the previous spring semesters and that placements for spring terms are made during the previous fall semesters — School Counseling Practicum and Internship are not offered during summer terms).

Students must submit a completed 2-page practicum/internship application, Handbook Acknowledgement Form, and Prerequisite Course Verification form after meeting with prospective site supervisor. [Note: Please attend to all deadlines communicated by Student Advising and Field Experiences (SAFE) Office personnel or the program coordinator during the placement process. Students may not begin field experiences until their placements are fully approved. In addition, they must wait to begin each field experience until the CSU semester has begun and they have met with their CSU supervisors.] Students must also complete a background check through the Student Advising and Field Experiences (SAFE) Office prior to submitting their practicum and internship application.

Below are key issues to address with regard to practicum or internship placement. These procedures apply for each semester that students are planning for a field experience.

1) Please make sure that your contact information in ISIS remains accurate and that you check your CSU e-mail address regularly. CSU supervisors have had difficulty reaching students in the past to communicate supervision schedules as a result of inaccurate information or inability to reach students through CSU e-mail accounts.

2) Each semester, the School Counseling Practicum/Internship Coordinator will request information from you that will facilitate the placement process. This request will be sent via the departmental listserv. Please respond in a timely manner to that message, and please do not attempt to arrange your site with a specific counselor at a specific school. It is important that placements are facilitated either through the SAFE Office for the Partner School Network (PSN) or through the appropriate party at the system level for sites outside of the Network (see below for additional details).

3) If you are requesting a placement in the Partner School Network (see http://psn.columbusstate.edu/partner_schools.php), then our priority will be to try to place you in the Network. After the program coordinator receives your placement request information, the next step will involve email notification from the designated party in the SAFE Office about your prospective placement (this placement process will begin to occur in the weeks after the midpoint of the semester). At the time you receive notice from the SAFE Office, please then contact your prospective site supervisor, complete three forms (Handbook Acknowledgement Form; School Counseling Practicum/Internship Application; and Prerequisite Course Verification-School Counseling) and turn them in to the School Counseling
Practicum/Internship Coordinator. All forms can be found at: http://cfl.columbusstate.edu/resources.php.

Follow-up contact with your prospective site supervisor will occur prior to final approval of your placement. If a site in the PSN cannot be secured, then your request and contact information will be forwarded to the Director of Counseling for Muscogee County, and your placement will be facilitated through that office. After you receive your placement assignment, then please complete the 3 forms noted above and turn them in to the program coordinator. Follow-up contact with your prospective supervisor will occur prior to final approval of your placement.

4) If you are requesting a placement outside of the Network, then either your contact information will be forwarded to the Director of Counseling for Muscogee County or a letter of request will be written to the appropriate person in charge of counseling placements in counties other than Muscogee. Please note that not all placement requests outside of the PSN will be granted (there are several factors that impact placements, such as CACREP requirements and COEHP policies and procedures). For prospective placements outside of the PSN, you will consult with the departmental program coordinator to further address the procedure. Please do not attempt to contact a system or specific school to arrange your own field placement.

5) **Students must carry student liability insurance** during the entire course of the field experiences. You will need to submit proof of this insurance, and it needs to cover the scope of school counseling practicum or internship.

6) After your placement has been assigned and you arrange to meet with your prospective site supervisor, please share the link to the site supervisor’s handbook with this counselor to facilitate the follow-up process (http://cfl.columbusstate.edu/docs/supervisorshandbook.pdf).

7) Prior to beginning field experiences, you must have completed successfully a background check through the SAFE Office (please see the link for “Background Checks” at http://safe.columbusstate.edu/).

8) All practicum and internship hours need to be completed only while CSU is in session and you are under supervision with a CSU supervisor. In other words, when the semester begins (most K-12 schools will already be in session), you will meet with your CSU supervisor (reviewing the syllabus and course requirements), and then you may begin your field experience (with the condition that your application has already received final approval). All hours need to be finished during the course of our semester – this means that you will probably have to finish all hours prior to final exams. Your CSU supervisor will communicate more specifics about deadlines.

**IMPORTANT NOTE: Due to PSC requirements, students are expected to have field experiences at all three levels -- elementary, middle, and secondary.** Students in School Counseling Services have an observation experience in one of those levels. Please be aware that over the course of your entire practicum/internship experience, you will need to be in at least two different levels -- the School Counseling Services observation reflects the third level -- so please keep that issue in mind as you make your requests for placements in the future. For example, you will not be able to do practicum and two internships in an elementary setting.)

9) Registration – when it is time to register for classes, you will need to register yourself for any coursework, but the departmental secretary will register you for practicum or internship. The secretary will be provided with a list of all students who are eligible to register for those field experiences.
10) If, due to an extenuating circumstance, your plans regarding your placement change, please notify the Practicum/Internship Coordinator immediately. If you are already registered, you are required to formally withdraw from the course. In the event of a change to the site, you will need to complete another application.

ADA ACCOMMODATION NOTICE

"If you have a documented disability as described by the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, Section 504, you may be eligible to receive accommodations to assist in programmatic and/or physical accessibility. We recommend that you contact the Office of Disability Services located in Schuster Student Success Center, room 221, 706-507-8755 as soon as possible. The Office of Disability Services can assist you in formulating a reasonable accommodation plan and in providing support. Course requirements will not be waived but accommodations may be able to assist you to meet the requirements. Technical support may also be available to meet your specific need."

STUDENT RESPONSIBILITIES

As a Practicum or Internship student in a hospital or an agency, you are a part of that system, having been permitted to learn about a particular aspect of counseling in their setting. It is a time to become familiar with that particular service-providing organization and with your role as a professional. The following guidelines are offered to enhance your experience:

1) The agency or school may require more of you than the University requires. You should be clear on organizational expectations and, since you chose the Site, you have the responsibilities of a member of the organization. This may include varying your schedule to meet the needs of the organization and their clients and working additional hours in some cases.

2) Abide by any rules, procedures and regulations specific to the agency, including dress codes, lunch hours, etc. If you have a question, ask before you act!

3) Use on-site conflicts and problems as learning experiences, keeping in mind that you are there with the permission of the organization. Remember that you are the student.

4) Review (gain a working knowledge of) organizational guidelines for school or clinical settings defining responsibilities to clients in such areas as confidentiality, use of test data, how to obtain audiotapes (including whose permission is needed), and any others applicable. Most agencies adhere to an appropriate professional code of ethics (ACA, ASCA, etc.).

5) Always clarify to the client that you are a Counselor-In-Training.
THE SUPERVISION PROCESS

The Supervision process is designed to offer Counseling students an opportunity to demonstrate skills acquired in the classroom to actual counseling situations during practicum and internship. During these experiences, students are supervised by University and Site Supervisors and receive feedback concerning themselves, clients, the counseling process, and professional issues. They also learn the importance of supervision and the need for continued learning while in the role of the professional counselor. We urge students to participate actively in the process and to seek to use supervision to enhance their skill level and to integrate their learning and personality.

In order to maximize this experience, the following guidelines are recommended for students:

1) Be prepared to tape all counseling sessions with clients for whom you have permission. Working with supervisors to prepare your approach to clients in securing this permission will help decrease "taping anxiety" for your clients and for you.

2) Be prepared for all supervision sessions. Prior to any supervision session, formulate questions about clients, your reactions to the session, the process of counseling, theory and interventions, then be ready to ask these questions of your Supervisor. Make good use of your supervision time by having tape segments cued and ready for play.

3) Be prepared to receive critical and supportive supervisory feedback. In group supervision sessions, be prepared to exchange critical and supportive feedback with your peers.

4) Early in the Semester, formulate learning goals for supervision with your University Supervisor.

5) Work to develop openness and honest interactions in the supervisory relationship. As a parallel to the counseling relationship, supervision is a confidential relationship from which you may get just as much benefit as you are willing to put into it.

*** Weekly Supervision Hourly Commitment ***

<table>
<thead>
<tr>
<th>1-hour</th>
<th>Weekly site supervision with site supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-hour</td>
<td>Weekly on-campus individual/triad supervision with faculty or adjunct faculty member. <strong>This may require an additional trip to campus during your PRACTICUM ONLY.</strong> (A minimum of 10 audio/video recordings must be presented.)</td>
</tr>
<tr>
<td>1 ½ hours</td>
<td>Weekly on-campus group supervision, which will usually occur during the regularly scheduled on-campus class time.</td>
</tr>
</tbody>
</table>
DUE PROCESS

Evaluation of a student's performance is continuous throughout her or his participation in the program. It involves consideration of the student's academic performance as well as that in laboratory, practicum, and internship classes.

A student may be dropped from a course and/or a program if the welfare of the student’s clientele, prospective clientele, or the functioning of a school or agency is, in the judgment of the CFL faculty, in jeopardy as a result of the student's behavior. According to University policy, the Department has the authority to withdraw a student from a Practicum or Internship if it is believed that the Student's performance constitutes a detriment to the clients or the Site or the University. This would usually include consultation with the Supervisors at both the Site and the University. If such removal is deemed necessary, the Student will be given a grade of U for the course. (Review the University Catalog on the "S/U grading policies).

Further, as noted in the CMHC Handbook, Counseling faculty members have a professional responsibility to serve as gatekeepers for the counseling profession. Counseling is a discipline that requires active and complex gatekeeping to protect the public welfare of our communities. In particular, gatekeeping refers to the responsibility of all counselors, including counselor educators and student counselors, to intervene with counselor trainees, supervisees, professional colleagues, and supervisors who engage in behavior that could threaten the welfare of those receiving counseling services. This responsibility is mandated in the ethical standards of both the American Counseling Association (ACA) and the National Board for Certified Counselors (NBCC) by specifying that counselors must act to rectify the problematic condition through appropriate organizational and professional channels (ACA, 2014, Section F.5.; NBCC, 2005, Section A; McAdams & Foster, 2009).

APPEALS PROCESS

The following procedures have been established to insure safeguards for those students contesting an assigned grade, or charged with alleged violations of institutional or departmental standards on scholarship.

1) The student and faculty member must meet to discuss any alleged violation or grievance in an effort to reconcile differences of viewpoint.

2) If the difference persists, the student or faculty member must request an informal hearing before the faculty member's department chair in a further effort to reconcile differences of viewpoint.

3) If the student or faculty member feels that the matter still has not been resolved satisfactorily, a request for an informal hearing before the faculty member's Dean must be requested. The Dean will hear the complaint, consider evidence, or hear witnesses where appropriate and make an administrative decision on the matter. When the Dean is of the opinion that suspension or expulsion from the University is warranted, the case will automatically be referred to the Vice President for Academic Affairs for action by the Student Rights and Responsibilities Committee as outlined in Step 4. Records of the relevant factors in the case should be kept in event a formal written appeal of the decision is made.

4) If the student feels that the decision of the Dean is prejudicial or unreasonable, it may be appealed to the Student Rights and Responsibilities Committee which will conduct a formal hearing. Appeals to the Committee must be filed with the Vice President for Academic Affairs on the form Hearing Request for
Alleged Academic Violations." These forms are available in the Office of the Vice President for Academic Affairs. This appeal must be filed by the aggrieved within 10 days after receiving notification of the Dean's decision.

Upon receiving the request for a formal hearing the Vice President for Academic Affairs will forward the request to the Assistant Dean of Students for action by the Student Rights and Responsibilities Committee, with a copy to the appropriate Dean. The Students Rights and Responsibilities Committee shall hear the case and make a recommendation on the disposition of the matter in accordance with existing policy and with regard for Due Process provisions for those concerned. Accurate records of the proceedings will be maintained in each case.

5) Appeals of the action of the Student Rights and Responsibilities Committee are made in writing to the Vice President of Academic Affairs who will review the decision. This appeal must be made in writing within 10 days after receiving notification from the Assistant Dean of Students.

6) Appeals of a decision of the Vice President for Academic Affairs are made in writing to the President of the University, who has final local authority. This appeal must be made in writing within 10 days after receiving notification from the Vice President for Academic Affairs.

7) Appeals of a decision of the President are made in writing to the Board of Regents. Appeals from the decisions of the President of the University shall be made within 10 days. Appeals to the Board of Regents shall be made through the Executive Secretary of the Board and shall recite all reasons for dissatisfaction with the previous decisions. The Board or a committee of the Board shall investigate the matter thoroughly and make its decision thereon within 60 days which shall be final and binding for all purposes.

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**RECORDING SESSIONS**

Audiotaping (or videotaping) of your counselor/client sessions is a requirement so that quality supervision may be provided. Each counseling session or audiotape which you plan to use in a supervision presentation should be previewed thoroughly. Make notes reflecting important content and questions for supervision. Depending on your supervisor's requirement, you will be asked to present specific portions of your tape without time-consuming hunting.

In order to ensure a clear, audible tape, it is suggested that you:

1) Use an extension microphone. The self-contained condenser microphones pick up too much machine noise. A multi-directional microphone is usually acceptable, and can be readily purchased at local audio shops.

2) Purchase high quality tapes for recording and use only blank tapes. If using an electronic recorder, test the recording and playback before using in a session.

3) Place the recorder close by so that you maintain control of the recording process. Do not place it on any metal or hard surface, as it tends to amplify vibrations.
4) Make a practice tape or electronic recording, in the setting where recording will take place. Ascertain the best positioning for both the recorder and the microphone in order to avoid mechanical errors or distractions during the session. It is important to test your machine and tape prior to your session.

5) Contact your University Supervisor or Practicum Coordinator as soon as possible if there is a problem with taping at the Site.

---

**CONFIDENTIALITY**

One of the most important aspects of counseling is confidentiality. It is also a crucial component of the trust building process. The following is a listing of important concerns:

1) It is imperative that you have a working knowledge of the regulations regarding confidentiality of notes, files, and/or taping at your Site. If possible, obtain a written copy of these regulations.

2) Since taping is required in the supervisory process, it is your responsibility to get your Client's written permission to tape. In the case of a minor client you must obtain written permission from a parent or guardian. This consent form should explain the limits of confidentiality and should state clearly that the tape will be used for supervision purposes. Many Sites have consent forms for your use or sample forms can be provided by your University Supervisor.

3) Practicum and internship students are expected to conduct themselves professionally. All information shared in your supervision group is to be kept strictly confidential by all group members.

4) Do not use client surnames or other readily identifiable information. Use initials to label the recording.

**Audio/Video recording:**
Instructions on the number to be video or audio recorded will be provided by your University supervisor. You will need to obtain quality recording equipment (either your own or from your site).

**Informed Consent:**
Consent to record forms must be signed by the student or parent/guardian prior to any recorded Practicum session. If you remember to put audio/video on the consent form both types of recording will be covered. Keep a copy of each consent form in the client/student’s records.

**The importance of confidentiality cannot be stressed enough.** It is YOUR responsibility to protect tapes against misuse or loss.
Practicum & Internship
Documents & Forms

APPENDIX A  CLINICAL EXPERIENCE TRAINING AGREEMENT (CETA) FORM
APPENDIX B  CETA ADDENDUM FORM – FOR UPDATES ONLY
APPENDIX C  PREREQUISITE COURSE VERIFICATION FORM
APPENDIX D  REQUEST FOR SITE SUPERVISOR RESUME/VITAE FORM
APPENDIX E  PRACTICUM & INTERNSHIP CONTACT INFORMATION SHEET
APPENDIX F  PRACTICUM & INTERNSHIP STUDENT HANDBOOK ACKNOWLEDGEMENT FORM
APPENDIX G  CONSENT FOR RECORDING (AUDIO/VIDEO)
APPENDIX H  SUMMARY OF HOURS OF PROFESSIONAL SERVICE FORM
APPENDIX I  PRACTICUM & INTERNSHIP WEEKLY LOGS
APPENDIX J  GRADING CHECKLIST FOR PRACTICUM & INTERNSHIP
APPENDIX K  PRACTICUM PORTFOLIO EVALUATION FORM
APPENDIX L  EVALUATION CRITERIA FOR CASE PRESENTATION
This form must be returned to the Training Department within two weeks of beginning the practicum ****

Master of Science in Clinical Mental Health Counseling
CLINICAL EXPERIENCE TRAINING AGREEMENT (CETA)

AGENCY: ________________________________

TRAINEE: _______________________________________________________

Columbus State University Requirements:
1. All students complete both Practicum and Internship over a period of at least 10 months of continuous training at the same site. In Practicum, students must complete at least 100 total clock hours; in Internship, students must complete at least 600 total clock hours, along with fulfilling other requirements. **Students have up to 15 weeks to complete Practicum. However it is strongly recommended that they complete Practicum in 10 weeks. Practicum hours in excess of 100 may not be rolled-over to Internship I.**
2. Each student must have a minimum of one hour of individual, face-to-face supervision at a regularly scheduled time each week provided by an independently licensed clinician.
3. Individuals designated as supervisors must be independently licensed; doctoral level clinical psychologist or medical doctor psychiatrist, or an independently licensed Master’s level clinician with a degree in counseling or a related field (e.g., clinical social work, marriage and family therapy or counseling psychology. Examples of independent license include LPC not LAPC; LCSW not LMSW, etc.
4. Students spend a minimum of 18 hours per week on-site with approximately 8-10 hours of direct client contact per week.
5. Students are required to document a minimum of 700 total clock hours.
6. Students are required to record individual counseling sessions (direct service) with the consent of the clients.
7. During the Practicum sequence, students must be accompanied by agency staff if providing off-site counseling services.

Names and Titles of On-site Supervisors (Please list Primary and Secondary):

PRIMARY: Name and License of person providing weekly individual supervision Telephone Number and Email Address
(Must be a licensed Masters or Doctoral level counselor, see # 3 requirement above)

SECONDARY: Clinical or Administrative Supervisor/Contact Telephone Number and Email Address

TRAINING SITE REQUIREMENTS:

LENGTH OF TRAINING: From: ___________________________ To: ___________________________
(Date of Practicum Start) (Date Internship Ends)

Dates of VACATION and OTHER LEAVE: (Please Specify) ___________________________

REQUIRED DATE/TIMES ON-SITE:

<table>
<thead>
<tr>
<th>Day</th>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>
TOTAL HOURS per WEEK ON-SITE: __________

SUPERVISION:

Students are required to receive a minimum of one hour of individual supervision per week in addition to any group supervision or case consultation/case staffing participation.

PLEASE INDICATE DAY AND TIME OF SCHEDULED INDIVIDUAL SUPERVISION:

____________________ (Supervision hour must be on a day and time when on site, noted on above schedule)

OTHER (Please describe):

___________________________________________________

Signatures:
I agree to abide by the guidelines described in the Clinical Mental Health Counseling Practicum and Internship Handbook, in my capacity as a counseling trainee, to conform to the training policies and procedures of the agency training site, and I agree to abide by this contract as outlined above.

I further agree to act in accordance with the Ethical Standards of the American Counseling Association (ACA).

___________________________________________________ Date

Signature of Student Trainee

In the capacity as Director/Supervisor of Training at the agency, by signing, I agree to abide by the Clinical Experience Agreement (CEA) as outlined above.

___________________________________________________ Date

Signature of Agency Training Director/Supervisor

In the capacity as the CMHC Practicum/Internship Coordinator, I approve the Clinical Experience Training Agreement (CETA) as outlined above.

___________________________________________________ Date

Signature of CSU Practicum/Internship Coordinator

**NOTE:** Failure to submit the completed CETA within two weeks of beginning training will potentially result in suspension from the training site until the CETA is received in the Training Office.

CHANGE IN TRAINING AGREEMENT:
Should any changes occur in the content of this agreement subsequent to the signing of the CETA, the CSU Practicum/Internship Coordinator must be notified and an Addendum must be completed and signed within three days of the change.
ADDENDUM
(Submit within three days of the change)

COLUMBUS STATE UNIVERSITY
Clinical Mental Health Counseling Program
CLINICAL EXPERIENCE TRAINING AGREEMENT (CETA)

AGENCY: ________________________________________________________________

TRAINEE: ______________________________________________________________

(*PLEASE INDICATE REVISED INFORMATION BY SUBMITTING ONLY APPLICABLE NEW
INFORMATION BELOW:)

CSU University Requirements:
1. All students complete both Practicum and Internship over a period of at least 10 months of continuous training at the same site. In Practicum, students must complete at least 100 total clock hours; in Internship, students must complete at least 600 total clock hours, along with fulfilling other requirements. Students have up to 15 weeks to complete Practicum. However it is strongly recommended that they complete Practicum in 10 weeks. Practicum hours in excess of 100 may not be rolled-over to Internship I.
2. Each student must have a minimum of one hour of individual, face-to-face supervision at a regularly scheduled time each week provided by an independently licensed clinician.
3. Individuals designated as supervisors must be independently licensed; doctoral level clinical psychologist or medical doctor psychiatrist, or an independently licensed Master’s level clinician with a degree in counseling or a related field (e.g., clinical social work, marriage and family therapy or counseling psychology. Examples of independent license include LPC not LAPC; LCSW not LMSW, etc.
4. Students spend a minimum of 18 hours per week on-site with approximately 8-10 hours of direct client contact per week.
5. Students are required to document a minimum of 700 total clock hours.
6. Students are required to record individual counseling sessions (direct service) with the consent of the clients.
7. During the Practicum sequence, students must be accompanied by agency staff if providing off-site counseling services.

Names and Titles of On-site Supervisors (Please list Primary and Secondary):

PRIMARY: Name and License of person providing weekly individual supervision. Telephone Number and Email Address

(Must be a licensed Masters or Doctoral level counselor, see #3 requirement above)

SECONDARY: Clinical or Administrative Supervisor/Contact Telephone Number and Email Address

TRAINING SITE REQUIREMENTS:

LENGTH OF TRAINING: From: ____________________ To: ____________________

(Date of Practicum Start) (Date Internship Ends)

Dates of VACATION and OTHER LEAVE: (Please Specify)______________________________________

REQUIRED DATE/TIMES ON-SITE:

<table>
<thead>
<tr>
<th>Day</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Saturday</td>
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</tr>
<tr>
<td>Sunday</td>
<td></td>
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</tr>
</tbody>
</table>
TOTAL HOURS per WEEK ON-SITE: __________

SUPERVISION:

Students are required to receive a minimum of one hour of individual supervision per week in addition to any group supervision or case consultation/case staffing participation.

PLEASE INDICATE DAY AND TIME OF SCHEDULED INDIVIDUAL SUPERVISION: ________________
(Supervision hour must be on a day and time when on site, noted on above schedule)

OTHER (Please Describe):

____________________________________________________________________________________

Signatures:
I agree to abide by the guidelines described in the Columbus State University Practicum and Internship Handbook, in my capacity as a counseling trainee, to conform to the training policies and procedures of the agency training site, and I agree to abide by the Clinical Experience Training Agreement (CETA) as outlined above.

I further agree to act in accordance with the Ethical Standards of the American Counseling Association (ACA).

Signature of Student Trainee ____________________________ Date __________

In the capacity as Director/Supervisor of Training at the agency, by signing, I agree to abide by the Clinical Experience Training Agreement (CETA) as outlined above.

Signature of Agency Training Director/Supervisor ____________________________ Date __________

In the capacity as the CMHC Practicum/Internship Coordinator, I approve the Clinical Experience Training Agreement (CETA) as outlined above.

Signature of CMHC Practicum/Internship Coordinator ____________________________ Date __________

CHANGE IN TRAINING AGREEMENT:
Should any changes occur in the content of this agreement subsequent to the signing of the CETA, the CMHC Practicum/Internship Coordinator must be notified and the Clinical Experience Agreement Addendum must be completed and signed within three days of the change.
DEPARTMENT OF COUNSELING, FOUNDATIONS, & LEADERSHIP

PREREQUISITE COURSE VERIFICATION
COUNSELING PRACTICUM/INTERNSHIP EXPERIENCE

The following courses must be completed before beginning your Practicum/Internship experience.

Student Name: __________________________________________________

Student ID#: ________________________________

List the term and year completed and the grade for each course:

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Term/Year/Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUN 6115 Ethics/Professional Issues in Counseling</td>
<td></td>
</tr>
<tr>
<td>COUN 6225 Counseling Skills I</td>
<td></td>
</tr>
<tr>
<td>COUN 6155 Counseling Theory</td>
<td></td>
</tr>
<tr>
<td>COUN 6265 Group Techniques and Procedures</td>
<td></td>
</tr>
<tr>
<td>COUN 6117 Diagnosis in Counseling</td>
<td></td>
</tr>
<tr>
<td>COUN 6785 Seminar in CMHC Counseling (Clinical Only)</td>
<td></td>
</tr>
<tr>
<td>Or COUN 6187 School Counseling Services (School Only)</td>
<td></td>
</tr>
</tbody>
</table>

Note: This form should accompany your practicum/internship application.
Request for Site Supervisor Résumé/Vitae
Submit within two (2) weeks of starting Practicum

INSTRUCTIONS:
In keeping with CACREP accreditation standards, Columbus State University is required to obtain a current copy of each Practicum and Internship site supervisor’s résumé/vitae and proof of professional license for each Practicum and Internship sequence (every fall semester). **A current copy of your résumé/vitae and professional license must be submitted for each Practicum and Internship training cycle.**

Please complete and sign this form and submit your résumé/vitae and proof of professional license to your Practicum and Internship student as requested. The student will then submit your résumé/vitae and proof of professional license to his/her Practicum and Internship Seminar Instructor to be placed in the student’s academic file. In the interest of privacy, please feel free to provide your résumé/vitae and proof of professional license in a sealed envelope and indicate same below.

Date: __________________________

Agency: __________________________________________________________

Site Supervisor: ____________________________________________________

Student requesting résumé/vitae: ______________________________________

Please check the appropriate box and include your signature below.
☐ I have provided a current copy of my résumé/vitae and proof of professional license to the Practicum and Internship student as requested OR emailed a copy to one of the Co-Directors of Training.

TO: ☐ Dr. Michael Baltimore, PhD
    Co-Director of Training for CMHC
   OR ☐ Dr. Ryan Day, PhD
    Co-Director of Training for SC/CMHC

________________________________________
Signature of Site Supervisor

________________________________________
Date
Practicum and Internship Contact Information Sheet
(submit within two (2) weeks of starting Practicum)
(Make a copy for university instructor, site supervisor and retain original for your records)

Student Name: ____________________________________________________
Cell Phone: __________________________
Home Phone: __________________________
CSU E-mail ________________________________________________

Training Site: ________________________________________________
Address: ____________________________________________________
City, State, & Zip code: _______________________________________
Main Office#: __________________________
Fax#: __________________________

Primary Supervisor: __________________________________________
Work Phone: __________________________
Alternate Work Phone: __________________________
Home Phone: __________________________
E-mail: ____________________________________________________

University Leader: __________________________________________
Work Phone: __________________________
Alternate Work Phone: __________________________
Home Phone: __________________________
CSU Email: ________________________________________________

REQUIRED DATE/TIMES ON-SITE:
Monday From: ____________ To: ____________
Tuesday From: ____________ To: ____________
Wednesday From: ____________ To: ____________
Thursday From: ____________ To: ____________
Friday From: ____________ To: ____________
Saturday From: ____________ To: ____________
Sunday From: ____________ To: ____________
Practicum and Internship Student Handbook Acknowledgement Form

*Submit within Two (2) weeks of starting Practicum*

Student Name: __________________________________________

Seminar Instructor Name: __________________________________________

Seminar Instructor Signature __________________________________ Date __________

*My signature indicates that I have reviewed, discussed with the student, and understand the content of this Handbook.

Student/Trainee Signature __________________________________ Date __________

*My signature indicates that I have reviewed, discussed with my Seminar Instructor, and understand the content of this Handbook.

*Seminar Leader: We would like to extend our gratitude for your participation in our training program. You provide valuable educational experiences and help shape the professional counselors of tomorrow. – THANK YOU!

Student: Please return the completed form to your Seminar Leader who will submit the completed practicum documents to either Dr. Michael Baltimore (CMHC) or Dr. Ryan Day (SC/CMHC) training contacts.
Site Supervisor
Receipt of Practicum Internship Handbook Acknowledgement Form
*Submit within four (4) weeks of student intern start*

Student/Trainee Name: ________________________________

Site Supervisor Name: ________________________________

Agency Name: _______________________________________

Site Supervisor Signature: _____________________________ Date ___________________

*My signature indicates that I have reviewed, discussed with trainee, and understand the content of this handbook.

Student/Trainee Signature: _____________________________ Date ___________________

*My signature indicates that I have reviewed, discussed with my site supervisor, and understand the content of this handbook.

*Site Supervisor: We would like to extend our gratitude for your participation in our training program. You provide valuable educational experiences and help shape the professional counselors of tomorrow. – THANK YOU!

Student: Please return the completed form to your Seminar Leader who will submit the completed Practicum Start packet to either Dr. Michael Baltimore (CMHC) or Dr. Ryan Day (SC/CMHC) training contacts.
CONSENT FOR RECORDING (AUDIO/VIDEO)

I/We give permission for audio/video recording (circle one) of therapy/assessment (circle one or both) sessions with _____________________________ (name of student).

I/We understand that this permission may be withdrawn at any time.

I/We understand that recordings will be reviewed exclusively for the purpose of supervision and training by graduate students and their supervisor or Practicum and Internship Seminar Instructors at Columbus State University, where the strictest standards regarding confidentiality are maintained. Any and all recordings will be erased or deleted immediately after supervision, and no identifying information [e.g., my/our name(s)] will be on or accompany the recording(s).

I/We understand that although this agreement reflects the recording of multiple sessions, no session will be recorded without my/our knowledge.

__________________________________________________        __________
Signature of Client  Date

__________________________________________________        __________
Signature of Client 2 (If couples or family)  Date

__________________________________________________        __________
Signature of Parent (If applicable)  Date

__________________________________________________        __________
Signature of Student Intern  Date

__________________________________________________        __________
Signature of Witness  Date
DEPARTMENT OF COUNSELING, FOUNDATIONS, & LEADERSHIP

SUMMARY OF HOURS OF PROFESSIONAL SERVICE

Counselor in Training __________________________ Date __________ Semester/Year __________ / __________

SUMMARY OF HOURS OF PROFESSIONAL SERVICE

In the space below, please list the total number of hours accumulated in each course.

<table>
<thead>
<tr>
<th>PRACTICUM TOTAL</th>
<th>INTERNSHIP 1</th>
<th>INTERNSHIP 2</th>
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<tbody>
<tr>
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</tbody>
</table>

GRAND TOTAL ______________

__________________________________
Student's Signature

__________________________________
Seminar/University Supervisor Signature

(Return ALL forms for this term after signatures to your internship instructor, who will then turn these documents into the training office)
Columbus State University Counseling Programs
PRACTICUM & INTERNSHIP WEEKLY LOGS

Student:

Month/Year:

Training Site:

Instructions: Insert the number of hours in each column for the week. **Round hours to the nearest half hour.**

### Table 1

<table>
<thead>
<tr>
<th>15-WEEK Practicum &amp; Internships</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>5-Week Totals</th>
</tr>
</thead>
<tbody>
<tr>
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<td>From:</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
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<td>Guidance/Conference</td>
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<tr>
<td>Individual</td>
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<tr>
<td>Group</td>
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<tr>
<td>Couple/Family</td>
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<tr>
<td>Consulting/Crisis Intervention</td>
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<tr>
<td>*Other Direct Client Contact (include Counseling Observation if 10 hours or less)</td>
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</tbody>
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**Direct Contact Totals**

### Table 2

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</thead>
<tbody>
<tr>
<td>*Counseling Observation (if 10 hours or more)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Group Supervision (Site)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation/Training</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Support Services/Meetings</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Research/Tx Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Seminar/Class</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>University Seminar Leader Supervision <em>(Practicum Only)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly Individual Site Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Totals**

<table>
<thead>
<tr>
<th>Site Supervisor Weekly Supervision Initials/Date</th>
<th>Initials:</th>
<th>Initials:</th>
<th>Initials:</th>
<th>Initials:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em></td>
</tr>
</tbody>
</table>

**Weekly Totals**

(*Students may only count 10 Observations Hours as Direct Client Hours over the entire training period*).
### Monthly Totals Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Client Hours</td>
<td></td>
</tr>
<tr>
<td>Direct Contact Hours</td>
<td></td>
</tr>
<tr>
<td>Total Clock Hours</td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I attest to the accuracy of the accrued hours:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Site Supervisor Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Seminar Leader Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
## Table 1
**15-WEEK Practicum & Internships**

<table>
<thead>
<tr>
<th>DIRECT CLIENT:</th>
<th>Week 6 From:</th>
<th>Week 7 From:</th>
<th>Week 8 From:</th>
<th>Week 9 From:</th>
<th>Week 10 From:</th>
<th>5-Week Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Direct Contact Totals**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Week 6 To:</th>
<th>Week 7 To:</th>
<th>Week 8 To:</th>
<th>Week 9 To:</th>
<th>Week 10 To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>OTHER:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- *Counseling Observation (if 10 or more)
- Group Supervision (Site)
- Orientation/Training
- Support Services/Meetings
- Research/Tx Planning
- University Seminar/Class
- University Seminar Leader Supervision (**Practicum Only**)  

**Other Totals**

<table>
<thead>
<tr>
<th>Site Supervisor Weekly Supervision Initials/Date</th>
<th>Initials:</th>
<th>Initials:</th>
<th>Initials:</th>
<th>Initials:</th>
<th>Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em>/</td>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em></td>
<td>Date: <em><strong>/</strong></em>/</td>
<td>Date: <em><strong>/</strong></em>/</td>
</tr>
</tbody>
</table>

**Weekly Totals**

(“Students may only count 10 Observations Hours as Direct Client Hours over the entire training period”)

---

**Monthly Totals Summary**

<table>
<thead>
<tr>
<th>Direct Client Contact Hours</th>
<th>Individual Contact Hours</th>
<th>Total Clock Hours</th>
</tr>
</thead>
</table>

By signing below, I attest to the accuracy of the accrued hours:

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Supervisor Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Seminar Leader Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Table 1</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td></td>
</tr>
<tr>
<td><strong>15-WEEK Practicum &amp; Internships</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DIRECT CLIENT:</strong></td>
<td></td>
</tr>
<tr>
<td>Intake / Assessments</td>
<td></td>
</tr>
<tr>
<td>Classroom Guidance/Conference</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Consulting/Crisis Intervention</td>
<td></td>
</tr>
<tr>
<td>Other Direct Client Contact (include <strong>Counseling Observation</strong> if less than 10)</td>
<td></td>
</tr>
</tbody>
</table>

| **Direct Contact Totals** |
| **Table 2** |
| **OTHER:** |
| *Counseling Observation (if 10 or more)* |
| Group Supervision (Site) |
| Orientation/Training |
| Support Services/Meetings |
| Research/Tx Planning |
| University Seminar/Class |
| University Seminar Leader Supervision (Practicum Only) |
| Weekly Individual Site Supervision |

| **Other Totals** |
| **Weekly Totals** |
| Site Supervisor Weekly Supervision Initials/Date |
| Date: ____/____ | Date: ____/____ | Date: ____/____ | Date: ____/____ | Date: ____/____ |

(All students will complete Practicum before the full 15 weeks, but not no less than 10 weeks)

("Students may only count *10 Clinical Observations as Direct Client Hours over the entire training period")

**End of Semester Total Hours:**

By signing below, I attest to the accuracy of the accrued hours:

<table>
<thead>
<tr>
<th>Total Direct Client Contact Hours:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Individual Contact Hours:</td>
<td></td>
</tr>
<tr>
<td>Total Semester Clock Hours:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Supervisor Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Seminar Leader Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
GRADING CHECKLIST FOR PRACTICUM & INTERNSHIP:

☐ Site Supervisor Evaluation Form (all pages)
  ☐ Site Supervisor Evaluation Form is signed and dated by student.
  ☐ Site Supervisor Evaluation Form is signed and dated by site supervisor.
  ☐ Site Supervisor Evaluation Form has fewer than two evaluations of “2” indicating Below Average performance. *Highlight any items that have a 2 next to it.

☐ University Supervisor Evaluation Form (all pages)
  ☐ University Supervisor Evaluation Form is signed and dated by student.
  ☐ University Supervisor Evaluation Form is signed and dated by seminar leader.
  ☐ University Supervisor Evaluation Form has fewer than two evaluations of “2” indicating Below Average performance. *Highlight any items that have a 2 next to it.
  ☐ University Supervisor Evaluation Form includes date of contact and site visit

☐ Weekly Hours Log Form (pages reflecting dates of Practicum)
  ☐ Weekly Hours Log Form does not have any scribbles or white out or pencil.
  ☐ Weekly Hours Log Form has a cumulative total along the bottom and monthly totals down the side (i.e. Training Office will not do the math for them).
  ☐ Weekly Hours Log Form columns add up.
  ☐ Weekly Hours Log Form is signed and dated on all pages by student and supervisor.
  ☐ Weekly Hours Log Form indicates that the student has a Cumulative total of at least 100 clock hours, 40 total client contact hours, and 10 individual client contact hours, signed and dated by student, site supervisor, and Seminar Instructor.
  ☐ Weekly Hours Log Form indicates 10 hours of supervision with site supervisor
  ☐ Weekly Hours Log Form indicates weekly supervision with seminar instructor- documenting at least 10 hours

☐ Student Evaluation of Practicum Site
  ☐ Form does not have any scribbles or white out or pencil.
  ☐ Form has all necessary signatures and dates completed

☐ Evaluation of Final Practicum Case Presentation
  ☐ Evaluation is signed and dated by seminar leader.
  ☐ Evaluation is signed and dated by student.

☐ Documentation Assignment
  ☐ Student has completed two progress notes in DAP, SOAP and BIRP formats

☐ Multicultural Awareness Assignment
  ☐ Student has successfully discussed in written report multicultural implications at site

☐ Beginner Wellness Assignment
  ☐ Student has discussed a beginner wellness plan in writing or in supervision discussion

☐ Practicum Portfolio Evaluation
  ☐ University supervisor confirms that student has successfully completed the Practicum Portfolio.
  ☐ Evaluation is signed and dated by university supervisor
  ☐ Evaluation is signed and dated by student.
CMHC & School Counseling Programs
Practicum & Internship Portfolio Required Documents

Student Name: ___________________________________________________
Site: ____________________________________________________________
University Supervisor: _____________________________________________

Portfolio documents required: Check all that apply. *(Separate documents based on course)*

___ Copy of Practicum and Internship Application
___ Prerequisites Course Verification Form
___ Contact Information Sheet
___ Site Supervisor Resume/Vita
___ Student Handbook Acknowledgement Form
___ Site Supervisor Handbook Acknowledgement Form
___ Weekly Practicum and Internship Logs
___ Summary of Hours of Professional Service
___ Student Evaluation of Practicum/Internship Site Supervisor & University Supervisor
___ Site Supervisor Evaluations (Midterm & Final)
___ University Supervisor Evaluation (Final)
___ Seminar Assignments. Include additional assignments given during Seminar.
___ Case presentations conducted during Practicum. Include copies of all of your transcripts and clinical written reports

Practicum & Internship Portfolio Successfully Completed:  □ YES  □ NO

Comments:

Seminar Instructor Signature:_________________________________________ Date:___________

Student Signature:____________________________________________________ Date:___________
Evaluation Criteria for Case Presentation

Student: ________________________________________    Site: ________________________

University Instructor: ____________________________     Date: _____________

1: Unacceptable  
2: Below expectations for a beginning trainee, needs remediation  
3: Meets expectations for a beginning trainee  
4: Exceeds expectations for a beginning trainee  
5: Excellent for a beginning trainee  
N/A: Not observed

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeted the client/student in a warm, friendly, and professional manner</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Opening statement was appropriate and leading to interview objectives</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Inquired as to client’s/student’s reasons for seeking services</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Communicated confidentiality and its limits to the client/student</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Ascertained the presenting problem</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Displayed empathic response (conveyed warmth, acceptance, support and understanding)</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrated genuine interest in client/student</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrated empathic listening (limited interruption and brief responses)</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Asked open-ended questions to facilitate the interview process</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Uses non-directive responses (i.e., clarifying, reflecting, rephrasing, silence)</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Attended to client’s/student’s verbal and nonverbal behavior</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrated effective communication skills</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Provided opportunities for client/student to ask questions</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrated ability to answer client’s/student’s questions truthfully and effectively</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrated the ability to stay focused on important issues</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Maintained professional boundaries</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrated sensitivity to diversity issues</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrates good professional writing and communications skills.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>Demonstrates competency to move on to supervised internship</td>
<td>1  2  3  4  5  N/A</td>
</tr>
</tbody>
</table>

Instructor Signature ____________________________ Date _____________

Student Signature ____________________________ Date _____________

CSU P&I Handbook Page 37 of 37