
**Texas Tech University
Counselor Education Program**

APPENDICES
Supplement to the
Community Counseling and School Counseling
FIELD EXPERIENCES HANDBOOKS

2008-2009

**Texas Tech University
Counselor Education Program
Box 41071 – Education Building, Room 215
Lubbock, Texas 79409
www.educ.ttu.edu/epce**

This supplemental *Handbook* to the Field Handbooks for Community and School practicum and internship has the forms that will be used in EPCE 5360 (Practicum in Counseling), EPCE 5094 (Internship in Counseling), EPCE6360 (Advanced Practicum), and EPCE6094 (Doctoral Internship).

The Appendices contain the following forms:

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Appendix A
Reservation Forms

EPCE 5360
MASTER'S PRACTICUM IN COMMUNITY COUNSELING
Reservation Form

All Master's candidates in Counselor Education must complete and submit this form at least one semester before enrolling in EPCE 5360. **All students enrolling in EPCE 5360 must be admitted to the Counselor Education Program. Completing this application form does not insure a place in the class.** You must use this reservation form according to the guidelines in the *Field Experiences Handbook*.

Name _____ SS# _____ E-mail _____

Phone (H) _____ (W) _____ (Cell) _____

Address _____

Track: _____ School & Community Counseling _____ School Counseling _____ Community Counseling

I plan to enroll in EPCE 5360 in (indicate the year): Fall 20____ Spring 20____

The following courses passed with a minimum grade of B are minimum prerequisites to EPCE 5360. Please indicate the semester each course was taken and your grade:

<u>Course</u>	<u>Semester Taken</u>	<u>Grade</u>
EPCE 5353 Intro to Community Counseling	_____	_____
EPCE 5354 Group Counseling	_____	_____
EPCE 5357 Counseling Techniques	_____	_____
EPCE 5364 Counseling Theories	_____	_____

The following are **co-requisite** courses. Students may enroll in a maximum of two (2) co-requisite courses when they enroll in EPCE 5360. All other co-requisite courses must be completed before enrolling in EPCE 5360.

<u>Course</u>	<u>Semester Taken</u>	<u>Grade</u>
EPCE 5367 Family Counseling	_____	_____
EPCE 5370 Ethics & Legal Issues	_____	_____
EPCE 5371 Counseling Diverse Populations	_____	_____
EPCE 5376 Assessment for Counselors	_____	_____
EPCE 5366 Dysfunctional Behavior	_____	_____

Please list courses you plan to take concurrently with EPCE 5360: _____

Practicum Site _____ Site Supervisor _____ Phone _____

Return this form to Dr. L.J. Gould **six (6) months** before beginning your practicum.

Return/send this form to: Dr. L.J. Gould
Texas Tech University
College of Education
Room 205
FAX (806) 742-2179

or
mail to

Dr. L.J. Gould
Texas Tech University
College of Education, Box 41071
Lubbock, Texas 79409-1071

Please Note: All prerequisites must be completed prior to enrollment in practicum. All co-requisite courses except two (2) must be completed prior to enrollment in practicum; that is, you may enroll in a maximum of two (2) co-requisite courses when you take 5360. **Dual Majors** (school and community) are required to meet the prerequisites and co-requisites for EPCE 5360 for both majors (school and community) and complete two (2) practica classes (one practicum in a school and one practicum in a community agency) and complete two (2) separate registration forms. **You cannot enroll in EPCE 5094 if you have an Incomplete (I) grade in 5360.**

EPCE 5094
MASTER'S INTERNSHIP IN COUNSELING
Reservation Form

All Master's candidates in Counselor Education must complete and submit this form at least one semester before enrolling in EPCE 5094. **All students enrolling in EPCE 5094 must be admitted to the Counselor Education Program.** Completing this application form does not insure a place in the class. You must use this reservation form according to the guidelines in the *Field Experiences Handbook*.

Name _____ SS# _____ E-mail _____

Phone (H) _____ (W) _____ (Cell) _____

Address _____

Track: ____School & Community Counseling ____School Counseling ____Community Counseling

Practicum Completed in (check one): ____ School setting ____ Community Setting

I plan to enroll in EPCE 5094 in (indicate year): Fall 20____ Spring 20____ Summer 20____

Please note there are prerequisite and co-requisite courses for EPCE 5360. **ALL** prerequisite and co-requisites must be completed prior to the semester in which you enroll in internship.

Please indicate the semester EPCE 5360 was taken. Also list your grade for EPCE 5360.

EPCE 5360 Practicum in Counseling (semester and grade) _____

List courses (if any) that you plan to take concurrently with EPCE 5094 _____

Internship Site _____ Site Supervisor _____ Phone _____

Return this form to Dr. L.J. Gould **six (6) months** before beginning your internship.

Return/send this form to:	Dr. L.J. Gould	or	Dr. L.J. Gould
	Texas Tech University	mail to	Texas Tech University
	College of Education		College of Education, Box 41071
	Room 205		Lubbock, Texas 79409-1071
	FAX (806) 742-2179		

Please Note: Students may **not** enroll in more than three (3) hours of internship each semester. Internship must be taken for a minimum of two (2) semesters for six (6) semester hours of credit. Summer Internship: Please note when Summer Internship is offered, it begins May 1 and ends July 22. Students must be available to attend class for 12 weeks during the summer. **You cannot enroll in EPCE 5094 if you have an Incomplete (I) grade in EPCE 5360. You cannot enroll in Internship II (5094) if you have an Incomplete (I) grade in Internship I (5094).**

Please Note: All prerequisites and co-requisites for practicum (EPCE 5360) must be completed prior to enrollment in Internship (EPCE 5094). Dual Majors (school and community) are required to take **four (4)** internship courses, **two (2) must be** in a school setting under the supervision of a certified school counselor and **two (2) must be** in a community agency or under the supervision of a LPC.

Appendix B
Practicum/Internship
Agreement Forms

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

Date: _____

Student SS#: _____

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

Supervisor Signature: _____

Supervisor Name: _____

Site Supervisor Email: _____

Site Supervisor Phones: _____

Site Name: _____

Site Address/Street: _____

City/State/Zip: _____

Sincerely,

Loretta J. Bradley, PhD

Paul Whitfield Horn Professor &
Coordinator, Counselor Education
Texas Tech University
COE Box 41071
Lubbock, TX 79409-1071
(O) 806/742-1997 x 263
(H) 806/798-2555
Fax: 806/742-2179

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

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

Name of Supervisor: _____

Title: _____

Site Information:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

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

____ Practicum Site

____ Internship Site

Number of student internship(s) available: _____

Name of Student practicum(s) available: _____

Type of Clients Served: _____

Licenses/Certifications Held by Site Supervisor:

Degrees Held: (please list your earned degrees)

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

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

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

Signature: _____

Date: _____

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

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

I. Purpose of Agreement:

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

II. Length of the Practicum or Internship Experience:

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

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

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

III. Policies and Procedures

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

IV. Liability Claims

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

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

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

V. Student Records

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

VI. Non-discrimination Policy

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

VII. Training vs. Employment

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

VIII. Modification of this Agreement

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

IX. Additional Specific Responsibilities of the Parties

a. Responsibilities of the Counselor-in-Training

The Counselor-in-Training shall be responsible for

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

b. Responsibilities of the On-Site Supervisor

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

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

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

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

c. Responsibilities of the University Supervisor

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

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

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

Counselor-in-Training: _____

Date: _____

On-Site Supervisor: _____

Date: _____

On-Site Administrator: _____

Date: _____

University Supervisor: _____

Date: _____

A Sample Description of Community Intern's Duties

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

A Sample Description of School Intern's Duties

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

Appendix C
Evaluation Forms

**Texas Tech University
College of Education/Counselor Education
Evaluation Forms**

There are three (3) evaluation forms as described below:

1. Form I (Student Intern Evaluation) is an evaluation form to be completed by the Internship/Practicum Site Supervisor twice during the semester (mid-term and end). The purpose of this form is help Site Supervisors provide feedback to the University Supervisor about the performance of the student enrolled in internship/practicum.
2. Form II (Site Supervisor Evaluation) is an evaluation form to be completed by the student enrolled in internship/practicum. The purpose of this form is to allow the student to evaluate his/her clinical supervisor experiences.
3. Form III (Counseling Site Evaluation) is an evaluation form to be completed by the student enrolled in internship/practicum. The purpose of this form is to allow student to evaluate the site.

NOTE:

Form I must be duplicated as it must be completed twice during the semester. You should make a copy of Form I before you turn it in to your university professor. If you have more than one site/supervisor, you must copy all documents for additional site supervisors. All documents must be completed for all sites/supervisors.

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

Directions: This form is completed by the Site Supervisor.

Internship Student Name: _____ Student SS#: _____

Supervisor Name: _____ Date: _____

Internship Site: _____

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

<i>Unacceptable</i>	<i>Below</i>	<i>Meets</i>	<i>Above</i>	<i>Not Observed</i>
	<i>Expectations</i>	<i>Expectations</i>	<i>Expectations</i>	
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>NO</i>

I. Basic Work Requirements

- | | | | | | |
|---|---|---|---|---|----|
| a. Arrives on time consistently | 1 | 2 | 3 | 4 | NO |
| b. Uses time effectively | 1 | 2 | 3 | 4 | NO |
| c. Informs supervisor and makes arrangements for absences | 1 | 2 | 3 | 4 | NO |
| d. Completes requested or assigned tasks on time | 1 | 2 | 3 | 4 | NO |
| e. Completes required total number of hours or days on site | 1 | 2 | 3 | 4 | NO |
| f. Is responsive to norms about clothing, language, etc., on site | 1 | 2 | 3 | 4 | NO |

Comments:

II. Ethical Awareness and Conduct

- | | | | | | |
|---|---|---|---|---|----|
| a. Exhibits knowledge of general ethical guidelines | 1 | 2 | 3 | 4 | NO |
| b. Exhibits knowledge of ethical guidelines of internship/practicum | 1 | 2 | 3 | 4 | NO |
| c. Demonstrates awareness and sensitivity to ethical issues | 1 | 2 | 3 | 4 | NO |
| d. Exhibits personal behavior consistent with ethical guidelines | 1 | 2 | 3 | 4 | NO |
| e. Consults with others about ethical issues if necessary | 1 | 2 | 3 | 4 | NO |

Comments:

Student Name: _____
Student SS#: _____

<i>Unacceptable</i>	<i>Below</i>	<i>Meets</i>	<i>Above</i>	<i>Not Observed</i>
<i>1</i>	<i>Expectations</i>	<i>Expectations</i>	<i>Expectations</i>	<i>NO</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>NO</i>

III. Knowledge and Learning

- | | | | | | |
|---|---|---|---|---|----|
| a. Exhibits knowledge about the client population | 1 | 2 | 3 | 4 | NO |
| b. Exhibits knowledge of treatment setting and approach | 1 | 2 | 3 | 4 | NO |
| c. Is receptive to learning new information | 1 | 2 | 3 | 4 | NO |
| d. Actively seeks new information from staff or supervisor | 1 | 2 | 3 | 4 | NO |
| e. Exhibits ability to learn and understand new information | 1 | 2 | 3 | 4 | NO |
| f. Exhibits understanding of counseling concepts, theories, and skills | 1 | 2 | 3 | 4 | NO |
| g. Exhibits ability to apply new information in clinical/school setting | 1 | 2 | 3 | 4 | NO |

Comments:

IV. Response to Supervision

- | | | | | | |
|---|---|---|---|---|----|
| a. Actively seeks supervision when necessary | 1 | 2 | 3 | 4 | NO |
| b. Is receptive to feedback and suggestions from supervisor | 1 | 2 | 3 | 4 | NO |
| c. Understands information communicated in supervision | 1 | 2 | 3 | 4 | NO |
| d. Successfully implements suggestions from supervisor | 1 | 2 | 3 | 4 | NO |
| e. Is aware of areas that need improvement | 1 | 2 | 3 | 4 | NO |
| f. Is willing to explore personal strengths and weaknesses | 1 | 2 | 3 | 4 | NO |

Comments:

V. Work Products

- | | | | | | |
|---|---|---|---|---|----|
| a. Records are accurately kept and are completed on time | 1 | 2 | 3 | 4 | NO |
| b. Written or verbal reports are accurate and factually correct | 1 | 2 | 3 | 4 | NO |
| c. Written or verbal reports are presented in a professional manner | 1 | 2 | 3 | 4 | NO |
| d. Reports are clinically and/or administratively useful | 1 | 2 | 3 | 4 | NO |

Comments:

Student Name: _____
Student SS#: _____

<i>Unacceptable</i>	<i>Below Expectations</i>	<i>Meets Expectations</i>	<i>Above Expectations</i>	<i>Not Observed</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>NO</i>

VI. Interactions with Clients

- a. Appears comfortable interacting with clients 1 2 3 4 NO
- b. Initiates interactions with clients 1 2 3 4 NO
- c. Communicates effectively with clients 1 2 3 4 NO
- d. Builds rapport and respect with clients 1 2 3 4 NO
- e. Is sensitive and responsive to client's needs 1 2 3 4 NO
- f. Is sensitive to issues of multicultural counseling 1 2 3 4 NO
- g. Is sensitive to issues of diversity including but not limited to race/ethnic group, age, gender, physical challenges, SES 1 2 3 4 NO

Comments:

VII. Interactions with Coworkers

- a. Appears comfortable interacting with other staff members 1 2 3 4 NO
- b. Initiates interactions with staff 1 2 3 4 NO
- c. Communicates effectively with staff 1 2 3 4 NO
- d. Effectively conveys information and expresses own opinions 1 2 3 4 NO
- e. Effectively receives information and opinions from others 1 2 3 4 NO

Comments:

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

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

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

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

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

Directions: This form is completed by the student.

Site Supervisor's Name: _____ Email: _____ Date: _____

Site Address _____

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

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

The Supervisor:

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

Texas Tech University
College of Education/Counselor Education
Counseling Site Evaluation

Directions: This form is completed by the student

Student Name: _____ Student SS#: _____

- Please Check the Type of Supervised Experience at this Site:
School Practicum Placement: _____ School Internship Placement: _____
Agency Practicum Placement: _____ Agency Internship Placement: _____
- Name of Placement Site: _____
- Address of Site: _____

- Name of Site Supervisor: _____
- List your total direct contact counseling hours accrued at this site: _____
- List your total indirect contact counseling hours accrued at this site: _____
- List the total number of individual supervision hours received from your site supervisor: _____
- List the total number of group supervision you hours received from your site supervisor: _____
- Were you able to finish your experience on schedule at this site? _____
If no, please explain: _____

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

- | | | |
|---|---|---|
| 1. Availability of clients: | S | U |
| Comments: _____ | | |
| _____ | | |
| 2. Adequacy of facilities (room space, privacy, etc.): | S | U |
| Comments: _____ | | |
| _____ | | |
| 3. Support services for counseling (secretarial help, etc): | S | U |
| Comments: _____ | | |
| _____ | | |
| 4. On-site supervisory support: | S | U |
| Comments: _____ | | |
| _____ | | |

5. Professional atmosphere of site:

S U

Comments: _____

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

___ Report Writing

___ Intake Interviewing

___ Administration and Interpretation of Tests

___ Group Counseling

___ Staff Presentation/Case Conferences

___ Individual Counseling

___ Family/Couple Counseling

___ Career Counseling

___ Psychoeducational Activities

___ Consultation

___ Others (Please list/described) _____

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

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

Appendix D
Practicum/Internship
Hours Forms

PRACTICUM STUDENT RECORD

Name _____ Soc. Sec. # _____

Practicum Course/Section: EPCE _____ Semester _____ 20____

University Supervisor: _____

Site Supervisor: _____

Practicum Site(s): _____

Practicum Record

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

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

University Supervisor Site Visits or Contacts _____

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

Student

On-site Supervisor

Date

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

INTERNSHIP STUDENT RECORD

Name _____ Soc. Sec. # _____

Internship Course/Section: EPCE _____ Semester _____ 20____

University Supervisor: _____

Site Supervisor: _____

Internship Site(s): _____

Internship Record

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

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

University Supervisor Site Visits or Contacts _____

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

_____ Student

_____ On-site Supervisor

_____ Date

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

Practicum Log

Student Name: _____ Semester : _____

Site: _____ Site Supervisor: _____

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

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

Site Supervisor (Signed): _____ Date: _____

Internship Log

Student Name: _____ Semester : _____

Site: _____ Site Supervisor: _____

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

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

Site Supervisor (Signed): _____ Date: _____

Appendix E
Practicum/Internship
Tape Forms

Texas Tech University
College of Education/Counselor Education
Internship Tape Evaluation

These items MUST be included in Tape Evaluation:

- _____ 1. Intern Evaluation Feedback Form
- _____ 2. Release Form (signed)
- _____ 3. Interview Record Form
- _____ 4. Tapescript: the tapescript represents 10 minutes of the counseling session which is 7-10 typed pages from the counseling tape. Please label your counselor responses on the typed tapescript.
- _____ 5. Tape (cued to beginning of tape) Indicate whether counseling session is on Side A or B.
- _____ 6. Frequency Count: Using the frequency count sheet provided, please calculate the percentages for each response on your tapescript.

Please Note: As you review your responses on your tapescript, you may correct your responses on the tapescript by using a red font color or red pen to illustrate how you would correct your responses. Please rewrite your corrected responses, label your corrected responses, and make a third column on the Frequency Count to illustrate the percentages represented after you corrected your responses.

**Texas Tech University
College of Education/Counselor Education
Interview Record**

Directions: This form is to be completed by the Counselor-in-Training. It is to be placed with the audio/video tape of the counseling session and given to the University Professor.

Client Name: _____ Session Number: _____
Counselor Name: _____
Session Length (e.g., 30 minutes) _____ Date: _____

I. Session Goals:

II. Course of Interview

- a. Brief notes on: what transpired behaviorally, what client and counselor said, and how client acted.

- b. Interpretations of session content, what counselor thought, and how this might affect client progress.

Texas Tech University
College of Education/Counselor Education
Counseling Release: Adults

Directions: This agreement must be signed by the client. If the client is a minor, please have the client and guardian sign the release form for minors.

I, _____ agree to participate in counseling sessions to be conducted in conjunction with the counselor training program of Texas Tech University.

I understand that:

1. The counselor will be a graduate student working under the direct supervision of a qualified university professor.
2. Results of the interview(s) may be made available, upon request, to the counselor's supervisor.
3. All or part of the session(s) may be temporarily audio/video taped and shared with the counselor's supervisor and/or University Professor for counselor evaluation and tape portions may be used in class for instructional purposes.

Date: _____

Client: _____

Date: _____

Counselor: _____

Texas Tech University
College of Education/Counselor Education
Counseling Release: Minor

Directions: This agreement must be signed by both the client (minor) and guardian.

I, _____(name) am the legal guardian for
_____(name). As legal guardian, I give my permission for
_____(name) to participate in counseling sessions to be conducted
in conjunction with the counselor training program of Texas Tech University.

I understand that:

1. The counselor will be a graduate student working under the direct supervision of a qualified university professor.
2. Results of the interview(s) may be made available, upon request, to the counselor's supervisor.
3. All or part of the session(s) may be temporarily audio/video taped and shared with the counselor's supervisor and/or University Professor for counselor evaluation, and tape portions may be used in class for instructional purposes.

Date: _____

Legal Guardian: _____

Date: _____

Client: _____

Date: _____

Counselor: _____

**EPCE 5094: Counseling Internship
Skill Hierarchy Frequency Sheet**

Name: _____ Tape #: _____ Date: _____

<i>Skill</i>	<i>Occurrence of Skill (Frequency)</i>	<i>Percentage (frequency of individual skill divided by total frequency of all skills combined)</i>
Influencing		
Reflection of Feeling		
Reflection of Meaning		
Self Disclosure		
Focusing		
Confrontation		
Paraphrase		
Summarization		
Restatement		
Encouraging		
Open Question		
Closed Question		
Attending Behaviors		
<i>Total</i>		<i>100%</i>

Sample:

<i>Skill</i>	<i>Occurrence of Skill</i>	<i>Percentage</i>
Influencing	1111	.40 (4/10)
Reflection of Feeling	11	.20 (2/10)
Reflection of Meaning	111	.30 (3/10)
Self Disclosure	1	.10 (1/10)
<i>Total</i>	<i>10</i>	<i>100 %</i>

Appendix F
Miscellaneous

Counseling Hierarchy

EPCE 5094 Counseling Internship



Adapted from: Ivey; Cormier & Hackney; Shertzer & Stone

Clinical Experiences Chart

	<i>Practicum Requirements</i>	<i>Internship Requirements</i>
<i>Hours</i>	<ul style="list-style-type: none"> • 100 total hours • 40 hours of direct client contact • 10 of 40 direct hours in group work 	<ul style="list-style-type: none"> • 600 total hours • 240 direct contact hours • Individual and group work • 20 hrs/week for 15 weeks (times 2 semesters)
<i>Placement</i>	<ul style="list-style-type: none"> • School or Community Agency designed to accommodate beginners 	<ul style="list-style-type: none"> • School or Community Agency setting that can provide a variety of clinical experiences
<i>Supervision</i>	<ul style="list-style-type: none"> • Weekly seminar/class (1-1/2 hours group supervision) • 1 hour of supervision with Site Supervisor weekly • 1 hour of individual supervision with practicum instructor weekly • Audio/video taping 	<ul style="list-style-type: none"> • Weekly seminar/class (1-1/2 hours group supervision) • Regular Staff Meetings at site • 1 hour of supervision with Site Supervisor • Audio/video taping
<i>Clinical</i>	<ul style="list-style-type: none"> • Intake interviews • Adjustment reactions and developmental concerns 	<ul style="list-style-type: none"> • Varied caseload of individual, family, and group sessions
<i>Academic</i>	<ul style="list-style-type: none"> • Assigned books or articles • Bibliography of resources consulted • Treatment plans; case summaries 	<ul style="list-style-type: none"> • Internship plan and contract • Bibliography of resources • Counseling philosophy

COUNSELOR-CLIENT AGREEMENT

Information and Consent

Qualifications/Experience

I am pleased that you have selected me as your counselor. This agreement is designed to inform you about my background and to insure that you understand our professional relationship.

I am _____ {*licensure and/or certifications*}. In addition, I am _____ {*any additional information about certification/licensure that is pertinent to the counseling relationship.*}. My counseling practice includes _____ {*clients - adults and children*} and focuses on _____ {*type of counseling - personal, career, and marriage*} counseling.

Overview of Counseling

I have a _____ {*degree*} from _____ University. My major was _____, and my minor was _____. I have been a professional counselor for _____ years.

I accept only clients in my private practice who I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are capable of finding happiness and contentment in their lives. However, self awareness and self acceptance are goals that sometimes take a long time to achieve, while others may require months or years. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention. Please be aware however that neither I nor any counselor can guarantee that counseling will be successful. **{If there are any types of clients that you ethically cannot work with, you need to state that plainly in this section.}**

Although our sessions may be very intense emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal relationship. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions, because for me to act otherwise would be a violation of the American Counseling Association (ACA) Code of Ethics. You will be best served if our relationship remains strictly professional, and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role.

Referrals

If at any time or for any reason you are dissatisfied with my services, please inform me. If we are not able to resolve your concerns, then I will give you the names of other counselors whom you may want to contact for counseling services.

If on the other hand, I do not see you making progress over a reasonable period of time, I will suggest termination of my services. Depending on the reason for the lack of counseling progress and as appropriate, I will refer you to another counselor. Usually I try to suggest two or three counselors and/or agencies that you might want to contact.

Fees, Cancellation, and Insurance Reimbursement

In return for a fee of \$_____ per individual session lasting _____ minutes, \$_____ per couple/family session lasting _____ minutes, and/or \$_____ per group session lasting _____ minutes, I agree to provide counseling services for you. The fee for each session will be due and must be paid at the conclusion of each session. Cash or personal checks are acceptable for payment. In the event that you are unable to keep an appointment, you must notify me at least 24 hours (preferable 48 hours) in advance. If I do not receive advance notice, you will be billed and be responsible for paying for the session(s) that you missed.

Some health insurance companies will reimburse clients for my counseling services and some will not. In addition, most insurance companies will require that I diagnose your mental health condition and indicate that you have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis I plan to render before I submit it to the insurance company. Any diagnosis made will become part of your permanent insurance records.

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any forms related to your reimbursement provided by you and your insurance company. Because you will be paying me at each session for my services, any later reimbursements from the insurance company should be paid directly to you. Please do not assign any payments to me.

Those insurance companies that do reimburse for counseling usually require that a standard amount be paid (a “deductible”) by you before reimbursement is allowed, and then usually only a percentage of my fee is reimbursable. You should contact a company representative to determine whether your insurance company will reimburse you and what schedule of reimbursement is used.

Records and Confidentiality

All of our communication becomes part of your clinical record which I keep in the office. At your request, you may review your record. I will keep confidential anything you say to me with the following exceptions: a) you direct me to tell someone else, b) I believe that you are a danger to yourself or others, c) I am ordered by a court to disclose information. You should be aware that I am required to report child and/or elder abuse. Also, you should be aware that if your bills remain unpaid more than 30-60 days, I will give your account to a collection agency.

Your signature below indicates that you have read and understand this agreement and that any questions you have about this statement have been answered to your satisfaction.

{ Your Name and Degree }

Client's Name and Signature

Date: _____

Date: _____

{NOTE: This is a sample of an Informed Consent Form. Your form should be tailored to your clientele and your personal attitudes about counseling. You may want to include information about your theory base and/or any type of techniques that you typically use in counseling sessions.

Also, some agencies have their own form for Client Consent.