

Welcome

Welcome to Practicum and Field! Within these pages you will find all of the information and forms you will need to successfully register for practicum and field placements. Please browse the following pages as you work towards completing the steps for registration. Here is a helpful check list to get you on your way!

Check list

- Speak to your advisor and select a site either from the approved list or find a new site**
- Sign up for insurance AND background checks**
- New site supervisor form (if new supervisor)**
- Contact site supervisor and set up interview**
- Complete practicum or field registration forms with both on site supervisor and academic supervisor**
 - Initial sheet**
 - Goals**
 - What to expect (Section C on form)**

**WHAT TO EXPECT REGARDING PRACTICUM, FIELD,
& ADVANCED FIELD INFORMATION
DEPARTMENT OF COUNSELING
SHIPPENSBURG UNIVERSITY**

**COUNSELING 585 – PRACTICUM IN COUNSELING
AND
COUNSELING 586 – ADVANCED PRACTICUM IN COUNSELING**

DEPARTMENT GUIDELINES

Practicum provides for practice student personnel experiences in a field placement situation for one, fifteen (15) week semester. A minimum of one hundred fifty (150) clock hours of supervised experience will be required during this practicum semester. Practicum sites must be selected from an approved list maintained by the department and must be appropriate to the career interests, skill level, and program of study of the student. Selection of the site from the approved list can be made in consultation with the student's advisor. Sites other than those listed on the Approved List may be considered if approved by the Field Coordinator at least one month prior to course registration. Final determination and selection of the site, however, is subject to approval of the department Field Coordinator and faculty of the specific concentration.

PURPOSE OF PRACTICUM

1. To develop the expertise of the trainee of performing practical experiences under supervision.
2. To provide an opportunity to perform, on a limited basis and under supervision some of the activities that a regularly employed staff member in the setting would perform.
3. To allow the student to become familiar with a variety of professional activities other than direct service work.

MAJOR RESPONSIBILITIES

1. Students enrolled in Practicum (CNS 585) or Advanced Practicum (CNS 586) must accumulate a minimum of one hundred fifty (150) clock hours at their chosen site during the academic term. Enrollment for a practicum course requires an ongoing commitment of ten (10) hours per week for the fifteen (15) weeks of the regular term.
2. Students are expected to spend five (5) hours per week in direct service to students through supervised individual or group interaction with typical agency clientele. Audio- or videotape, process notes, and logs of the direct service contacts must be made available to the course instructor as required. These may include a mix of counseling and consultation sessions or similar activities which develop individual and/or group counseling skills appropriate to the expertise and career goals of the student.
3. Students in Practicum are required to participate and log at least ten (10) hours of either small or large group experiences.

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4. All students enrolled in the Practicum course are required to have at least one (1) hour per week individual supervision by the site supervisor, one (1) hour per week individual supervision and one and one-half (1 ½) hours of group supervision by the course instructor.
5. The remainder of the Practicum field placement time will be spent in other activities appropriate to the setting.
6. A “learning contract” specifying the type and quality of the experiences and related supervision will be submitted as part of the registration process.

WHAT IS EXPECTED OF YOU

A. Prior to beginning the Practicum:

1. Obtain professional liability insurance for a minimum amount of \$500,000/\$500,000. You will be expected to show proof to the instructor at the first class meeting.
2. Obtain a Practicum site:
 - a. Select a practicum site from the approved list maintained in the department. Again, sites NOT chosen from the approved list must be approved by the department Field Coordinator at least one month prior to registration.
 - b. A site, in order to be on our approved list must:
 1. be relevant to your career interests and declared major or program emphasis.
 2. be an established agency at a higher education institution with a professional staff that has staff meetings, consultation opportunities, in-service training options, etc.
 3. employ a site supervisor who meets department guidelines for approval. The site supervisor must hold at least a masters degree in counseling or a related area. The site supervisor must, also, have at least two (2) years relevant professional experience prior to approval by the department.
 4. employ a site supervisor who is willing to provide at least one (1) hour direct, individual supervision per week.
 - c. You must complete a Practicum Registration Form and submit it prior to approval for admission to the course.

- d. No hours accumulated at the site can be counted until the Practicum Registration Form is submitted and accepted by the course instructor.
- e. No hours in excess of the minimum one hundred fifty (150) required for Practicum may be “carried over” for credit in any future field placement course.
- f. Practicum is a fifteen (15) week, semester long experience. Responsibilities to students, to the placement site, and for attendance at all individual and group supervision sessions continue throughout the semester.

B. During the Practicum Experience:

- 1. All students will be required to maintain an ongoing log.
- 2. Your site supervisor is required to sign your logs to verify experience at three (3) week intervals. Your Practicum course instructor cannot accept hours which have not been verified by the site supervisor.
- 3. Practicum students serve at the discretion of the institution and therefore need to function within the guidelines and realities of the setting. This requires that you:
 - a. consider the site placement as an employment site.
 - b. maintain a professional demeanor at all times and uphold professional ethics.
 - c. consider yourself a staff member at the agency in terms of behavior and obligations to the agency.
- 4. If problems develop the student is expected to bring them to the attention of the course instructor and if not resolved at that level, the department Field Coordinator should then be involved.
- 5. Upon completion of your Practicum experience, have your site supervisor complete the Practicum Completion Form and the Student Evaluation Form and return BOTH to the course instructor. (See Practicum Completion Packet.)
- 6. You are required to submit the Site Evaluation Form and Supervisor Evaluation Form to your course instructor at the end of your practicum experience. (See Practicum Completion Packet.)
- 7. Faculty/course instructors may assign additional course requirements beyond these general requirements.

FIELD GUIDELINES AND INFORMATION
DEPARTMENT OF COUNSELING - SHIPPENSBURG UNIVERSITY
REQUIREMENTS – FIELD EXPERIENCE
580 – FIELD EXP I, 589 – FIELD EXPERIENCE II, OR 590 – ADV CLINICAL FIELD

DEPARTMENT GUIDELINES

The Field Experience sequence consists of six (6) semester hours credit and is the internship requirement of the Shippensburg University Counseling programs. Students must complete a minimum of six hundred (600) clock hours in a professional setting appropriate to their career goals, skills, and program of study.

Clinical Field Experience is the culminating experience of the student's program. As such it is expected that the student enrolled in Clinical Field Experience will assume more professional responsibility than the student enrolled in Practicum. During the Clinical Field Experience sequence you are expected to assume all the responsibilities of a regular staff member in the setting in which you do the internship.

Clinical Field Experience sites must be selected from an approved list maintained by the department and must be appropriate to the program of study of the student. Final determination and selection of the site, however, is subject to the approval of the department Field Coordinator in consultation with the faculty in the concentration. Sites other than those listed on the departmental approved list may be considered if approved by the Field Coordinator one month prior to your registration for the Field Experience.

- I. Regulation Governing Site Selection and Registration
 - A. Most regulations governing site selection, registration, insurance verification, and learning contracts are similar to those of the preceding Practicum.
 - B. CNS 580 – Field Experience I and CNS 589 – Field Experience II are to be enrolled sequentially, (i.e. as a half-time internship covering both semesters of the academic year).
 - C. All students enrolled in the Clinical Field Experience are required to have at least one (1) hour per week individual supervision by the site supervisor or course instructor, and one and one-half (1 ½) hours of group supervision per week by the course instructor.

- II. The Nature of Clinical Field Experience
 - A. The purpose of Clinical Field Experience is to familiarize you with the functioning of a professional student personnel setting. You are expected to participate as a member of the staff and to engage in all the activities of a regularly employed staff member.

- B. A minimum of three hundred (300) of the six hundred (600) Field Experience clock hours will be earned in providing direct services to the clientele of the setting.
- C. The Field Experience should also provide for significant opportunities for inservice, professional development, and/or a variety of activities other than direct service work.
- D. Field Experience is a regularly scheduled class and as such has the same priority as other classes, work, or assistantships. Other commitments must not be permitted to interfere with your being present at your field site or supervision sessions as scheduled.
- E. Clinical Field Experience constitutes a professional experience which can be listed on your resume. Additionally, Field Experience hours are accepted as supervised clinical time when subsequently applying for many professional certificates.
- F. If it is necessary to extend beyond the semester(s) in which you are enrolled, you must have the permission of both the site supervisor and your course instructor. This is not generally agreeable and we strongly encourage you to complete all work within the time frame of the University term/semester.
- G. It is feasible to complete the Clinical Field Experience at your place of employment when (1) your work is relevant to your academic program AND (2) significant experiences above and beyond your normal work assignment can be verified. You must discuss this with your advisor and obtain her/his permission PRIOR to registration for the course. Certain settings can be altered to make your assignment meet the instructional goals of the course while others may not. The final decision will lie with your advisor and the appropriate curricular team.

**PRACTICUM
PRE-REGISTRATION
FORM**

Revised March 16, 2016

<u>OFFICIAL USE ONLY</u>			
Ins. Ver.	_____		
Act 34	_____	NA	
Ch. Abuse	_____	NA	
Change in Supervisor Info?	_____	Yes	No
If Yes, Note:	_____		
FBI Clearance	_____		

Specialization

Pre-Registration for _____, _____
(Semester/Term) (Year)

This form must be completed prior to registration and must be returned by the deadline as follows to Dr. Whitman – Shippen Hall Room 115:

- a) November 1st – for Spring Registration
- b) April 1st – for Summer and Fall Registration's

REMINDER: You must apply for Candidacy during your Practicum.

Check the course you are requesting: (Elementary/Secondary) circle one

_____ 585 – Practicum _____ 586 – Advanced Practicum
_____ School Certification

Late forms will result in registration denial for that term.

PART A: TO BE COMPLETED BY THE PRACTICUM STUDENT

1. Student Name: _____
2. Address: _____
City: _____ Zip: _____
3. Practicum Supervisor Name: _____
Highest Degree: _____ Degree Specialization: _____ E-mail: _____
4. Placement Site: _____
5. Site Address: _____
City: _____ Zip: _____
6. Site Phone: (____) _____ Student Home Phone: (____) _____

PROGRAM ADVISOR MUST BE INVOLVED IN THE SELECTION PROCESS

I have been involved in the student's selection process and approve the application as stated above.

(Program Advisor)

(Date)

PART B: INSURANCE & CLEARANCES

7. Student's signature below verifies that the student **must obtain insurance** for a minimum amount of \$500,000/\$500,000 (or higher as required by site) to be in effect on the first day of practicum. If the student is working with children and adolescents at their approved site, they **must also obtain Act 34 and Child Abuse Clearances** that are less

than 1 year old at start of semester. The student must bring proof of insurance and clearances to be verified the first day of practicum class. These documents must show that they are in effect the ENTIRE semester. Failure to do so will result in student's suspension from the internship until such coverage is verified.

Student's Signature

PART C: Please attach typed pages in response to the following questions.

8. State your **LEARNING GOALS** as a student at this site. State what you hope to achieve and how you plan to accomplish it.

TO BE COMPLETED WITH THE SITE SUPERVISOR

9. Briefly describe the **MISSION** of the field placement site, the **SERVICES** generally provided, and typical **CLIENTS** served.

10. Briefly describe the **SPECIFIC EXPERIENCES** available in which the field student might have an opportunity to be a participant, provider or learner (i.e., programming, advising, administrative duties, projects to complete, etc.).

PART D: TO BE COMPLETED WITH THE SITE SUPERVISOR

11. **AGREEMENT**

a. The **AGENCY**, _____ agrees to provide a minimum 150 hour supervised **PRACTICUM** experience related to items 8, 9, and 10 above.

b. The **AGENCY** agrees to involve the **PRACTICUM** student approximately 50% of the time in direct service opportunities with typical clientele served by the institution (i.e., individual or group advisement, programming, and/or other direct services typically provided clientele).

c. A minimum of one (1) clock hour direct, individual supervision will be provided to the **PRACTICUM** student by the Practicum Supervisor name in item 3.

d. The **PRACTICUM** student, _____ agrees to establish a working schedule at the agency for _____ hours per week during the experience. (A minimum total 150 clock hours.)

e. The **AGENCY** agrees to uphold the ACA Code of Ethics which includes affirming all students.

f. We have read and discussed the terms stated above and agree that they are acceptable, correct, and binding. Changes in the **PRACTICUM** experience can be made only through consultation of all interested parties.

AGENCY: _____ **Date:** _____

STUDENT: _____ **Date:** _____

After all signatures have been affixed, make a copy for your personal file and return the original copy to Dr. Whitman- Shippen Hall 115

**FIELD
PRE-REGISTRATION
FORM**

Revised March 16, 2016

<u>OFFICIAL USE ONLY</u>		
Ins. Ver.	_____	
Act 34	_____	NA
Ch. Abuse	_____	NA
FBI	_____	NA
Change in Supervisor Info?		Yes No
If Yes, Note:		

clearances to be verified the first day of practicum class. These documents must show that they are in effect the ENTIRE semester. Failure to do so will result in student's suspension from the internship until such coverage is verified.

Student's Signature

PART C: Please attach typed pages in response to the following questions.

8. State your LEARNING GOALS as a student at this site. State what you hope to achieve and how you plan to accomplish it.

TO BE COMPLETED WITH THE SITE SUPERVISOR

9. Briefly describe the MISSION of the field placement site, the SERVICES generally provided, and typical CLIENTS served.

10. Briefly describe the SPECIFIC EXPERIENCES available in which the field student might have an opportunity to be a participant, provider or learner (i.e., programming, advising, administrative duties, projects to complete, etc.).

PART D: TO BE COMPLETED WITH THE SITE SUPERVISOR

11. **AGREEMENT**

a. The AGENCY, _____ agrees to provide a minimum 300 hour supervised FIELD experience related to items 8, 9, and 10 above.

b. The AGENCY agrees to involve the FIELD student approximately 50% of the time in direct service opportunities with typical clientele served by the institution (i.e., individual or group advisement, programming, and/or other direct services typically provided clientele).

c. A minimum of one (1) clock hour direct, individual supervision will be provided to the FIELD student by the Field Supervisor name in item 3.

d. The FIELD student, _____ agrees to establish a working schedule at the agency for _____ hours per week during the experience. (A minimum total 300 clock hours.)

e. The AGENCY agrees to uphold the ACA Code of Ethics which includes affirming all students.

f. We have read and discussed the terms stated above and agree that they are acceptable, correct, and binding. Changes in the FIELD experience can be made only through consultation of all interested parties.

AGENCY: _____ Date: _____

STUDENT: _____ Date: _____

After all signatures have been affixed, make a copy for your personal file and return the original copy to Dr. Whitman – Shippen Hall 115.

Insurance

***Note* Everyone in Practicum and Field, regardless of specialization, needs insurance**

Places to get insurance

▪ ACPA- American College Personnel Association

• **Full-time Graduate Student Option 1 - \$33**

Any person who is currently engaged in graduate studies in an

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accredited graduate school in courses related to the student affairs profession and who is not employed full time during the membership year. The student's major professor must attest to these qualifications. Pre-doctoral internships or work experiences required for completion of a degree program are not considered full time employment for the purposes of this category. An electronic only subscription to the Journal of College Student Development (JCSD) is provided.

- **Full-time Graduate Student Option 2 - \$49**

Any person who is currently engaged in graduate studies in an accredited graduate school in courses related to the student affairs profession and who is not employed full time during the membership year. The student's major professor must attest to these qualifications. Pre-doctoral internships or work experiences required for completion of a degree program are not considered full time employment for the purposes of this category. A print subscription to the Journal of College Student Development (JCSD) is provided.

- NASPA-National Association of Student Personnel Administrators
 - Members receive professional liability insurance from Forest T. Jones, \$37.00 for graduate students to join.
- ACA-American Counseling Association
 - **Student - \$89**
Individuals who are enrolled at least half-time in a college or university program. Insurance included with membership.

SAMPLE FORM

INFORMED CONSENT

Counseling Center

Shippensburg University of Pennsylvania

Consultation: Counseling Center Staff may consult with one another regarding clients. All consultations will be conducted within the professional standards of the American Psychological Association and the American Counseling Association. Information regarding your case may be

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discussed by your counselor for the purpose of diagnosing, treatment planning, or counselor supervision.

Taping: The staff member may request your permission to record your counseling session(s) on audio or videotape. The purpose of the taping is to help us serve you better, to review and to evaluate our services. No taping will be done without your prior knowledge and consent and only the supervisor(s) directly involved in consulting with your case will have access to these tapes. The tapes will be erased upon the completion of supervision.

In order to best serve the developmental needs of the total student population at Shippensburg University, the Counseling Center at Shippensburg University will, during the academic year, see students at no charge for ten individual sessions. After the ninth session, there will be a staffing of the cases and peer review of the progress and the concerns of the client. A recommendation of appropriate treatment (individual, group, off-campus therapy, etc.) will then be made.

I have read, understood, and agreed to the above stated conditions necessary to receive services at the Shippensburg University Counseling Center.

I have also received, read, and understood the “Rights and Responsibilities for Persons Using the Services of the Shippensburg University Counseling Center.”

If you do not agree with the above stated conditions, you may discuss your concerns with the intake counselor.

(Signature)

(Date)

THE SHIPPENSBURG UNIVERSITY COUNSELING CENTER IS FULLY ACCREDITED BY THE INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES AND FOLLOWS THE ETHICAL STANDARDS OF THE AMERICAN COUNSELING ASSOCIATION AND THE AMERICAN PSYCHOLOGICAL ASSOCIATION.

**COMPLETION FORMS
STUDENT PERSONNEL-BASED PROGRAMS
PRACTICUM**

This packet contains forms necessary for the completion of your student personnel practicum or field experience. Please give the two evaluation forms that your supervisor will use to evaluate your performance (interim evaluation and final evaluation) to him or her early in the semester so that supervisors will be aware of the criteria on which they will make their evaluation.

1. Supervisor Interim Evaluation of Student Performance

This form is to be completed by your site supervisor near the midpoint of the semester. Your course instructor will advise you whether or not your supervisor needs to mail it directly to him or her or if your supervisor should return it via you.

2. Supervisor End of Semester Evaluation of Student Performance

This form is to be completed by your site supervisor near the end of the semester. Your course instructor will advise you whether or not your supervisor needs to mail it directly to him or her or if your supervisor should return it via you.

3. Student Site Evaluation Form

This form is required to be completed by YOU at the end of the semester and returned to your instructor. It will then be filed in the listing of “approved sites” for other students to peruse as they search for an appropriate site.

4. Supervisor Rating Form

This rating scale rates the quality, quantity and other aspects of your supervision. It should be completed at the end of the semester and returned to your instructor.

5. Completion Form

This is one of the most important forms in the package. It must be completed by you, certified by your site supervisor, and finally, verified by your course instructor. Complete Part A and have your site supervisor complete Part B. Return the form to your instructor. Following the instructor’s verification of hours, this form will be placed in your permanent file.

**INTERIM
PRACTICUM
Shippensburg University
Department of Counseling and College Student Personnel**

This evaluation form is to be completed by the supervisor near the end of the term. It is expected that this evaluation be discussed with the practicum student. The form should be returned to the faculty supervisor.

Name of Practicum Student _____

Name of Practicum Site _____

Site Supervisor Name _____

Term or Period Covered by this Evaluation _____

Rating Scale Directions: Circle the number that best describes your evaluation of the student intern. Use the following scale:

7	6	5	4	3	2	1	0
Exceeds Expectations			Meets Expectations			Minimally Meets Expectations	Not Observed

Communication Skills

1. Communicates professionally including:

a. Written communication

7 6 5 4 3 2 1 0

b. Oral communication.

7 6 5 4 3 2 1 0

c. Active listening (e.g., appropriate attending behavior, reflects feelings, empathizes with others).

7 6 5 4 3 2 1 0

d. Responsive skills (seeks clarification and probes appropriately).

7 6 5 4 3 2 1 0

e. Communicates well in groups (questions appropriately, learning to read group process, can lead group interaction including appropriate closure).

7 6 5 4 3 2 1 0

f. Makes appropriate referrals.

7 6 5 4 3 2 1 0

g. Establishes rapport with students, groups, colleagues, and others.

7 6 5 4 3 2 1 0

Tasks

1. Student Intern:

a. Completes tasks as assigned.

7 6 5 4 3 2 1 0

b. Is dependable.

7 6 5 4 3 2 1 0

c. Is thorough.

7 6 5 4 3 2 1 0

d. Initiates appropriate interventions.

7 6 5 4 3 2 1 0

Professionalism

1. Student Intern:

a. Is open to growth and learning through feedback and self-assessment.

7 6 5 4 3 2 1 0

b. Works effectively with co-workers, administrators, supervisors, faculty, and staff.

7 6 5 4 3 2 1 0

c. Is able to consult with others while maintaining confidences/privacy.

7 6 5 4 3 2 1 0

d. Identifies theories (e.g., learning, psychosocial and identity development, cognitive-structural, typological, environmental).

7 6 5 4 3 2 1 0

e. Generates ways in which various theories and models can inform daily practice.

7 6 5 4 3 2 1 0

Ethics

1. Student Intern:

- a. Contributes to an ethical environment.

7 6 5 4 3 2 1 0

- b. Behaves ethically and professionally.

7 6 5 4 3 2 1 0

- c. Upholds laws and professional ethical standards.

7 6 5 4 3 2 1 0

- d. Recognizes ethical dilemmas.

7 6 5 4 3 2 1 0

- e. Understands and follows legal issues pertinent to professional work.

7 6 5 4 3 2 1 0

Research/Assessment/Evaluation

1. Student Intern:

- a. Employs data collection.

7 6 5 4 3 2 1 0

- b. Analyzes data to enhance institution programs.

7 6 5 4 3 2 1 0

- c. Effectively interprets and uses results of assessment, evaluation, and research studies.

7 6 5 4 3 2 1 0

2. Designs sound assessment, evaluation, or research.

7 6 5 4 3 2 1 0

Human Resource Management

1. Student Intern:

- a. Is familiar with the basic fundamentals of team work and team building in one's work setting.

7 6 5 4 3 2 1 0

- b. Demonstrates fundamental skills and knowledge bases in planning and organizing one's work in the context of institutional priorities and individual performance objectives.

7 6 5 4 3 2 1 0

- c. Demonstrates an understanding of institutional traditions, mores, and organizational structures (hierarchy, networks, governance groups).

7 6 5 4 3 2 1 0

- d. Makes and models active, effective contributions to the well-being of communities

7 6 5 4 3 2 1 0

Multicultural Competence

1. Recognizes and appreciates role of cultural influences in self and others.

7 6 5 4 3 2 1 0

2. Is competent in working with others from a variety of cultural backgrounds.

7 6 5 4 3 2 1 0

3. Student Intern:

- a. Takes responsibility to expand cultural knowledge especially as it relates to specific and relevant cultural issues on campuses.

7 6 5 4 3 2 1 0

- b. Assesses and addresses own multicultural awareness.

7 6 5 4 3 2 1 0

- c. Takes responsibility to develop cultural skills by participating in activities that challenge one's beliefs.

7 6 5 4 3 2 1 0

Student's strengths are:

Student's growth areas are:

Other Comments:

Signature of Supervisor _____ Date _____

Signature of Student _____ Date _____

**END OF SEMESTER
PRACTICUM
Shippensburg University
Department of Counseling and College Student Personnel**

This evaluation form is to be completed by the supervisor near the end of the term. It is expected that this evaluation be discussed with the practicum student. The form should be returned to the faculty supervisor.

Name of Practicum Student _____

Name of Practicum Site _____

Site Supervisor Name _____

Term or Period Covered by this Evaluation _____

Rating Scale Directions: Circle the number that best describes your evaluation of the student intern. Use the following scale:

7	6	5	4	3	2	1	0
Exceeds Expectations			Meets Expectations			Minimally Meets Expectations	Not Observed

Communication Skills

1. Communicates professionally including:

a. Written communication

7 6 5 4 3 2 1 0

b. Oral communication.

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c. Active listening (e.g., appropriate attending behavior, reflects feelings, empathizes with others).

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d. Responsive skills (seeks clarification and probes appropriately).

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e. Communicates well in groups (questions appropriately, learning to read group process, can lead group interaction including appropriate closure).

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a. Is open to growth and learning through feedback and self-assessment.

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b. Works effectively with co-workers, administrators, supervisors, faculty, and staff.

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c. Is able to consult with others while maintaining confidences/privacy.

7 6 5 4 3 2 1 0

d. Identifies theories (e.g., learning, psychosocial and identity development, cognitive-structural, typological, environmental).

7 6 5 4 3 2 1 0

e. Generates ways in which various theories and models can inform daily practice.

7 6 5 4 3 2 1 0

Ethics

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- a. Contributes to an ethical environment.

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- b. Behaves ethically and professionally.

7 6 5 4 3 2 1 0

- c. Upholds laws and professional ethical standards.

7 6 5 4 3 2 1 0

- d. Recognizes ethical dilemmas.

7 6 5 4 3 2 1 0

- e. Understands and follows legal issues pertinent to professional work.

7 6 5 4 3 2 1 0

Research/Assessment/Evaluation

1. Student Intern:

- a. Employs data collection.

7 6 5 4 3 2 1 0

- b. Analyzes data to enhance institution programs.

7 6 5 4 3 2 1 0

- c. Effectively interprets and uses results of assessment, evaluation, and research studies.

7 6 5 4 3 2 1 0

2. Designs sound assessment, evaluation, or research.

7 6 5 4 3 2 1 0

Human Resource Management

1. Student Intern:

- a. Is familiar with the basic fundamentals of team work and team building in one's work setting.

7 6 5 4 3 2 1 0

- b. Demonstrates fundamental skills and knowledge bases in planning and organizing one's work in the context of institutional priorities and individual performance objectives.

7 6 5 4 3 2 1 0

- c. Demonstrates an understanding of institutional traditions, mores, and organizational structures (hierarchy, networks, governance groups).

7 6 5 4 3 2 1 0

- d. Makes and models active, effective contributions to the well-being of communities

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- b. Assesses and addresses own multicultural awareness.

7 6 5 4 3 2 1 0

- c. Takes responsibility to develop cultural skills by participating in activities that challenge one's beliefs.

7 6 5 4 3 2 1 0

Student's strengths are:

Student's growth areas are:

Other Comments:

Signature of Supervisor _____ Date _____

Signature of Student _____ Date _____

**Site Evaluation Form
Shippensburg University
Department of Counseling & CSP**

Date Completed: _____

This Site Served as a (check one) _____ Practicum _____ Field Site

Site/Agency Name:

School District (if applicable): _____

Address: _____

Name of Student Completing Evaluation: _____

On a scale of "1" - Very Poor to "5" - Superior, please rate and comment on the above name site:

		<u>Rating</u>	<u>Comments</u>
1.	Orientation to site:		
	a. Adequacy of orientation	_____	_____
	b. Immediate involvement	_____	_____
	c. Orientation continued as needed	_____	_____
2.	Professional Treatment		
	a. Given professional expectations	_____	_____
	b. Included in programs and services of office	_____	_____
	c. Treated with respect, as a peer	_____	_____
	d. Was consulted for ideas	_____	_____
	e. Professionalism was modeled	_____	_____
3.	Quality of Supervision		
	a. Supervision was scheduled regularly	_____	_____
	b. Supervision was helpful	_____	_____

- c. Supervision was geared to appropriate level of training _____
- d. Supervision was supportive _____
- 4. Experiences
 - a. Work-related interaction with students was plentiful _____
 - b. Given insight to the big picture _____
 - c. Had appropriately challenging duties _____
 - d. Was able to contribute to mission and goals of office _____
 - e. Rarely felt lost, bored, or left out _____
- 5. Overall Evaluation
 - a. Learned a great deal at this site _____
 - b. Felt well prepared for assignments at this site _____
 - c. Recommend this site for future assignments _____
- 6. Major activities at this site:
- 7. Recommended supervisor(s) at this site:
- 8. The types of students served at this site? (demographics, nature of programs and services)
- 9. Other comments/recommendations/cautions

B. Development of Professional Skills (treatment, evaluation and consultation skills)

THE SUPERVISOR:

1.	. . . . assisted me in coherent conceptualization of issues	1	2	3	4	5	n/a
2.	. . . . assisted me in translation of specific ways to proceed	1	2	3	4	5	n/a
3.	. . . . was effective in helping to develop both short and long-range goals	1	2	3	4	5	n/a
4.	. . . . was effective in facilitating me in other relationships with other professionals in the institution	1	2	3	4	5	n/a
5.	. . . . was sensitive and knowledgeable to ethical concerns or issues	1	2	3	4	5	n/a
6.	Added Comments:						

C. Summary:

1. Describe something specific that your supervisor did which contributed significantly to your learning during this experience.
2. Describe specific changes you would suggest this supervisor incorporate to improve student learning in future supervision experiences.

Student Personnel Completion Form

The Completion Form is to be signed by your Site Supervisor and returned to your Course Instructor for verification. This form will then be placed in your permanent file.

PART A: TO BE COMPLETED BY THE STUDENT

Name _____ Program _____

Address _____ Zip _____

Home Phone () _____ Work Phone () _____

Course Completed (circle): CNS 585 - Practicum CNS 586 - Adv. Practicum
CNS 580 - Field I CNS 589 - Field II CNS 590 - Adv. Field

PART B: TO BE COMPLETED BY THE SITE SUPERVISOR

This is to certify that as of _____ (enter date) the above named student has completed _____ total hours experience under my supervision at:

Site Name _____

Address _____ Zip _____

Site Phone () _____ E-mail: _____

Signature of Site Supervisor _____

Please Print/Type Site Supervisor's Name _____

PART C: TO BE COMPLETED BY THE COURSE INSTRUCTOR

1. Supervision during this experience has been provided as follows:
_____ Individual supervision hours provided by Site Supervisor
_____ Group meeting supervision hours provided by CNS Faculty
_____ Individual supervision hours provided by CNS Faculty
2. Student contact hours verified:
_____ Individual contact hours with student served on site
_____ Group contact hours with student served on site

The accuracy of the reported information has been verified through student contact and an examination of the student's experience log.

Course Instructor _____ Date _____

COMPLETION FORMS

**STUDENT PERSONNEL-BASED PROGRAMS
FIELD I & FIELD II**

This packet contains forms necessary for the completion of your student personnel practicum or field experience. Please give the two evaluation forms that your supervisor will use to evaluate your performance (interim evaluation and final evaluation) to him or her early in the semester so that supervisors will be aware of the criteria on which they will make their evaluation.

1. Supervisor Interim Evaluation of Student Performance

This form is to be completed by your site supervisor near the midpoint of the semester. Your course instructor will advise you whether or not your supervisor needs to mail it directly to him or her or if your supervisor should return it via you.

2. Supervisor End of Semester Evaluation of Student Performance

This form is to be completed by your site supervisor near the end of the semester. Your course instructor will advise you whether or not your supervisor needs to mail it directly to him or her or if your supervisor should return it via you.

3. Student Site Evaluation Form

This form is required to be completed by YOU at the end of the semester and returned to your instructor. It will then be filed in the listing of “approved sites” for other students to peruse as they search for an appropriate site.

4. Supervisor Rating Form

This rating scale rates the quality, quantity and other aspects of your supervision. It should be completed at the end of the semester and returned to your instructor.

5. Completion Form

This is one of the most important forms in the package. It must be completed by you, certified by your site supervisor, and finally, verified by your course instructor. Complete Part A and have your site supervisor complete Part B. Return the form to your instructor. Following the instructor’s verification of hours, this form will be placed in your permanent file.

**INTERIM
FIELD I & FIELD II CSP
Shippensburg University
Department of Counseling and College Student Personnel**

This evaluation form is to be completed by the supervisor near the end of the term. It is expected that this evaluation be discussed with the practicum student. The form should be returned to the faculty supervisor.

Name of Field II Student _____

Name of Field II Site _____

Site Supervisor Name _____

Term or Period Covered by this Evaluation _____

Rating Scale Directions: Circle the number that best describes your evaluation of the student intern. Use the following scale:

7	6	5	4	3	2	1	0
Exceeds Expectations			Meets Expectations			Minimally Meets Expectations	Not Observed

Professionalism

1. Demonstrates leadership as a collective endeavor to meet institutional and organizational goals.

7 6 5 4 3 2 1 0

2. Recognizes values of the profession in the work setting (i.e., whole student, individual student, seamless learning).

7 6 5 4 3 2 1 0

3. Considers the influence of the mission and type of the institution in professional work.

7 6 5 4 3 2 1 0

4. Completes assignments demonstrating competent advising, teaching, management, and administrative skills.

7 6 5 4 3 2 1 0

5. Contributes to an ethical environment.

7 6 5 4 3 2 1 0

6. Upholds laws and professional ethical standards.

7 6 5 4 3 2 1 0

7. Recognizes ethical dilemmas.

7 6 5 4 3 2 1 0

8. Understands legal issues pertinent to professional work.

7 6 5 4 3 2 1 0

9. Applies knowledge of issues (such as trends, current events, contexts)

7 6 5 4 3 2 1 0

Tasks

1. Student Intern:

a. Completes tasks as assigned.

7 6 5 4 3 2 1 0

b. Is dependable.

7 6 5 4 3 2 1 0

c. Is thorough.

7 6 5 4 3 2 1 0

d. Initiates appropriate interventions.

7 6 5 4 3 2 1 0

Multicultural Competence

1. Recognizes and appreciates role of cultural influences in self and others.

7 6 5 4 3 2 1 0

2. Is competent in working with others from a variety of cultural backgrounds.

7 6 5 4 3 2 1 0

3. Student Intern:

a. Takes responsibility to expand cultural knowledge especially as it relates to specific and relevant cultural issues on campuses.

7 6 5 4 3 2 1 0

b. Assesses and addresses own multicultural awareness

7 6 5 4 3 2 1 0

- c. Takes responsibility to develop cultural skills by participating in activities that challenge one's beliefs.

7 6 5 4 3 2 1 0

Communication Skills

1. Writes clearly using APA style manual.

7 6 5 4 3 2 1 0

2. Speaks so that meaning is coherently communicated.

7 6 5 4 3 2 1 0

3. Listens actively to others (e.g., appropriate attending behavior, reflects feelings, empathizes with others).

7 6 5 4 3 2 1 0

4. Intersects opinion with professional literature.

7 6 5 4 3 2 1 0

5. Responsive skills (seeks clarification and probes appropriately).

7 6 5 4 3 2 1 0

6. Communicates well in groups (questions appropriately, learning to read group process, can lead group interaction including appropriate closure).

7 6 5 4 3 2 1 0

7. Makes appropriate referrals.

7 6 5 4 3 2 1 0

8. Establishes rapport with students, groups, colleagues, and others.

7 6 5 4 3 2 1 0

Introspection/Reflection

1. Seeks and is not threatened by on-going feedback for improved practice.

7 6 5 4 3 2 1 0

2. Provides examples of reflecting on feedback.

7 6 5 4 3 2 1 0

3. Assesses self consistent with others' perception.

7 6 5 4 3 2 1 0

Individual, Group, and Organizational Interventions

1. Uses pre-practicum skills (empathy, probing, rephrasing, exploring, summarizing, clarifying) and group facilitation skills to enhance students' and institutions' goals.

7 6 5 4 3 2 1 0

2. Implements interventions and/or proactive educational opportunities.

7 6 5 4 3 2 1 0

Research/Assessment/Evaluation

1. Distinguishes between good and poor research, assessment, and evaluation.

7 6 5 4 3 2 1 0

2. Designs sound assessment, evaluation, or research.

7 6 5 4 3 2 1 0

3. Student Intern:

a. Employs data collection.

7 6 5 4 3 2 1 0

b. Analyzes data to enhance institutional programs.

7 6 5 4 3 2 1 0

c. Effectively interprets and uses results of assessment, evaluation, and research studies.

7 6 5 4 3 2 1 0

Resource Management

1. Student Intern:

a. Demonstrates basic ability to appropriately utilize facilities management procedures as related to operating a facility or program in a facility.

7 6 5 4 3 2 1 0

b. Demonstrates basic skills related to appropriate use of fiscal resources.

7 6 5 4 3 2 1 0

c. Has the ability to utilize technological resources to maximize the efficiency and effectiveness of one's work.

7 6 5 4 3 2 1 0

d. Understands best practices regarding environmentally sensitive issues and sustainability.

7 6 5 4 3 2 1 0

e. Performs the basic fundamentals of team work and team building.

7 6 5 4 3 2 1 0

f. Demonstrates familiarity in basic tenets of supervision and possible application of these supervision techniques.

7 6 5 4 3 2 1 0

Human Resource Management

1. Student Intern:

a. Is familiar with the basic fundamentals of team work and team building in one's work setting.

7 6 5 4 3 2 1 0

b. Demonstrates fundamental skills and knowledge bases in planning and organizing one's work in the context of institutional priorities and individual performance objectives.

7 6 5 4 3 2 1 0

c. Demonstrates an understanding of institutional traditions, mores, and organizational structures (hierarchy, networks, governance groups).

7 6 5 4 3 2 1 0

d. Makes and models active, effective contributions to the well-being of communities

7 6 5 4 3 2 1 0

Content Knowledge and Theory Based Practice

1. Identifies theories (e.g., learning, psychosocial and identity development, cognitive-structural, typological, environmental).

7 6 5 4 3 2 1 0

2. Generates ways in which various theories and models can inform daily practice.

7 6 5 4 3 2 1 0

3. Knows information important to this site.

7 6 5 4 3 2 1 0

Student's strengths are:

Student's growth areas are:

Other Comments:

Signature of Supervisor _____ Date _____

Signature of Student _____ Date _____

**END OF SEMESTER
FIELD I & FIELD II CSP
Shippensburg University
Department of Counseling and College Student Personnel**

This evaluation form is to be completed by the supervisor near the end of the term. It is expected that this evaluation be discussed with the practicum student. The form should be returned to the faculty supervisor.

Name of Field II Student _____

Name of Field II Site _____

Site Supervisor Name _____

Term or Period Covered by this Evaluation _____

Rating Scale Directions: Circle the number that best describes your evaluation of the student intern. Use the following scale:

7	6	5	4	3	2	1	0
Exceeds Expectations			Meets Expectations			Minimally Meets Expectations	Not Observed

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1. Demonstrates leadership as a collective endeavor to meet institutional and organizational goals.

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3. Considers the influence of the mission and type of the institution in professional work.

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7 6 5 4 3 2 1 0

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7 6 5 4 3 2 1 0

3. Assesses self consistent with others' perception.

7 6 5 4 3 2 1 0

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7 6 5 4 3 2 1 0

2. Implements interventions and/or proactive educational opportunities.

7 6 5 4 3 2 1 0

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7 6 5 4 3 2 1 0

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7 6 5 4 3 2 1 0

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c. Has the ability to utilize technological resources to maximize the efficiency and effectiveness of one's work.

7 6 5 4 3 2 1 0

d. Understands best practices regarding environmentally sensitive issues and sustainability.

7 6 5 4 3 2 1 0

e. Demonstrates familiarity in basic tenets of supervision and possible application of these supervision techniques.

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b. Demonstrates fundamental skills and knowledge bases in planning and organizing one's work in the context of institutional priorities and individual performance objectives.

7 6 5 4 3 2 1 0

c. Demonstrates an understanding of institutional traditions, mores, and organizational structures (hierarchy, networks, governance groups).

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d. Makes and models active, effective contributions to the well-being of communities

7 6 5 4 3 2 1 0

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1. Identifies theories (e.g., learning, psychosocial and identity development, cognitive-structural, typological, environmental).

7 6 5 4 3 2 1 0

2. Generates ways in which various theories and models can inform daily practice.

7 6 5 4 3 2 1 0

3. Knows information important to this site.

7 6 5 4 3 2 1 0

Student's strengths are:

Student's growth areas are:

Other Comments:

Signature of Supervisor _____ Date _____

Signature of Student _____ Date _____

**Site Evaluation Form
Shippensburg University
Department of Counseling & CSP**

Date Completed: _____

This Site Served as a (check one) _____ Practicum _____ Field Site

Site/Agency Name:

School District (if applicable): _____

Address: _____

Name of Student Completing Evaluation: _____

On a scale of "1" - Very Poor to "5" - Superior, please rate and comment on the above name site:

		<u>Rating</u>	<u>Comments</u>
1.	Orientation to site:		
	a. Adequacy of orientation	_____	_____
	b. Immediate involvement	_____	_____
	c. Orientation continued as needed	_____	_____
2.	Professional Treatment		
	a. Given professional expectations	_____	_____
	b. Included in programs and services of office	_____	_____
	c. Treated with respect, as a peer	_____	_____
	d. Was consulted for ideas	_____	_____
	e. Professionalism was modeled	_____	_____
3.	Quality of Supervision		
	a. Supervision was scheduled regularly	_____	_____
	b. Supervision was helpful	_____	_____

(over)

- c. Supervision was geared to appropriate level of training _____
- d. Supervision was supportive _____
- 4. Experiences
 - a. Work-related interaction with students was plentiful _____
 - c. Given insight to the big picture _____
 - c. Had appropriately challenging duties _____
 - d. Was able to contribute to mission and goals of office _____
 - e. Rarely felt lost, bored, or left out _____
- 5. Overall Evaluation
 - a. Learned a great deal at this site _____
 - b. Felt well prepared for assignments at this site _____
 - c. Recommend this site for future assignments _____
- 6. Major activities at this site:
- 7. Recommended supervisor(s) at this site:
- 8. The types of students served at this site? (demographics, nature of programs and services)
- 9. Other comments/recommendations/cautions

B. Development of Professional Skills (treatment, evaluation and consultation skills)

THE SUPERVISOR:

1.	. . . . assisted me in coherent conceptualization of issues	1	2	3	4	5	n/a
2.	. . . . assisted me in translation of specific ways to proceed	1	2	3	4	5	n/a
3.	. . . . was effective in helping to develop both short and long-range goals	1	2	3	4	5	n/a
4.	. . . . was effective in facilitating me in other relationships with other professionals in the institution	1	2	3	4	5	n/a
5.	. . . . was sensitive and knowledgeable to ethical concerns or issues	1	2	3	4	5	n/a
6.	Added Comments:						

C. Summary:

1. Describe something specific that your supervisor did which contributed significantly to your learning during this experience.
2. Describe specific changes you would suggest this supervisor incorporate to improve student learning in future supervision experiences.

NEW SITE SUPERVISOR INFORMATION
Shippensburg University
Department of Counseling and College Student Personnel

Today's date:

Salutation and full name:

Current employer and/or school district:

Site, building, or school where you are currently placed:

Job title:

Work address:

City:

State:

Zip Code:

Work phone with area code & extension:

Work email:

Clinical experiences available at your site (circle one or both): Practicum Field/Internship

Highest Earned Degree (circle one): Associate's Bachelor's Master's Doctoral

Institution:

Year:

Major:

Was your program CACREP accredited at time of your graduation? (circle one): Yes No Unsure

Do you hold a *license* for a helping services-related position? (circle one): Yes No

Examples of licenses include LPC, Psychologist, LCSW, etc.

If yes, in what area/field?

In which state(s):

Do you hold any professional certification(s)? (circle one): Yes No

Examples of certifications include NCE, CCMHC, CSAC, Pupil Services, K-12 School Cnslg, Health Svcs. etc.

If yes, please list:

Years in the counseling or helping services profession:

Area of Specialty:

Examples include College Cnslg, Student Personnel, Community Cnslg, Mental Health Cnslg, School Cnslg

Do you have a specific area of expertise within this specialty? (circle one): Yes No

Examples include Groups, Marriage and Family, Drug and Alcohol, Financial Aid, Career, etc.

If yes, please list:

Supervisory Experience and Training:

How many years have you actively supervised counseling trainees?

Have you received any formal training in supervision? (circle one): Yes No

If yes, where?

Type of training (class/webinar/workshop, etc.)?

Approximate date(s) of training?

Approach or model used in your Clinical Supervision (if known/applicable):

Would you be interested in attending a brief in-service training session re the supervision of trainees? Yes No

Insurance

***Note* Everyone in Practicum and Field, regardless of specialization, needs insurance**