

# 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 and links 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**
- Clearances**
  - FBI**
  - Pennsylvania Criminal Background Check**
  - Pennsylvania Child Abuse Clearance**
- Contact site supervisor and set up interview**
- New site supervisor form (if new supervisor)**
- 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.

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**

<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 1<sup>st</sup> – for Spring Registration
- b) April 1<sup>st</sup> – 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.).

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**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

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

## 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 1<sup>st</sup> – for Spring Registration
- b) April 1<sup>st</sup> – for Summer and Fall Registration's

Check the one that applies to you:

- \_\_\_\_\_ I was granted candidacy (give date) \_\_\_\_\_.
- \_\_\_\_\_ I understand I must have candidacy before I can register for Field.

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

- \_\_\_\_\_ 580 – Field Experience I \_\_\_\_\_ 589 – Field Experience II
- \_\_\_\_\_ 590 – Advanced Field Experience \_\_\_\_\_ School Certification

**Late forms will result in registration denial for that term.**

-----  
**PART A: TO BE COMPLETED BY THE FIELD STUDENT**

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

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**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 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 107.

# Insurance

Places to get insurance

- ACA-American Counseling Association
  - **Student - \$89**  
Individuals who are enrolled at least half-time in a college or university program. Insurance included with membership.

# Clearances

These forms are needed for students in the school and mental health specialization.

- Pennsylvania Child Abuse History Clearance Form (CY-113)  
(<http://www.dpw.state.pa.us/servicesprograms/childwelfare/003671038.htm>)
- Pennsylvania State Police Request for Criminal record Check Form (SP4-164)  
(Pennsylvania background check- <https://epatch.state.pa.us/Home.jsp>)
- FBI background check- <http://www.fbi.gov/hq/cjisd/fprequest.htm>  
[www.pa.cogentid.com /index.htm](http://www.pa.cogentid.com/index.htm)

## *Criminal Record Check and PA Child Abuse History Clearance*

**To obtain the REQUEST FOR CRIMINAL HISTORY CHECK follow the guidelines below:**

1. Go to the Pennsylvania State Police webpage at <http://epatch.state.pa.us>
2. Just Click on State Police Request for Criminal Record Check on the forms and Applications page. Or, you can go to and request online (credit card required). Immediate, printable results if you do it that way.

**You may now request a Criminal History Check ONLINE utilizing the PATCH system:**

1. Go to the Pennsylvania State Police webpage at [www.psp.state.pa.us](http://www.psp.state.pa.us)
2. In center of the page, under PSP Service, click on Criminal History Request.
3. You will find yourself on the PATCH (PA Access to Criminal History) Site. Review their disclaimer and follow the instructions to submit a request online.

**To obtain the PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE follow the guidelines below:**

1. Go to the Pennsylvania Department of Public Welfare webpage at [www.dpw.state.pa.us](http://www.dpw.state.pa.us)
2. Click on "GENERAL INFORMATION"
3. Click on "Forms & Publications" either in the left-hand column or center of page.
4. Click on "Pennsylvania Child Abuse History Clearance Form".
5. This page contains instructions the Child Abuse History Clearance Form and its instructions. It also contains the PA State Police Request for Criminal Record Check.

You will need to download the form and send it in with a \$10 money order. These forms are also available on the first floor lobby of Shippen Hall.

## **FBI Background Check**

Revised January 18, 2017

To register for *FBI fingerprinting*, go to [www.pa.cogentid.com /index.htm](http://www.pa.cogentid.com/index.htm) and click on PDE for school work or click on PDW for mental health work. The fee is \$40 for PDE and \$35 for PDW, and a credit card is required for the payment. After registering, print out the control form, click on home, click on PDE/PDW again, and click on Print Locations and Hours.

## **Mental Health Hour Logs**

**Field Experience Verification Log – Community Mental Health Counseling  
Shippensburg University - Department of Counseling**

Name \_\_\_\_\_ Year/Semester \_\_\_\_\_

Field Site \_\_\_\_\_

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

Week Number \_\_\_\_\_

Dates \_\_\_\_\_

- \_\_\_\_\_ Individual Counseling
- \_\_\_\_\_ Group Counseling
- \_\_\_\_\_ Family Counseling
- \_\_\_\_\_ Testing & Assessment
- \_\_\_\_\_ Professional Consultation
- \_\_\_\_\_ \_\_\_\_\_

- \_\_\_\_\_ Inservice Training
- \_\_\_\_\_ Staff or Team Meeting
- \_\_\_\_\_ Case Recording
- \_\_\_\_\_ Collateral Contact
- \_\_\_\_\_ Intern Supervision
- \_\_\_\_\_ \_\_\_\_\_

Total Hours at Site This Week \_\_\_\_\_

Week Number \_\_\_\_\_

Dates \_\_\_\_\_

- \_\_\_\_\_ Individual Counseling
- \_\_\_\_\_ Group Counseling
- \_\_\_\_\_ Family Counseling
- \_\_\_\_\_ Testing & Assessment
- \_\_\_\_\_ Professional Consultation
- \_\_\_\_\_ \_\_\_\_\_

- \_\_\_\_\_ Inservice Training
- \_\_\_\_\_ Staff or Team Meeting
- \_\_\_\_\_ Case Recording
- \_\_\_\_\_ Collateral Contact
- \_\_\_\_\_ Intern Supervision
- \_\_\_\_\_ \_\_\_\_\_

Total Hours at Site This Week \_\_\_\_\_

Week Number \_\_\_\_\_

Dates \_\_\_\_\_

- \_\_\_\_\_ Individual Counseling
- \_\_\_\_\_ Group Counseling
- \_\_\_\_\_ Family Counseling
- \_\_\_\_\_ Testing & Assessment
- \_\_\_\_\_ Professional Consultation
- \_\_\_\_\_ \_\_\_\_\_

- \_\_\_\_\_ Inservice Training
- \_\_\_\_\_ Staff or Team Meeting
- \_\_\_\_\_ Case Recording
- \_\_\_\_\_ Collateral Contact
- \_\_\_\_\_ Intern Supervision
- \_\_\_\_\_ \_\_\_\_\_

Total Hours at Site This Week \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**COMPLETION FORMS**  
**CLINICAL MENTAL HEALTH COUNSELING**  
**PRACTICUM / FIELD I / FIELD I / II / ADVANCED FIELD**

This packet contains forms necessary for the completion of your counseling 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.

## SKILLS RUBRIC FOR MIDTERM AND FINAL EVALUATION

Student's Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Agency/Site: \_\_\_\_\_

**RATINGS: Please evaluate your supervisee's skill development using the ratings below**

excellent	3
acceptable	2
weak	1
absent	0
not applic.	N/A

<b>ETHICAL AND LEGAL ISSUES</b>	<b>MID-EVAL. RATE</b>	<b>FINAL EVAL. RATE</b>
Appropriate pre-session disclosures (e.g., duty to warn)		
Awareness and execution of legal, ethical, and procedural concerns/issues		
Policy and Procedure		
Maintains boundaries		
<b>CLINICAL FOUNDATION SKILLS</b>		
Presence and authenticity		
Unconditional positive regard and acceptance		
Empathy		
Case conceptualization		
Avoids advice giving/fixing		
Awareness and ability to broach cultural issues		
Appropriate goal setting/treatment planning		
Documentation		

MICROSKILLS		
listening		
attending		
encouragers		
restatements		
clarifying		
reframing		
reflections		
summaries		
confrontations/challenges		
effective silence		
immediacy		
probes & questions		
themes and metaphors		
Opening of session		
Closing and termination		

Additional Comments and/or Suggestions:

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

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

Signature of Counselor:

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



The evaluation forms were recently changed in response to site supervisor feedback; your feedback on the new evaluation forms would be appreciated:

yes,  no,  somewhat Evaluation items are clear and important .  
 yes,  no,  somewhat Evaluation forms were relevant to the internship experience.  
 yes,  no,  somewhat Evaluation forms were relevant to our site.  
 yes,  no,  somewhat The evaluations forms contributed to a meaningful review process.  yes,  no,  somewhat The new evaluation forms are an improvement over the previous forms.

This is my first time completing evaluations for Ship interns/students

I have previously completed evaluations for Ship students

Comments and/or suggestions for continued improvement on evaluation forms:

**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: \_\_\_\_\_

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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. They involved me right away	_____	_____
c. Orientation continued as needed	_____	_____
2. Professional Treatment		
a. Professional expectations	_____	_____
b. I was included in activities	_____	_____
c. I was treated with respect, as a peer	_____	_____
d. They consulted me for ideas	_____	_____
e. They made me feel welcome	_____	_____
3. Quality of Supervision		
a. Supervision was regularly scheduled	_____	_____
b. Supervision was helpful	_____	_____
c. Supervision was geared to my level of training	_____	_____
d. Supervision was supportive	_____	_____
4. Experiences		

- a. Appropriate clients were plentiful \_\_\_\_\_
  - b. I learned the overall agency operation \_\_\_\_\_
  - c. I had appropriately challenging duties \_\_\_\_\_
  - d. I felt that I made a contribution \_\_\_\_\_
  - e. I rarely felt lost, bored, or left out \_\_\_\_\_
5. Global Evaluation
- a. I learned much at this site \_\_\_\_\_
  - b. I felt well prepared for assignments at this site \_\_\_\_\_
  - c. I would recommend this site for future assignments \_\_\_\_\_
6. List major activities you engaged in:
7. Name the supervisor(s) you would recommend at this site:
8. What types of clients are available at this site? (age, sex, nature of concerns presented, degree of severity of issues, etc.)
9. Other comments/recommendations/cautions

----- **EVALUATION OF SUPERVISOR FORM (Counseling Program)** -----  
**(To be completed by student at end of Semester)**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Supervisor's Name

The Supervisor Served as a Supervisor for the (check one) \_\_\_ Practicum \_\_\_ Field Level

**USE THE RATING SCALE 1=Poor 2=Fair 3=Average 4=Very Good 5=Excellent**

A. General Characteristics of Supervision

**THE SUPERVISOR:**

- |     |  |   |   |   |   |   |     |
|-----|--|---|---|---|---|---|-----|
| 1.  | . . . . was available for discussion, questions, etc.                      | 1 | 2 | 3 | 4 | 5 | n/a |
| 2.  | . . . . kept sufficiently informed of my cases                             | 1 | 2 | 3 | 4 | 5 | n/a |
| 3.  | . . . . allotted sufficient time for supervision                           | 1 | 2 | 3 | 4 | 5 | n/a |
| 4.  | . . . . was interested in and committed to individual supervision          | 1 | 2 | 3 | 4 | 5 | n/a |
| 5.  | . . . . set clear objectives and responsibilities for supervision          | 1 | 2 | 3 | 4 | 5 | n/a |
| 6.  | . . . . provided direct observation with clients (live/audio/video)        | 1 | 2 | 3 | 4 | 5 | n/a |
| 7.  | . . . . used effective aids in supervision (role-playing/recordings, etc.) | 1 | 2 | 3 | 4 | 5 | n/a |
| 8.  | . . . . presented a positive role model                                    | 1 | 2 | 3 | 4 | 5 | n/a |
| 9.  | . . . . provided regular feedback on performance                           | 1 | 2 | 3 | 4 | 5 | n/a |
| 10. | . . . . encouraged appropriate independence                                | 1 | 2 | 3 | 4 | 5 | n/a |
| 11. | . . . . demonstrated concern and interest in my progress, problems, ideas  | 1 | 2 | 3 | 4 | 5 | n/a |
| 12. | . . . . maintained reasonable expectations                                 | 1 | 2 | 3 | 4 | 5 | n/a |
| 13. | . . . . maintained appropriate interpersonal distance                      | 1 | 2 | 3 | 4 | 5 | n/a |
| 14. | . . . . treated me in a professional manner                                | 1 | 2 | 3 | 4 | 5 | n/a |

15. Added Comments:

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

THE SUPERVISOR:

1.	. . . . assisted student in coherent conceptualization of cases	1	2	3	4	5	n/a
2.	. . . . assisted student in translation of conceptualization into specific techniques or procedures	1	2	3	4	5	n/a
3.	. . . . was effective in providing suggestions for specific techniques	1	2	3	4	5	n/a
4.	. . . . was effective in helping to develop both short and long-range goals for clients	1	2	3	4	5	n/a
5.	. . . . was effective in facilitating student in other relationships with other professionals in the agency or site	1	2	3	4	5	n/a
6.	. . . . was sensitive to ethical concerns or issues	1	2	3	4	5	n/a
7.	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.

## Counseling 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.

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**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

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**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  
\_\_\_\_\_

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**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. Client contact hours verified:  
\_\_\_\_ Individual contact hours with clientele served on site  
\_\_\_\_ Group contact hours with clientele 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 \_\_\_\_\_

**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**

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 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.