

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!

The following school districts MAY NOT BE CONTACTED DIRECTLY.

Students are not to contact any counselors in the **Carlisle schools, Central Dauphin Schools, Cumberland Valley, Shippensburg, and Upper Adams districts.** Please contact your advisor if you are interested in doing your practicum or field placements at either of these sites. This is a request from the school districts. We do not want to risk severing any ties with these districts.

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 (If school or mental health)
 - FBI- finger printing-school only unless indicated by the MH site
 - Pennsylvania Criminal Background Check
 - Pennsylvania Child Abuse Clearance
- Contact site supervisor and set up interview
- Complete practicum or field registration forms with both on site supervisor and academic supervisor (initial sheet, goals, and what to expect-Section C on form)
- New site supervisor form (if new supervisor)

**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.

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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.

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.

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.

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 115.

Insurance

***Note* Everyone in Practicum and Field, regardless of specialization, needs 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.
- ASCA-American School Counselor Association
 - \$60 for students to join, insurance through 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
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
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.

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FBI Background Check

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.

School Hours Log
Field Experience Verification Weekly Log
Shippensburg University Department of Counseling

Name _____ Year/Semester _____

Field Site _____ Field Supervisor _____

Direct Services¹

Indirect Services²

Week # _____, Date Week Begins _____	Total Hours at Site This Week _____
Hr. _____ Min. _____ Individual Counseling	Hr. _____ Min. _____ Observe (special/reg. ed.)
Hr. _____ Min. _____ Group Counseling	Hr. _____ Min. _____ Scheduling (not direct student)
Hr. _____ Min. _____ Classroom Guidance	Hr. _____ Min. _____ Planning/Preparation
Hr. _____ Min. _____ Individual Appraisal	Hr. _____ Min. _____ Group Testing/Assessment
Hr. _____ Min. _____ New Student Orient./Transfer	Hr. _____ Min. _____ Child Study/S.A.P./T.
Hr. _____ Min. _____ Career/Exploration, Computer	Hr. _____ Min. _____ Information/Data Search
Hr. _____ Min. _____ Evening Workshop/Present.	Hr. _____ Min. _____ Review of Student Records
Hr. _____ Min. _____ Parent Meeting/Consult	Hr. _____ Min. _____ Intern Supervision (Field)
Hr. _____ Min. _____ Teacher/Admin. Consult	Hr. _____ Min. _____ Staff/Team Meeting
Hr. _____ Min. _____ Other Direct Service (list):	Hr. _____ Min. _____ Other Indirect Service (list):

Week # _____, Date Week Begins _____	Total Hours at Site This Week _____
Hr. _____ Min. _____ Individual Counseling	Hr. _____ Min. _____ Observe (special/reg. ed.)
Hr. _____ Min. _____ Group Counseling	Hr. _____ Min. _____ Scheduling (not direct student)
Hr. _____ Min. _____ Classroom Guidance	Hr. _____ Min. _____ Planning/Preparation
Hr. _____ Min. _____ Individual Appraisal	Hr. _____ Min. _____ Group Testing/Assessment
Hr. _____ Min. _____ New Student Orient./Transfer	Hr. _____ Min. _____ Child Study/S.A.P./T.
Hr. _____ Min. _____ Career/Exploration, Computer	Hr. _____ Min. _____ Information/Data Search
Hr. _____ Min. _____ Evening Workshop/Present.	Hr. _____ Min. _____ Review of Student Records
Hr. _____ Min. _____ Parent Meeting/Consult	Hr. _____ Min. _____ Intern Supervision (Field)
Hr. _____ Min. _____ Teacher/Admin. Consult	Hr. _____ Min. _____ Staff/Team Meeting
Hr. _____ Min. _____ Other Direct Service (list):	Hr. _____ Min. _____ Other Indirect Service (list):

Week # _____, Date Week Begins _____	Total Hours at Site This Week _____
Hr. _____ Min. _____ Individual Counseling	Hr. _____ Min. _____ Observe (special/reg. ed.)
Hr. _____ Min. _____ Group Counseling	Hr. _____ Min. _____ Scheduling (not direct student)
Hr. _____ Min. _____ Classroom Guidance	Hr. _____ Min. _____ Planning/Preparation
Hr. _____ Min. _____ Individual Appraisal	Hr. _____ Min. _____ Group Testing/Assessment
Hr. _____ Min. _____ New Student Orient./Transfer	Hr. _____ Min. _____ Child Study/S.A.P./T.
Hr. _____ Min. _____ Career/Exploration, Computer	Hr. _____ Min. _____ Information/Data Search
Hr. _____ Min. _____ Evening Workshop/Present.	Hr. _____ Min. _____ Review of Student Records
Hr. _____ Min. _____ Parent Meeting/Consult	Hr. _____ Min. _____ Intern Supervision (Field)
Hr. _____ Min. _____ Teacher/Admin. Consult	Hr. _____ Min. _____ Staff/Team Meeting
Hr. _____ Min. _____ Other Direct Service (list):	Hr. _____ Min. _____ Other Indirect Service (list):

Intern Signature _____

Site Supervisor Signature _____

Date _____

¹ In order to record hours for direct services (found listed in the left-hand column), interns must provide individual or group, face-to-face service with a student, parent, and/or professional client or consultee. Phone consultation with parents or professionals is acceptable. Be reminded a minimum of 50% of your total time must be direct service. ² On occasion child study/S.A.P./T. can be recorded as direct service. Check with your field supervisor.

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 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 SCHOOL COUNSELING

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.

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. 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	_____	_____

(over)

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.

Level of Proficiency	Not observed or not performed	Unsatisfactory	Marginal Bottom 50%	Competent Top 50%	Proficient Top 10%	Elite Top 2%
Expectations Status	Unknown	Unmet	Met minimally	Met fully	Exceeded	Elite
Peer/norm Reference	Not applicable	Failing in comparison to other interns	Below average in comparison to other interns	Average in comparison to other interns	Above average in comparison to other interns	Superior in comparison to other interns
SCORE	0	1	---2--->---3--- -->	4	---5--->---6--- -->	7

Direct counseling services

Counseling students individually using developmentally appropriate approaches.

0 1 2 3 4 5 6 7

Crisis management services as needed.

0 1 2 3 4 5 6 7

Facilitates counseling and psycho-educational groups for students.

0 1 2 3 4 5 6 7

Conducts classroom guidance lessons.

0 1 2 3 4 5 6 7

Conducts conflict resolution and mediation with students.

0 1 2 3 4 5 6 7

Conducts play therapy and non-verbal approaches (for elementary school counselors).

0 1 2 3 4 5 6 7

Comments about Direct counseling services: _____

Consultation, Collaboration, & Coordination of Services

Conducts parent-teacher conferences/child study team meetings.

0 1 2 3 4 5 6 7

Conducts guidance programs for parents.

0 1 2 3 4 5 6 7

Consults with other school faculty (e.g. teachers, administrators, social workers, etc.) and community-based resources to obtain information about students.

0 1 2 3 4 5 6 7

Determines when to notify administrators, parents, Children & Youth, social workers, or legal authorities of particular situations involving students.

0 1 2 3 4 5 6 7

Makes referrals to appropriate school-based resources (e.g. SAP Team, Local Screening Committee for Special Education) or community-based resources (e.g. a shelter for homeless children) on students' behalf.

0 1 2 3 4 5 6 7

Coordinates services (e.g. 504 plans) for students receiving resources from the school and community.

0 1 2 3 4 5 6 7

Level of Proficiency	Not observed or not performed	Unsatisfactory	Marginal Bottom 50%	Competent Top 50%	Proficient Top 10%	Elite Top 2%
Expectations Status	Unknown	Unmet	Met minimally	Met fully	Exceeded	Elite
Peer/norm Reference	Not applicable	Failing in comparison to other interns	Below average in comparison to other interns	Average in comparison to other interns	Above average in comparison to other interns	Superior in comparison to other interns
SCORE	0	1	---2--->---3-- -->	4	---5--->---6-- -->	7

Demonstrates competence in managing Special Education-related issues including IEPs, 504 plans, RTI, etc.

0 1 2 3 4 5 6 7

Enrolls new students, explains the school's curricular offerings, builds class schedules with students, and makes schedule changes as needed for students.

0 1 2 3 4 5 6 7

Comments about consultation, collaboration, and coordination of services: _____

Advising:

Academic advising (grades, promotion status, graduation status, etc.)

0 1 2 3 4 5 6 7

Testing/assessment advising including PSSAs, ITBS/Stanford/OL/Terra Nova, PSATs, SATs, ACTs, ASVAB, etc.).

0 1 2 3 4 5 6 7

Identifies academically at-risk students and implements specific interventions

0 1 2 3 4 5 6 7

College advising (for Secondary-level trainees).

0 1 2 3 4 5 6 7

Scholarships and financial aid advising (for Secondary-level trainees).

0 1 2 3 4 5 6 7

Post-secondary and career advising/planning (trade schools, 2-year colleges, military options, etc.) (for Secondary-level trainees).

0 1 2 3 4 5 6 7

Comments about advising: _____

Level of Proficiency	Not observed or not performed	Unsatisfactory	Marginal Bottom 50%	Competent Top 50%	Proficient Top 10%	Elite Top 2%
Expectations Status	Unknown	Unmet	Met minimally	Met fully	Exceeded	Elite
Peer/norm Reference	Not applicable	Failing in comparison to other interns	Below average in comparison to other interns	Average in comparison to other interns	Above average in comparison to other interns	Superior in comparison to other interns
SCORE	0	1	---2--->---3-- -->	4	---5--->---6-- -->	7

Diversity-related competencies:

Establishes rapport and demonstrates competency in working with racially and ethnically diverse students.

0 1 2 3 4 5 6 7

Establishes rapport and demonstrates competency in working with students who speak English as a second language.

0 1 2 3 4 5 6 7

Establishes rapport and demonstrates competency in working with students who have learning disabilities.

0 1 2 3 4 5 6 7

Establishes rapport and demonstrates competency in working with students who have emotional disabilities.

0 1 2 3 4 5 6 7

Establishes rapport and demonstrates competency in working with gifted students.

0 1 2 3 4 5 6 7

Comments about diversity: _____

Professionalism:

Dresses appropriately for working in school settings and is in compliance with prevailing building standards.

0 1 2 3 4 5 6 7

Arrives consistently on time and works his/her assigned hours.

0 1 2 3 4 5 6 7

Maintains a professionally appropriate, positive attitude/demeanor towards work, students, and colleagues.

0 1 2 3 4 5 6 7

Actively seeks opportunities to work with students and, when applicable, other school personnel.

0 1 2 3 4 5 6 7

Initiates and takes responsibility for assigned duties and completes them consistently.

0 1 2 3 4 5 6 7

Hears and utilizes feedback offered by site supervisor and colleagues on site.

0 1 2 3 4 5 6 7

Level of Proficiency	Not observed or not performed	Unsatisfactory	Marginal Bottom 50%	Competent Top 50%	Proficient Top 10%	Elite Top 2%
Expectations Status	Unknown	Unmet	Met minimally	Met fully	Exceeded	Elite
Peer/norm Reference	Not applicable	Failing in comparison to other interns	Below average in comparison to other interns	Average in comparison to other interns	Above average in comparison to other interns	Superior in comparison to other interns
SCORE	0	1	---2--->---3-- -->	4	---5--->---6-- -->	7

Other:

Classroom management skills while performing classroom guidance lessons etc.

0 1 2 3 4 5 6 7

Demonstrates general testing-related competency including test administration, interpretation of results, and organization/record-keeping.

0 1 2 3 4 5 6 7

Uses technology including computer hardware and software to manage student information effectively and efficiently.

0 1 2 3 4 5 6 7

Collects data related to school counseling to validate the effect of services on academic and learning outcomes for students.

0 1 2 3 4 5 6 7

Manages time effectively and multitasks as needed.

0 1 2 3 4 5 6 7

Demonstrates knowledge of the American School Counseling Association's (ASCA) model for school counseling programs.

0 1 2 3 4 5 6 7

Demonstrates accurate and current knowledge of school's overall guidance program and acts appropriately to support it.

0 1 2 3 4 5 6 7

Demonstrates accurate and current knowledge of specific site/school policies pursuant to education and minors and acts appropriately to abide by them.

0 1 2 3 4 5 6 7

Comments about professionalism and other: _____

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

Competency in Ethics: *NOTE SLIGHT CHANGE OF SCALE (ABOVE)

Recognizes ethical dilemmas

0 1 2 3 4 5 6 7

Upholds laws and professional ethical standards

0 1 2 3 4 5 6 7

Comments about ethics: _____

Additional Comments:

Student's Name

Name of Site

Term covered (F or S), year

Supervisor's Printed Name

Supervisor's Signature

Date

Revised January 18, 2017

Multicultural Interaction Log

This log is for your recording of the various multicultural interactions during your internship. If you meet weekly/regular with a student, you may maintain that information on a single log sheet.

Name of Counselor Intern

Date

Site

1. What specific cultural group does the individual(s) belong to (African American, Asian, Goth, Gays, Lesbians, Bisexuals, SES, a gang, religion/spirituality, disabled, emotional support students, etc.)?
2. Is this a new interaction? If so, what have you learned about this culture and meeting this person's needs?
3. If this is a second (or later) interaction with this individual, what is the number of times you've met?
4. If this is a second (or later) interaction with this individual, what if anything have you adjusted to meet this individual's needs more effectively?
5. Are there potentially any ways for you to advocate regarding resources, understanding, or otherwise to teachers, administrators, parents, or peers on behalf of this individual?

6. If you have advocated on behalf of this individual, what did you do and what was your experience like?

7. What if anything have you learned about working more effectively with diverse individuals as a whole?

8. a) At some point during your internship, approach the administration requesting what data they may have about the numbers of diverse students on site, and record that data.

b) Please maintain a running record of the total number and type of multicultural interactions during your internship.

Diversity and Advocacy Log

This log is for your recording of the various multicultural interactions during your internship. If you meet weekly/regular with a student, you may maintain that information on a single log sheet.

Name of Candidate / Intern	Date	Site
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1. What specific cultural group does the individual(s) belong to (African American, Asian, Goth, Gays, Lesbians, Bisexuals, SES, a gang, religion/spirituality, disabled, emotional support students, etc.)?

2. Is this a new interaction? If so, what have you learned about this culture and meeting this person's needs?

3. If this is a second (or later) interaction with this individual, what is the number of times you've met?

4. If this is a second (or later) interaction with this individual, what if anything have you adjusted to meet this individual's needs more effectively?

Diversity and Advocacy Rating Form

This rating form is for candidates (interns) to assess their thoughts regarding their learning, interactions, and skills when working with diverse students this semester. Diversity is defined in the broadest sense and includes race, ethnicity, culture, gender, socioeconomic status, religion, special needs, and other areas of difference. Respond to the following items according to the rating instructions below:

1 = Needs Improvement, 2 = Proficient, 3 = Distinguished

_____ I have learned more this semester about working effectively with diverse students.

_____ I have broached to discuss diversity issues when working with diverse students.

_____ I have identified situations where advocacy was needed for diverse students.

_____ I have been proactive with diverse students when unmet needs seemed likely rather than waiting for them to request services.

_____ I have made adjustments in my responses to diverse individuals based upon new awareness and learning during the semester.

_____ I have taken steps to advocate (communicate with others, consult, intervene, provide direction or resources, etc.) for diverse students when needed.

Additional Candidate Comments:

Candidate _____ Year _____ Semester _____

Circle below what applies to you:

Practicum Field I Field II

Site Supervisor _____ Date _____

Instructor _____ Date _____

