



### **Advanced Practicum Checklist Counselor Education Program**

- **Advanced Practicum Application:** This form must be signed by the student and the student's program adviser.
- **Site Agreement Form:** This form ensures all parties acknowledge the roles, responsibilities, expectations of the student and the site as it relates to the advanced practicum experience.
- **Supervisor Qualification Form:** Advanced practicum requires documentation qualifying your supervisor for the experience.
- **Supervision Contract:** Practicum requires supervision of no less than one hour per week. This form serves as verification and description of counseling supervision and agreement thereto.
- **Professional Liability Insurance:** Advanced practicum requires new documentation of student professional liability insurance in the amount of 1 million dollars per incident and a minimum of 3 million dollars total.
- **Ethics Review Form:** Advanced practicum requires that students and site supervisors endorse the ACA Code of Ethics (2014), as well as the guidelines specific to their specific placement. Students and site supervisor(s) will review and sign the *Ethical Guidelines*.
- **Student Evaluations:** Students are required to submit a **mid-term evaluation** completed by their site supervisor(s). At the end of the semester/exit interview students will submit a **final evaluation** completed by their site supervisor(s).
- **Student Evaluation of Supervisor:** Students are required to submit a final evaluation of their supervisor to the practicum instructor at the end of the semester/exit interview.



**Advanced Practicum Application  
Counselor Education Program**

Student Name:		Rocket #	
Address		Home Phone #	
		Work Phone #	
		Cell Phone #	
Email Address			

**Semester:** Fall\_\_\_\_ Spring\_\_\_\_ Summer\_\_\_\_ **Year:** \_\_\_\_

Do you have an approved program of study on file? Yes\_\_\_\_ No \_\_\_\_\_

Advisor's Name	
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**Advisor Statement:** I have reviewed the student’s Advanced Practicum Application Form and completed the Student’s Evaluation Form.

**Advisor Signature:** \_\_\_\_\_

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

**Student Statement:** I have been advised, and understand, that all course prerequisites must be successfully completed (B or higher in each course) and Student Professional Liability Insurance secured prior to being accepted into the advanced practicum course. I further understand that my agency/school may require me to obtain an official background check at my expense which is to be sent to the agency/school, not the university. I understand that if I do not complete any of the above requirements and/or fail to submit the necessary practicum paperwork, I will forfeit my reservation in practicum and be placed on the waitlist for future practicum sections.

**Student Signature:** \_\_\_\_\_

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



**Site Agreement  
Counselor Education Program**

As a student in the Counselor Education Program, \_\_\_\_\_ (**Student's Name**) is contracting with \_\_\_\_\_ (**Site Name**) to fulfill the requirements of their clinical experience.

1. The school/agency agrees to assign clients to the student and provide experiences in counseling, assessment, and treatment planning and intervention consistent with the student's level of training and ability. The practicum site will screen advanced practicum students' clients based on **mild to moderate concerns** suitable for short-term treatment such as: academic or career related issues, stress management, parenting issues, grief and separation, life adjustment, self-esteem, and relationship problems. Inappropriate clients would be individuals with serious mental or emotional disorders and who have tendencies toward suicide or violence and who require more long-term care.
2. The site and Site Supervisor hold ultimate responsibility for the welfare of the advanced practicum student's clients.
3. The school/agency agrees to develop a work schedule and case assignment procedures consistent with the requirements of the clinical experience as specified in the Advanced Practicum Manual of the Counselor Education Program.
4. The student's role within the school/agency will be that of a student and the student shall function under the direct clinical supervision of **(Site Supervisor's Name, Degree, and Title)** who is qualified to provide supervision for students and is usually an employee of the school/agency. The Site Supervisor must meet and maintain academic requirements and licensure and/or certification necessary under state law. In addition, the Site Supervisor must have a minimum of two years of experience as a counselor.
5. The Site Supervisor agrees to provide an average of 1 hour of face-to-face, individual and/or triadic supervision per week.
6. The Site Supervisor agrees to observe the advanced practicum student's interactions with clients by direct observation, and audio-visual recordings to assess student development.
7. The Site Supervisor agrees to maintain bi-weekly contact with the practicum instructor in accordance with the supervision contract.
8. The Site Supervisor agrees to complete a midterm and final evaluation of the student on a form to be provided by the Program.
9. The student shall function as a member of the program's/agency's staff consistent with the level of training and ability. In exchange, the student agrees to abide by and conform behavior to school/agency policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the student and school/agency that this Agreement does not give rise to an employment relationship between the student and school/agency and the student is not entitled to any employee benefits because of this agreement.

10. The student agrees to obtain at his or her own expense professional liability insurance (minimum \$1,000,000 each incident, \$3,000,000 aggregate) prior to starting his or her clinical experience and to maintain such insurance throughout his or her clinical experience except where such requirements are waived by the school/agency in writing. The student will provide proof of insurance to the Site Supervisor and to the UT Practicum Instructor.
11. The Program reserves the right to withdraw a student from their clinical experience placement when, in the Program's judgment, the experience does not meet the needs of the student.
12. The school/agency may resolve any problem situation in favor of clients' welfare and may take the client assignment from the student. If deemed necessary by the school/agency, the student may be removed from the school/agency and required to withdraw from the clinical experience site.
13. Note that nothing in this document supersedes the Affiliation Agreement.
14. This agreement will commence on \_\_\_\_\_ and will terminate on \_\_\_\_\_. This agreement is subject to renegotiation or termination upon written receipt of fifteen (15) day notice by either party. Any amendments or changes to the agreement prior to its expiration must be mutually agreeable to all parties who are signatories to the Agreement.

<b>Site Representative Signature</b> (e.g., Principal, Site Administrator, Clinical Director)	<b>Date</b>
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<b>Site Supervisor Signature</b>	<b>Date</b>
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<b>Student (Student) Signature</b>	<b>Date</b>
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I have received, read, and understand the Advanced Practicum Manual for the Counselor Education Program.

**Site Supervisor Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Initials** \_\_\_\_\_ **Date** \_\_\_\_\_



**Supervisor Qualification Form  
Counselor Education Program**

**Advanced Practicum Student Name:** \_\_\_\_\_

Name:			
Title:			
Business Address:			
Phone:		2 <sup>nd</sup> Phone:	
Fax:		Email:	
Scope or type of activities provided:			

**Licenses:**

License	State and/or Agency Awarding License	License Number	Date Awarded

**Certifications:**

Certification	State and/or Agency Awarding Certificate	Certificate Number	Date Awarded

**Degrees (most recent first):**

Degree	College or University	Program of Study	Date Awarded

**Work Experience (most recent first):**

Title	Agency or Institution	Starting Date	Ending Date

**Other Relevant Training:**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Advanced Practicum Supervision Contract Counselor Education Program

This contract serves as verification and a description of the counseling supervision provided by \_\_\_\_\_(Site Supervisor Name) to \_\_\_\_\_(Supervisee Name) in the Advanced Practicum (Circle: School or Clinical Mental Health Counseling) for the \_\_\_\_\_semester of 20\_\_\_\_\_.

**Purpose, Goals, and Objectives:** The purpose of supervision is to enhance the Supervisee’s counseling skills and promote development of the Supervisee’s competence and professional identity.

**Context of Supervision:** The supervisee will meet with the field placement site supervisor on a weekly basis for an average of one hour per week until the end of the semester. This weekly interaction may be individual and/or triadic supervision which will include biweekly consultation with the university instructor.

**Method of Evaluation:** The supervisor will evaluate the counseling skills of the supervisee on an on-going basis through weekly face-to-face supervision to assist the professional development of the Supervisee. The supervisor will complete Midterm and Final Evaluations of the practicum student. The Supervisor will keep the faculty instructor apprised of the student’s progress and will notify the faculty instructor of any concerns. The faculty instructor is responsible for assigning the final grade in the Counseling Practicum.

### Duties and Responsibilities of the Supervisor:

- The site Supervisor shall screen and select appropriate clients based on the developmental and skills level of the Supervisee.
- The Supervisor shall be responsible for informing clients that they will be seen by an advanced practicum student.
- The Supervisor shall insure sufficient client referrals to meet the needs of the advanced practicum student. It is expected that practicum students will obtain at least 40 hours of direct individual and group contact during their practicum.
- The supervisor is responsible for providing an average of one hour per week of clinical supervision for the practicum student and be available for consultation. Clinical supervision will focus on necessary counseling interventions to promote client welfare.
- The Site Supervisor agrees to observe the advanced practicum student’s interactions with clients by live observation and audio-visual recordings to assess student development.
- The site and site Supervisor hold ultimate responsibility for the welfare of the advanced practicum student’s clients.
- The Supervisor will complete a final written evaluation of the student’s knowledge, skills, and personal and professional development during the practicum experience. The practicum instructor will provide the format for the written evaluation.

- The Supervisor and faculty instructor will engage in biweekly consultation and the Supervisor will initiate contact with the faculty instructor when there are any questions or concerns regarding the student, expectations, or responsibilities.

**Duties and Responsibilities of the Practicum Student Supervisee:**

- The supervisee shall always conduct their behavior in accordance with the policies and procedures of the practicum site, and with the ethical standards of the American Counseling Association (ACA), the American School Counselor Association (ASCA), State of Ohio Laws, and other applicable standards of conduct.
- The supervisee shall maintain a work schedule that has been mutually agreed upon by the supervisee and the supervisor. The supervisee will notify the Supervisor of any anticipated absence or necessary schedule change.
- The supervisee shall demonstrate satisfactory knowledge, skills, and attitudes in the applicable competencies identified on the performance evaluation. The supervisee is expected to be introspective, open, and receptive to feedback, and demonstrate flexibility by making appropriate changes in response to feedback.
- The supervisee shall report any emergency/crisis situations with their clients immediately to their site Supervisor and to the faculty instructor.
- The supervisee shall attend individual and group supervision sessions as scheduled.
- The supervisee shall keep accurate records of weekly client contact hours, indirect hours, and supervisory hours.

**Terms of the Contract:** This contract is subject to revision at any time, upon the request of the Supervisor or Faculty Instructor. A formal review of the contract will be made at the midterm of the semester, and revisions will be made only with consent of the Supervisee and Supervisor. **I have read and agree to the terms set forth in this contract.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advanced Practicum Student**

\_\_\_\_\_  
**Date**

This contract is in effect from \_\_\_\_\_ to \_\_\_\_\_.  
 Date of revision or termination: \_\_\_\_\_.





## **Ethics Review Form Counselor Education Program**

Students enrolled in practicum or internship experiences are expected to adhere to the ethical guidelines set forth by the American Counseling Association (ACA) in the 2014 *Code of Ethics*. Students' actions should be consistent with the spirit of the ethical guidelines within the ACA *Code of Ethics*. Students are also expected to learn and adhere to the guidelines specific to their placement site. Students should contact their site supervisor or instructor with any questions or concerns about ethics or professional conduct during their practicum or internship. The following list of ethical principles is not exhaustive and should be considered the minimum standard of ethical practice for students to adhere:

**Professional Disclosure Statement and Professional Competence:** Students will explicitly state their status as a counseling student/counselor trainee, whom is under supervision, to clients/students at the outset of the counseling relationship. They will accurately represent their training, qualifications, and time limitations to providing services as a practicum or internship student. Students will recognize their limitations to training and abilities and must not exceed these at any time. Students will actively seek supervision and consultation with their site supervisor and university supervisor when such instances arise.

**Impairment and Self-Care:** Students will monitor themselves for signs of physical, mental, and emotional impairment and refrain from offering services when impaired. Students should seek assistance when impaired and limit, suspend, or terminate their professional responsibilities until it is determined safe to resume professional responsibilities. In addition, students will engage in self-care practices to maintain and promote their personal wellness to best meet their professional responsibilities.

**Confidentiality and Privacy:** Students will maintain awareness and sensitivity regarding the cultural meanings of confidentiality and privacy. Students will communicate the parameters of confidentiality and privacy to clients/students in a culturally competent manner. Students will protect the confidential information of clients/students and disclose information only with sound legal or ethical justification. Students should be familiar with the confidentiality procedures of their site placement and the laws of the state.

**Dual Relationships and Prohibited Noncounseling Roles and Relationships:** Students will refrain from providing services to persons with whom the student is previously or currently involved in other types of relationships. Under no circumstance shall a student engage in any sexual and/or romantic with current clients, their romantic partners, their family members, or with persons whom they have had a previous sexual and/or romantic relationship. Students do not condone or subject any person to any form of sexual harassment.

**Records and Documentation:** Students will ensure the accurate and timely documentation of clients/student services and progress. If amendments are made to records and documentation, students

will communicate the rationale for amendment and follow site specific policies as advised.

**Ethics Discussion with Site Supervisor:** Students and site supervisor(s) must discuss the ethical standards of professional conduct prior to the student engaging in any direct contact with clients/students and at any time throughout the students counseling experience at the site.

By signing below the student agrees to adhere to the above guidelines as well as the complete *Code of Ethics* (ACA, 2014). The site supervisor's signature indicates that ethical discussions with the student have taken place prior to working with any clients/students.

**Student Signature:** \_\_\_\_\_

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

**Site Supervisor Signature:** \_\_\_\_\_

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