College of Health and Human Services
Counselor Education Program
Practicum Counselor’s Manual

For Counseling Master’s Students Enrolled in
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Overview

The master’s degree programs in school counseling and clinical mental health counseling are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, the clinical mental health counseling program is accredited as a Community Counseling program). CACREP standards currently represent the highest standards for preparation of counselors in the nation. Many of the requirements for practicum described in this manual were adopted in order to meet CACREP standards. In addition, the practicum and internship experiences outlined here and in the Internship Manual have been designed to comply with counselor licensure standards set forth by the Ohio Counselor, Social Worker and Marriage and Family Therapist Board, and the Ohio Department of Education.

The requirements are extensive and demanding for the practicum course. In order to best be prepared to meet these demands, students must attend the practicum orientation and have read the Practicum Manual. In addition, students must have the practicum instructor’s permission in order to register for the practicum class. In order to receive this permission, students must have located a practicum site, and have completed all paperwork as outlined in the Practicum Manual. Completion of paperwork includes all necessary original signatures. Due to these requirements, it is very important for students to follow the suggested timelines for completion of paperwork and locating a practicum site. Students must have a site located and all paperwork completed before the beginning of the semester during which the student hopes to complete the practicum course. Students may not begin to see clients/students or perform any other direct services until ALL paperwork has been submitted to the practicum instructor. This paperwork begins on page 12 of the Practicum Manual.

Part of the process of acquiring a practicum site will most likely include an interview at the site. It is important to present yourself as a professional as though you are applying for a position at that site, which would include professional attire. Therefore, you will need to take with you an updated resume. The Writing Center, located at Carlson Library, or the Career Services Center, located at the Student Union, are available for students desiring feedback on their resume. When students go for an initial interview with a practicum site they need to take a complete copy of the Practicum Manual, as well as all paperwork that prospective supervisor would need to sign. It is helpful to have as much of the paperwork completed as possible for the supervisor before coming to the interview. Please note that on the Clinical Site Agreement form you will also need to have the signature of the Principal, Site Administrator, or Clinical Coordinator. This is especially important as students are expected to have all paperwork completed in entirety, which includes all signatures, in order to receive permission from the Practicum Instructor to register for Practicum. Also, please note that on the bottom of the Clinical Site Agreement form both student and supervisor will be asked to initial that they have read and understood the Practicum Manual. It is important that the student read and understand the Practicum Manual before the initial interview in order to be able to answer questions for the supervisor.

Students who are working full time will have to make special efforts to accommodate these demands and allocate adequate time to complete these requirements. The Counseling Practicum and Internship must be taken through the UT Counselor Education Program (i.e., transfer credit cannot be substituted for these courses).

The practicum experience in the Counselor Education Program (COUN 5190) provides the beginning counselor with the opportunity to engage in the practice of counseling under the training supervision of Counselor Education Program faculty and the clinical supervision of site supervisors. Clinical mental health counseling students will see clients at a clinical mental health agency or related institution that provides mental health counseling. School counseling students will see clients through a school(s). Students are responsible for locating their own practicum sites. A partial list of sites with whom The University of Toledo has affiliation.
agreements found on the Practicum and Internship Sites link located at [http://www.utoledo.edu/hhs/counselor-education/4Students/PDFs/Affiliation%20Agreement%20Sites%203.2016.pdf](http://www.utoledo.edu/hhs/counselor-education/4Students/PDFs/Affiliation%20Agreement%20Sites%203.2016.pdf). Also, if you find an agency or school where you would like to complete your practicum experience and The University of Toledo does not have an affiliation agreement with them, please contact the program’s Coordinator of Clinical Services, Dr. Christopher Roseman at [Christopher.Roseman@utoledo.edu](mailto:Christopher.Roseman@utoledo.edu) to initiate this process.

Each practicum student shall accumulate a minimum of 40 clock hours of direct service with clients, in individual and group experiences. Practicum students are expected to lead or co–lead a group(s) as part of their practicum experience. The group experience can be a therapy group, support group, drug awareness group, education group, or other group as long as it consists of real clients and is similar to the kind of groups the student will lead as a counselor. Students will be required to keep a log of their group counseling activities as part of the practicum.

Faculty members, graduate assistants, or advanced doctoral students will provide weekly individual and group training supervision. This training supervision will focus on the development of the student’s counseling skills and counselor identity. On-site supervisors will provide weekly clinical supervision that will focus on client welfare. Additional supervision may be scheduled as needed or requested.

**Prerequisites for COUN 5190 Counseling Practicum**

Enrollment in the Counseling Practicum is strictly limited due to supervisory requirements. Students must place their names on the waiting list with the Counselor Education Program secretary when they file their plans of study in order to reserve a space. In addition, students must have successfully completed the prerequisite courses listed below. Successful completion means a grade of B or better.

**Practicum Prerequisite Courses for Clinical Mental Health Counselors:**

- COUN 5020 Professional Orientation to Clinical Mental Health Counseling
- COUN 5130 Group Counseling
- COUN 5140 Counseling Theories and Techniques
- COUN 6240 Diagnosis and Mental Health

**Practicum Prerequisite Courses for School Counselors:**

- COUN 5010 Professional Orientation to School Counseling
- COUN 5130 Group Counseling
- COUN 5140 Counseling Theories and Techniques

**Liability Insurance**

In addition to the prerequisite courses listed above, all students must present proof of liability insurance coverage (minimum $1,000,000 each incident, $3,000,000 aggregate) prior to being admitted into the Counseling Practicum, and maintain such insurance throughout their clinical experience. Liability insurance is available to student members of the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), the American School Counselor Association (ASCA), or the National Board for Certified Counselors (NBCC) for a nominal fee. You can call ACA directly at 800-347-6647, ext. 222, AMHCA at 800-326-2642, ASCA at 800-306-4722, and NBCC at 877-539-6372. The Counselor Education Program does not endorse one insurance carrier over another. Since students who do not have
adequate professional liability insurance may not see clients, such students who cannot provide verification of adequate insurance coverage will not be given instructor consent to enroll in the class.

**Police Background Check**

All students who will be working with minors, or who can reasonably be expected to work with minors, should anticipate completing and passing a background check for their practicum site prior to the first day of the semester in which the student expects to enroll in Practicum. Students are encouraged to contact The University of Toledo Office of Public Safety Support Services (419-530-4439) no later than 4 weeks prior to the beginning of their practicum to schedule a fingerprint/background check appointment.

**Immunization Concerns**

All students who can reasonably expect to work with clients in correctional, hospital, residential care, or any other facility at which there is a risk for the spread of communicable diseases are encouraged to speak to their health care professional to determine which, if any, immunizations are recommended for their safety.

**Signed Consent Forms**

Community counseling agencies and schools may require written consent from clients, or if the clients are minors, a parent or legal guardian, before you can provide counseling services. If your site uses written consent forms, it is your responsibility to work with your on-site supervisor to ensure that the proper consent has been obtained.

**Evaluation and Grading**

Students will receive a grade of Satisfactory/Unsatisfactory for the practicum. Practicum requires a minimum of 100 hours of counseling work. To obtain this requirement, students typically conduct individual and group counseling sessions each week. These are scheduled outside of class time. You must document a minimum of 40 hours of direct individual and group client service. The balance of the required hours may be earned through individual and group supervision, case documentation, and session preparation (2009 CACREP standard Section III, F 2-3). Students will receive weekly feedback from their supervisors about their performance. It is not expected that a student’s counseling skills will be polished at the beginning of the semester. It is expected that counseling skills will improve as the semester progresses. Students can best facilitate this by cooperating with practicum supervisors. The supervisors and the practicum instructor will consult throughout the semester as to each student’s progress. Students receive a minimum of 12 hours of on-site clinical supervision from the site supervisor. The site supervisor will complete a midterm and final written evaluation of the student’s knowledge, skills, and personal and professional development during the practicum experience. The final assessment is the responsibility of the practicum instructor. If a student is having difficulty securing clients or meeting the requirements for the practicum, he or she may be asked to drop the course and re-enroll at a more suitable time. Students who do not pass the practicum may be given permission to repeat the practicum one more time. Students who withdraw from a practicum prior to its completion shall not receive partial credit. Students may receive an “Incomplete” or a “PR” depending on the circumstances.

**Student Retention in the Practicum**

Practicum is a time for students to determine if they are well-suited to the profession of counseling. Additionally, faculty shall be utilizing this time to evaluate students’ suitability and appropriateness for the counseling profession as well as their academic performance. Students who do not appear to possess those
qualities or skills associated with effective counseling may be advised to withdraw from the practicum. In these cases, students shall be advised to seek additional coursework to better prepare them for the practicum, or they may be advised to withdraw from the Counselor Education Program. For students advised to withdraw from the Counselor Education Program, they shall be assisted in identifying an area of study or specialization that is more suited or appropriate to their talents and skills.

Students are expected to behave in a responsible and professional manner while functioning in the practicum. Failure to conform one’s behavior to acceptable standards of practice shall be considered cause for dismissal from the Counselor Education Program. Cause for dismissal from the practicum shall consist of, but not be limited to:

1. Any activity that is prohibited under the ethical standards and practices of the American Counseling Association (ACA) and/or the American School Counselor Association (ASCA). Students who have not read these standards and principles should obtain them and read them. Ignorance of these standards and principles will be no defense.

2. Malicious disrespect toward instructors, supervisors, or fellow students; failure to follow reasonable instructions; use of profanity or verbal or physical intimidation toward instructors, supervisors, clients, or fellow students.

3. The use of fraud or deceit to obtain admission to the Counselor Education Program, a course, or a practicum.

4. Soliciting or accepting a personal fee, monetary gift, or other form of remuneration or compensation for counseling or counseling-related services while functioning as a practicum student or as an intern. Students may, however, complete their practicum clinical experience at their place of employment.

5. Use of alcohol or other drugs to the extent that it impairs the student’s ability to perform properly or adequately, or which may pose a threat to the welfare or safety of potential or actual clients.

6. Conviction of an offense involving the sale, possession, or consumption of a controlled substance.

7. Conviction of an offense that is a felony.

8. Conviction of an offense involving moral turpitude.

9. Conviction for a misdemeanor offense committed during the practice of any counseling activity.

10. Any behavior, activity, procedure, or practice that is prohibited under the Counselor Licensure laws of the State of Ohio.

Due process: Students who wish to appeal retention decisions made by the Counselor Education Program are encouraged to follow the guidelines outlined in the most recent edition of The University of Toledo's Catalog.
**Counseling between the practicum and internship semesters:** A student enrolled in the practicum course may, with the consent of the practicum instructor, practicum site supervisor, and counselor education program clinical coordinator, continue to provide clinical services at their practicum site at the end of the practicum semester up to the first day of the subsequent semester provided that the following stipulations are met:

- The student has completed all practicum course requirements during the regular semester;
- The student has made and is making appropriate progress in the counselor education program/clinical course sequence;
- The student understands that client contact hours earned between the semesters do not count toward internship hours;
- The site supervisor agrees to continue providing a minimum of 1 hour of supervision for every 20 hours the student is onsite with no less than one hour of supervision provided per week;
- The student is enrolled in the subsequent term’s internship (e.g., spring to summer IV, fall to spring);
- The practical experience continues at the same site.

**Confidentiality**

Every counselor has the obligation to abide by the ethical standards established by his or her profession. The ACA code of ethics states that “Counselors respect their clients’ right to privacy and avoid illegal and unwarranted disclosures of confidential information.”

Even though there are strong legal and ethical principles involved in the protection of client information, there are limitations on confidentiality. First, counselors are ethically obliged to break confidentiality if the client presents a serious and reasonable danger of harming either him/herself or harming others, or reports elder abuse or child abuse. If there are reasons to suspect child abuse, students should contact their supervisor/instructor immediately since counselors are legally required to notify the Children Services Board (CSB). Counselors may be compelled to reveal client information in court.

**Timeline for Students Enrolling in Summer/Fall Semester Practicum**

Failure to follow this timeline may result in students not being given permission by the Practicum instructor to enroll in the Practicum class. If denied this permission or dismissed from the class, the student will not automatically be able to attempt to register for Practicum in the following semester.

**February**

- Submit application for practicum to the Counselor Education Program Secretary
- Attend mandatory Practicum Orientation meeting and read the Practicum Manual

**March/April**

- Locate a host school or agency
- Submit Supervisor Qualification Form to the Counselor Education Program Secretary
- Submit Clinical Experience Site Agreement Form to the Counselor Education Program Secretary
- Submit Supervision Contract
- If the proposed practicum site does not have an affiliation agreement with The University of Toledo, contact Christopher.Roseman@utoledo.edu to initiate this process.
- Apply for insurance and submit proof of insurance to the Counselor Education Program Secretary or the Practicum Instructor
• Have Police Background Check performed and results sent to practicum site (if needed)
• Clinical Mental Health Counseling students may apply for Counselor Trainee status with the Ohio Counselor, Social Worker, and Marriage & Family Therapist Board. This also will require a Criminal Background Check. All information concerning this may be found at www.cswmft.ohio.gov.
• All paperwork submitted by April 30.

Timeline for Students Enrolling in Spring Semester Practicum

September
• Submit application for practicum to the Counselor Education Program Secretary
• Attend mandatory Practicum Orientation meeting and read the Practicum Manual

October/November
• Locate a host school or agency
• Submit Supervisor Qualification Form to the Counselor Education Program Secretary
• Submit Clinical Experience Site Agreement Form to the Counselor Education Program Secretary
• Submit Supervision Contract
• If the proposed practicum site does not have an affiliation agreement with The University of Toledo, contact Christopher.Roseman@utoledo.edu to initiate this process.
• Apply for insurance and submit proof of insurance to the Counselor Education Program Secretary or the Practicum Instructor
• Have Police Background Check performed and results sent to practicum site (if needed)
• Clinical Mental Health Counseling students may apply for Counselor Trainee status with the Ohio Counselor, Social Work, and Marriage & Family Therapist Board. This also will require a Criminal Background Check. All information concerning this may be found at www.cswmft.ohio.gov.
• All paperwork submitted by November 30.

Right, Duties, and Responsibilities of the Counselor Education Program

1. The practicum instructor will assure that the student has completed the prerequisite academic work before beginning practicum. **Students must complete ALL paperwork before they may begin to see clients/students or perform any other direct service.**

2. The practicum instructor will be available to the site supervisor and student for consultation.

3. The practicum instructor **shall maintain bi-weekly consultation with the Site Supervisor in accordance with the supervision contract.** This contact may be by phone, in-person, or email.

4. The practicum instructor will function as a liaison between the site and the program; however, the site is encouraged to initiate contacts when necessary.

5. The practicum instructor will provide supervisees with weekly individual and group training supervision. This training supervision will focus on the development of the student’s counseling skills and counselor identity. The practicum instructor will also monitor the progress of the student.

   Doctoral students may be assigned to assist the practicum instructor with training supervision. Such doctoral students will be under the direct supervision of the practicum instructor.
6. The program shall determine the appropriateness of a school or agency as a practicum site.

7. The program shall determine the appropriateness of the site supervisor.

8. The program may request the termination of a Clinical Experience Site Agreement if the site supervisor does not abide by: (a) ethical standards and practices set forth by the American Counseling Association and/or the American School Counselor Association (b) applicable licensure laws related to supervision.

9. The practicum instructor shall have the responsibility to terminate any Clinical Experience Site Agreement where the student’s performance is judged to be unsatisfactory, insubordinate, unethical, inappropriate, or harmful to clients. Such action would only be taken after consultation with the student and with representatives of the practicum site.

10. The Counselor Education Program reserves the right to amend, change, or otherwise modify its policies regarding the practicum experience from time to time as may be deemed necessary or appropriate.

11. The Counselor Education Program may, at its discretion, waive any or all policies on a case-by-case basis when deemed appropriate.

12. The practicum grade will reflect the evaluation of both site and university supervisors, with the practicum instructor having the final responsibility for grade assignment.

**Right, Duties, and Responsibilities of the School/Agency Practicum Site**

1. The practicum site shall screen and select practicum students based upon their appropriateness for placement at the school/agency, and their likelihood of success.

2. The practicum site shall provide a site supervisor for the practicum. School Counseling Site Supervisors must be Licensed School Counselors. Clinical Mental Health Counseling Site Supervisors must be Licensed Professional Clinical Counselors with Supervisory Endorsement.

3. The site supervisor shall orient the practicum student to the policies and procedures of the practicum site and oversee the practicum student’s compliance with those policies and procedures.

4. The practicum site shall provide experience in the delivery of services appropriate to the educational and ability levels of the practicum student.

5. The practicum site will screen practicum students’ clients based on the following:

The best clients for school counseling practicum students are those with normal developmental concerns and/or mild family or school adjustment problems. Examples might include students who have low self-esteem, test anxiety, relationship problems, peer pressures, or adjustment issues, to mention a few. Students who are suicidal, violent, who have chronic behavior problems, those with mental or emotional disorders, and those involved in custody disputes or victims of abuse are not appropriate for this practicum experience.

The best clients for clinical mental health counseling practicum students are those with 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 those who have tendencies toward suicide or violence.

6. The practicum site shall be responsible for informing clients that they will be seen by a practicum student.

7. The practicum site supervisor shall be responsible for supervising the practicum student’s attainment of the counselor trainee (CT) status that will enable the agency to bill for direct client contact hours.

8. The practicum site shall insure sufficient client referrals to meet the needs of the practicum site and those of the practicum student. It is expected that practicum students will obtain at least 40 clock hours of direct individual and group client contact during the course of their practicum.

9. The site will provide space, equipment, and supplies as needed by the student to carry out site assignments.

10. The site supervisor is responsible for providing an average of one hour per week of individual and/or triadic clinical supervision throughout the practicum. Clinical supervision will focus on necessary counseling interventions to promote client welfare.

11. If applicable, the site supervisor is responsible for the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.

12. The site and site supervisor hold ultimate responsibility for the welfare of the practicum student’s clients.

13. The site is responsible for the student’s work under their supervision.

14. The site supervisor will complete a midterm and 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.

15. The site supervisor is strongly encouraged to initiate contact with the university supervisor when there are any questions or concerns regarding the student, expectations, or responsibilities.

16. The site supervisor shall maintain bi-weekly consultation with the practicum instructor in accordance with the supervision contract. This contact may be by phone, in-person, or email.

17. The practicum site may request the termination of a Clinical Experience Site Agreement when the practicum student’s performance is in violation of site policies or procedures, or when the practicum student’s performance is judged to be unsatisfactory, insubordinate, unethical, inappropriate, or harmful to clients.

18. The practicum site agrees to abide by the policies and procedures stated in this manual.

19. The practicum site, in its treatment of practicum students, shall abide by the ethical standards and practices set forth by the American Counseling Association and/or the American School Counselor Association.

**Right, Duties, and Responsibilities of the Practicum Student**

1. The student will read the Practicum Manual and attend a mandatory practicum orientation, to be provided by the Counseling Program.
2. The student must schedule an appointment with his/her designated academic advisor to sign the Practicum Application Form and complete the Student Evaluation Form. It is the student’s responsibility to secure his/her advisor’s signature on the practicum application at the time of this meeting.

3. It is the student’s responsibility to identify and secure a practicum site before enrolling in practicum, submit a Practicum Application, obtain a signed Clinical Experience Site Agreement Form, Supervisor Qualification Form, Supervision Contract Form, and ensure that there is a current Affiliation Agreement Form between the site and the university. While the program may assist the student, the program is not responsible for placement into a practicum site. Students who have not secured a practicum site by the start of the semester in which they are enrolled in practicum may be dropped from the practicum. Students must submit all practicum forms in order to receive instructor permission to register for the practicum class.

4. The practicum student must complete and pass a background check (if required by site) prior to the first day of the semester in which the student expects to enroll in Practicum. Students are encouraged to contact The University of Toledo Office of Public Safety Support Services (419-530-4439) no later than 4 weeks prior to the beginning of their Practicum to schedule a fingerprint/background check appointment.

5. The practicum student shall at all times conduct his or her 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.

6. The practicum student shall maintain a work schedule that has been mutually agreed upon by the student and the on-site supervisor. The student will notify the on-site supervisor of any anticipated absence or necessary schedule change.

7. Typically practicum students see two to three individual clients and at least one group counseling session per week. Practicum students are required to obtain 40 hours of direct client counseling experience over the course of the practicum experience.

8. The practicum student shall demonstrate satisfactory knowledge, skills, and attitudes in the applicable competencies on the performance evaluation. The student is expected to be introspective, open, and receptive to feedback, and demonstrate flexibility by making appropriate changes in response to feedback.

9. The practicum student shall report any emergency/crisis situations with their clients immediately to their site supervisor and to the practicum instructor.

10. The practicum student shall attend individual and group supervision sessions as scheduled.

11. The practicum student shall keep accurate records of weekly client contact hours, indirect hours, and supervisory hours.

12. The practicum student shall complete all educational plans that may be developed with either their supervisor or the practicum instructor.

13. If either the Program or the practicum site terminates the placement, the student has a right to an explanation of the reasons for termination.
# Practicum Application Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Rocket #</th>
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<tbody>
<tr>
<td>Address</td>
<td>Home Phone #</td>
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<td>Work Phone #</td>
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**Email Address**

Semester: Fall ____ Spring _____ Summer ____ Year _____

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

<table>
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<tr>
<th>Advisor's Name</th>
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Advisor Statement: I have reviewed the student’s Practicum Application Form and completed the Student’s Evaluation Form.

Advisor Signature: _______________________________ Date: ______________

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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 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 lose my spot in practicum and be placed on the waitlist for future practicum sections.

Student Signature: _______________________________ Date: ______________

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Practicum Instructor Signature: _______________________________ Date: ______________

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File: Practicum Manual

Please make copies of all forms for your student records!

Rev: 01/04/2019
College of Health and Human Services
Counseling Program
Practicum Checklist

☐ All students admitted to the Counseling Program must meet with their advisor and file a Plan of Study within their first semester of enrollment.

☐ When filing their Plan of Study they must reserve a tentative slot for practicum with the Counselor Education Program Secretary.

☐ Complete prerequisite courses for practicum with Grade of B or better:

☐ COUN 5020 Professional Orientation to Clinical Mental Health Counseling or COUN 5010 Professional Orientation to School Counseling

☐ COUN 5130 Group Counseling

☐ COUN 5140 Counseling Theories and Techniques

☐ COUN 6240 Dx and Mental Health (clinical mental health students only)

☐ When the Program Secretary notifies you that you have a slot in next semester’s practicum, you will receive a letter orienting you to the practicum process for submission of forms and other activities related to the clinical experience.

☐ Locate a site for practicum experience that agrees to host practicum students. Have a Clinical Experience Site Agreement Form signed and give a copy to the Counselor Education Program Secretary.

☐ Contact the Internship Coordinator in order to ensure that there is an active Affiliation Agreement between that site and The University of Toledo. If an agreement is not in place, contact Christopher.Roseman@utoledo.edu.

☐ Once the Clinical Experience Site Agreement and Affiliation Agreement have been arranged and/or completed:

☐ Provide the site supervisor a copy of the Practicum Counselor’s Manual. Ask the supervisor to complete the Supervisor Qualification Form and Supervision Contract, and return all completed forms to the Counselor Education Program Secretary as soon as possible.

☐ Clinical Mental Health Counseling students, in order to obtain Counselor Trainee status from the Ohio Counselor, Social Worker, and Marriage & Family Therapist Board, must go to www.cswmft.ohio.gov in order to complete the necessary application and get information regarding the Criminal Background Check. This is a form of temporary state licensure.

☐ Obtain professional liability insurance. This must cover a minimum of $1,000,000 per incident, with $3,000,000 aggregate.

☐ Obtain practicum instructor’s permission to register for COUN 5190, Counseling Practicum.

☐ You must have a signed Practicum Application Form, Clinical Experience Site Agreement Form, Supervision Contract between Practicum Student and Site Supervisor Form, and Supervisor Qualification Form in order to register for the class; and proof of liability insurance by the first day of class or the instructor reserves the right to withdraw you from the class.

☐ Students will follow their site policies and procedures in regard to note-taking, intake protocol, and treatment plan organization.

In addition to attending class and individual supervision sessions on a weekly basis, students must submit the following:

☐ Midterm Performance Evaluation Form

☐ Final Evaluation Form

☐ Final Group Evaluation Form

☐ Final Evaluation of Site Supervisor

No grade will be issued for practicum until all of the paperwork has been initialed by the instructor and filed.
As a student in the Counselor Education Program, College of Health and Human Services, ___________________________ (student’s name), is contracting with ________________________________________________ (program, agency name) in order to fulfill the requirements of his or her clinical experience.

1. The school/agency agrees to assign clients to the student trainee and provide experiences in counseling, assessment, and treatment planning and intervention consistent with the trainee’s level of training and ability.

2. For Practicum experiences, the practicum site will screen practicum students’ clients based on the following:

   The best clients for school counseling practicum students are those with **normal developmental concerns and/or mild family or school adjustment problems**. Examples might include students who have low self-esteem, test anxiety, relationship problems, peer pressures, or adjustment issues, to mention a few. Students who are suicidal, violent, chronic behavior problems, those with mental or emotional disorders, and those involved in custody disputes, or victims of abuse are not appropriate for this practicum experience.

   The best clients for clinical mental health counseling practicum students are those with **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.

3. The site and Site Supervisor hold ultimate responsibility for the welfare of the practicum student’s clients.

4. 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 Practicum Manual of the Counselor Education Program.

5. The student’s role within the school/agency will be that of a trainee 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 trainees 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.
6. The Site Supervisor agrees to provide an average of 1 hour of face-to-face, individual and/or triadic supervision per week.

7. The Site Supervisor agrees to observe the practicum student’s interactions with clients by either direct observation, and/or audio/video tape in order to assess student development.

8. The Site Supervisor agrees to maintain bi-weekly contact with the practicum instructor in accordance with the supervision contract.

9. The Site Supervisor agrees to complete a midterm and final evaluation of the trainee on a form to be provided by the Program.

10. The trainee shall function as a member of the program’s/agency’s staff consistent with his or her level of training and ability. In exchange, the trainee agrees to abide by and conform his or her behavior to school/agency policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the trainee and school/agency that this Agreement does not give rise to an employment relationship between the trainee and school/agency and the trainee is not entitled to any employee benefits as a result of this Agreement.

11. The trainee 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.

12. The Program reserves the right to withdraw a trainee from his/her clinical experience placement when, in the Program’s judgment, the experience does not meet the needs of the trainee.

13. The school/agency may resolve any problem situation in favor of clients’ welfare and may take the client assignment from the trainee. If deemed necessary by the school/agency, the trainee may be removed from the school/agency and required to withdraw from the clinical experience site.

14. Note that nothing in this document supersedes the Affiliation Agreement.

15. This agreement will commence on ___________________________ and will terminate on ___________________________. This agreement is subject to renegotiation or termination upon written receipt of fifteen (15) days 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.
School/Agency Representative Signature
(i.e. Principal, Site Administrator, Clinical Coordinator)

_________________________________________________________________________
__________________________
School/Agency Representative Signature
(i.e. Principal, Site Administrator, Clinical Coordinator)

_________________________________________________________________________
__________________________
Site Supervisor Signature

_________________________________________________________________________
__________________________
Trainee (Student) Signature

_________________________________________________________________________
__________________________
UT Practicum Instructor

I have received, read, and understand the Practicum Manual for the Counselor Education Program.

Site Supervisor Initials _____________ Date ___________

Trainee Initials ___________________ Date ___________
College of Health and Human Services  
Counselor Education Program  
Supervisor Qualification Form

**Practicum Student Name:**

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**Scope or type of activities provided:**

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Please make copies of all forms for your student records!
Degrees (most recent first):

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Work Experience (most recent first):

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Other Relevant Training:

Signature: _______________________________  Date: __________________

Please return this form to:

Sue Martin, Secretary
Counselor Education Program
Mail Stop 119
The University of Toledo
2801 W. Bancroft Street
Toledo, OH 43606-3390
This contract serves as verification and a description of the counseling supervision provided by ______________(Supervisor), to ______________ (Supervisee), Practicum student in the ______________Counseling program 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 practicum student, hereafter referred to as the Supervisee, will meet with the field placement site supervisor, hereafter referred to as the 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 in order to assist the professional development of the Supervisee. The Supervisor will complete Midterm and Final Evaluations of the individual clinical experience and Group Midterm and Final Evaluations of the Supervisee. 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 a practicum student.
- The Supervisor shall insure sufficient client referrals to meet the needs of the practicum student. It is expected that practicum students will obtain at least 40 hours of direct individual and group client contact during the course of 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 practicum student’s interactions with clients by either direct observation, and/or audio/video tape in order to assess student development.
- The site and site Supervisor hold ultimate responsibility for the welfare of the 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 at all times conduct his or her 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

_______________________________________
Practicum Student (Supervisee)            Date

_______________________________________
Faculty Practicum Instructor             Date

This contract is in effect from __________ to __________.

Date of revision or termination: ______________
**Basic Counseling Skills Rating Sheet**

Student Counselor: ________________________ Client: ________________________

Date of Session:_________________________ Date of Supervision:_________________

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1. <strong>Opens</strong> the interview in an unstructured, friendly and non-threatening way. Clarifies counseling and client/counselor relationship if necessary.</td>
<td>P A G E</td>
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<tr>
<td>2. <strong>Attending:</strong> Counselor communicates attention verbally and non-verbally</td>
<td>P A G E</td>
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<tr>
<td>3. <strong>Empathy:</strong> Demonstrates an understanding of what the client is experiencing and communicates that understanding to the client.</td>
<td>P A G E</td>
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<td>4. <strong>Minimal encouragers:</strong> Uses statements which prompt the client to say more and which provide a smooth flow to the dialogue.</td>
<td>P A G E</td>
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<tr>
<td>5. <strong>Reflection of feeling:</strong> Responds to and helps clients explore the emotional content of the client’s remarks.</td>
<td>P A G E</td>
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<tr>
<td>6. <strong>Positive regard and warmth:</strong> Communicates feelings of worth and caring for the client as a person. Establishes good rapport, evidences warmth and acceptance.</td>
<td>P A G E</td>
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<tr>
<td>7. <strong>Concreteness:</strong> Is direct and specific in discussing the client’s thoughts, feelings, and experiences.</td>
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<tr>
<td>8. <strong>Genuineness:</strong> The counselor relates to the client in a real and authentic manner.</td>
<td>P A G E</td>
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<tr>
<td>9. <strong>Non-defensiveness and safety:</strong> Counselor models and encourages non-defensiveness and creates an environment that is conducive to the client’s expression of ideas and feelings and the exploration of behavior.</td>
<td>P A G E</td>
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<tr>
<td>10. <strong>Verbal style:</strong> Counselor is not overly talkative and is clear and concise when responding.</td>
<td>P A G E</td>
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</table>
11. **Silences** are appropriately and effectively handled.

12. **Respect:** Counselor does not try to impose inappropriate personal value judgments or advice on the client.

13. **Response style:** Counselor’s requests and responses are appropriate to the content of the client’s remarks and to the intellectual level of the client.

14. **Responsibility:** Counselor assumed an appropriate level of responsibility for the conduct of the session.

15. **Questions:** Appropriate use of open and closed-ended questions, counselor allows client to answer.

16. **Confrontation:** Points out discrepancies and inconsistencies in client’s statements and actions.

17. **Restructuring:** Helps client reframe or relabel thoughts, feelings, experiences, or behavior from a different perspective.

18. **Immediacy:** The counselor and the client appropriately discuss the counseling relationship.

19. **Self-disclosure:** Counselor appropriately shares his or her own feelings, thoughts, or experiences with the client.

20. **Management:** Counselor managed the session time appropriately. Session began and ended in a timely and effectual manner. The client was clear on the arrangements for the next session.

Comments:

Supervisor:_________________________________________

Code:  P=poor
        A=acceptable
        G=good
        E=excellent
Clinical Mental Health Counselor *Midterm* Performance Evaluation

Counselor Education Program

Student Counselor’s Name: ________________________________

Placement Site: ________________________________

Site Supervisor’s Name: ________________________________

Site Supervisor’s Title: ________________________________

Date: ________________________________

**Directions**

Rate the counselor’s performance using the four-point scale listed below. Do so by circling the appropriate value on the scale along side the item to be rated. If an item does not apply or you do not have enough information to assign a rating, then leave the item blank. Room for comments has been provided at the end of this form. Please document any comments you may have relevant to the counselor’s performance. You are expected to comment on any area in which the counselor’s performance was either poor or in need of improvement.

**Definitions of rating values**

**Poor (P):** The counselor’s practice so deviated from the usual or customary ethical or professional standards of practice that it was judged to be harmful or potentially harmful to the client or the client’s well being.

**Improvement Needed (IN):** The counselor’s performance shows a need for remediation or additional training.

**Good (G):** The counselor was able to demonstrate a satisfactory degree of competence in performing a given task or skill.

**Superior (S):** The counselor is proficient and shows a high degree of expertness in performing a given task or skill.

**Personal Characteristics**

<table>
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<tr>
<th>P</th>
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<tr>
<td>Personal appearance, grooming, and dress.</td>
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<tr>
<td>Tolerance of other’s values and differences in opinions are in perspective.</td>
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<td>Openness to criticism and supervision.</td>
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<td>Professional and ethical conduct.</td>
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<tr>
<td>Works cooperatively with other staff.</td>
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<tr>
<td>Works cooperatively with other agencies and service providers.</td>
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<tr>
<td>Effective verbal communication skills.</td>
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<td>Effective writing skills.</td>
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**Counseling Theory and Technique**

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<tr>
<td>Able to conceptualize clients and client problems from within a theoretical rationale.</td>
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<tr>
<td>Provides a theoretical rationale for the selection and use of counseling techniques.</td>
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Awareness of and respect for multicultural issues and their effects on the client and counseling.

Maintains the confidentiality of client records and information.

Develops a positive relationship with clients through the use of empathy, attending, reflection of feeling, immediacy, genuineness, concreteness, and positive regard.

Creates a therapeutic environment that is safe, nondefensive, supportive, respectful, and caring.

Assists the client in developing new perspectives through the use of interpretation, confrontation, and cognitive restructuring.

Develops effective, mutually agreed upon treatment plans.

Gives effective case presentations.

Writes accurate and complete case notes and completes them in a timely fashion.

Completes effective discharge and follow-up plans.

Recognizes limitations and makes appropriate referrals when necessary.

Overall rating of counselor’s individual counseling skills.

Overall rating of counselor’s family counseling skills.

Overall rating of counselor’s group counseling skills.

Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.

Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

Counselor’s interviewing and questioning skills relevant to information gathering.

Writes clear and complete case histories.

Identifies appropriate information gathering devices such as tests, inventories, questionnaires, etc.

Able to interpret test results and integrate those results into counseling in a meaningful way.

Makes referrals for testing when appropriate.

Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.
Counseling, Prevention, and Intervention

**P IN G S** Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.

**P IN G S** Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.

**P IN G S** Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.

**P IN G S** Applies effective strategies to promote client understanding of and access to a variety of community resources.

**P IN G S** Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.

**P IN G S** Demonstrates the ability to use procedures for assessing and managing suicide risk.

**P IN G S** Applies current record-keeping standards related to clinical mental health counseling.

**P IN G S** Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.

**P IN G S** Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

Diversity and Advocacy

**P IN G S** Maintains information regarding community resources to make appropriate referrals.

**P IN G S** Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.

**P IN G S** Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

Assessment

**P IN G S** Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

**P IN G S** Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.

**P IN G S** Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

**P IN G S** Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

Diagnosis

**P IN G S** Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.

**P IN G S** Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

**P IN G S** Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.
Comments

Counselor’s strengths:

Counselor’s needs for improvement:

Student’s comments:

________________________________________________________________________  __________
Site Supervisor’s Signature                                                  Date

________________________________________________________________________  __________
Student’s Signature                                                           Date

________________________________________________________________________  __________
Faculty Supervisor’s Signature                                                Date

The student’s signature indicates that this evaluation has been discussed with the student. It does not necessarily mean that the student agrees with the evaluation.
Clinical Mental Health Counselor Final Performance Evaluation
Counselor Education Program

Student Counselor’s Name: ________________________________

Placement Site: ________________________________

Site Supervisor’s Name: ________________________________

Site Supervisor’s Title: ________________________________

Date: ________________________________

Directions

Rate the counselor’s performance using the four-point scale listed below. Do so by circling the appropriate value on the scale along side the item to be rated. If an item does not apply or you do not have enough information to assign a rating, then leave the item blank. Room for comments has been provided at the end of this form. Please document any comments you may have relevant to the counselor’s performance. You are expected to comment on any area in which the counselor’s performance was either poor or in need of improvement.

Definitions of rating values

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Please make copies of all forms for your student records!  Rev: 01/04/2019
Maintains the confidentiality of client records and information

Develops a positive relationship with clients through the use of empathy, attending, reflection of feeling, immediacy, genuineness, concreteness, and positive regard.

Creates a therapeutic environment that is safe, nondefensive, supportive, respectful, and caring.

Assists the client in developing new perspectives through the use of interpretation, confrontation, and cognitive restructuring.

Develops effective, mutually agreed upon treatment plans.

Gives effective case presentations.

 Writes accurate and complete case notes and completes them in a timely fashion.

Completes effective discharge and follow-up plans.

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Overall rating of counselor’s individual counseling skills.

Overall rating of counselor’s family counseling skills.

Overall rating of counselor’s group counseling skills.

Assessment and Appraisal

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Counselor’s interviewing and questioning skills relevant to information gathering.

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Identifies appropriate information gathering devices such as tests, inventories, questionnaires, etc.

Able to interpret test results and integrate those results into counseling in a meaningful way.

Makes referrals for testing when appropriate.

Foundations

Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.
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P IN G S  Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

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Comments

Counselor’s strengths:

Counselor’s needs for improvement:

Student’s comments:

__________________________________________________________________________
Site Supervisor’s Signature                                      Date

__________________________________________________________________________
Student’s Signature                                              Date

__________________________________________________________________________
Faculty Supervisor’s Signature                                   Date

The student’s signature indicates that this evaluation has been discussed with the student. It does not necessarily mean that the student agrees with the evaluation.
School Counselor Midterm Performance Evaluation

Student Counselor’s Name: _____________________________________________

Placement Site: _______________________________________________________

Site Supervisor’s Name: _________________________________________________

Site Supervisor’s Title: _________________________________________________

Date: _________________________________________________________________

Directions

Rate the counselor’s performance using the four-point scale listed below. Do so by circling the appropriate value on the scale along side the item to be rated. If an item does not apply or you do not have enough information to assign a rating, then leave the item blank. Room for comments has been provided at the end of this form. Please document any comments you may have relevant to the counselor’s performance. You are expected to comment on any area in which the counselor’s performance was either poor or in need of improvement.

Definitions of rating values

**Poor (P):** The counselor’s practice so deviated from the usual or customary ethical or professional standards of practice that it was judged to be harmful or potentially harmful to the client or the client’s well being.

**Improvement Needed (IN):** The counselor’s performance shows a need for remediation or additional training.

**Good (G):** The counselor was able to demonstrate a satisfactory degree of competence in performing a given task or skill.

**Superior (S):** The counselor is proficient and shows a high degree of expertness in performing a given task or skill.

**Personal Characteristics**

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**Foundations**

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Counseling, Prevention, and Intervention

P IN G S Demonstrates self-awareness, sensitivity to others, and the skills needed to relate to diverse individuals, groups, and classrooms.

P IN G S Provides individual and group counseling and classroom guidance to promote the academic, career, and personal/social development of students.

P IN G S Designs and implements prevention and intervention plans related to the effects of (a) atypical growth and development, (b) health and wellness, (c) language, (d) ability level, (e) multicultural issues, and (f) factors of resiliency on student learning and development.

P IN G S Demonstrates the ability to use procedures for assessing and managing suicide risk.

P IN G S Demonstrates the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate.

Diversity and Advocacy

P IN G S Demonstrates multicultural competencies in relation to diversity, equity, and opportunity in student learning and development.

P IN G S Advocates for the learning and academic experiences necessary to promote the academic, career, and personal/social development of students.

P IN G S Advocates for school policies, programs, and services that enhance a positive school climate and are equitable and responsive to multicultural student populations.

P IN G S Engages parents, guardians, and families to promote the academic, career, and personal/social development of students.

Assessment

P IN G S Assesses and interprets students’ strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities.

P IN G S Selects appropriate assessment strategies that can be used to evaluate a student’s academic, career, and personal/social development.

P IN G S Analyzes assessment information in a manner that produces valid inferences when evaluating the needs of individual students and assessing the effectiveness of educational programs.

P IN G S Makes appropriate referrals to school and/or community resources.

P IN G S Assesses barriers that impede students’ academic, career, and personal/social development.

Research and Evaluation

P IN G S Applies relevant research findings to inform the practice of school counseling.

P IN G S Develops measurable outcomes for school counseling programs, activities, interventions, and experiences.

P IN G S Analyzes and uses data to enhance school counseling programs.

Academic Development

P IN G S Conducts programs designed to enhance student academic development.

P IN G S Implements strategies and activities to prepare students for a full range of postsecondary options and opportunities.

P IN G S Implements differentiated instructional strategies that draw on subject matter and pedagogical content knowledge and skills to promote student achievement.
Collaboration and Consultation

P IN G S  Works with parents, guardians, and families to act on behalf of their children to address problems that affect student success in school.

P IN G S  Locates resources in the community that can be used in the school to improve student achievement and success.

P IN G S  Consults with teachers, staff, and community-based organizations to promote student academic, career, and personal/social development.

P IN G S  Uses peer helping strategies in the school counseling program.

P IN G S  Uses referral procedures with helping agents in the community (e.g., mental health centers, businesses, service groups) to secure assistance for students and their families.

Leadership

P IN G S  Participates in the design, implementation, management, and evaluation of a comprehensive developmental school counseling program.

P IN G S  Plans and presents school-counseling-related educational programs for use with parents and teachers (e.g., parent education programs, materials used in classroom guidance and advisor/advisee programs for teachers).

Comments

Counselor’s strengths:

Counselor’s needs for improvement:

Student’s comments:

__________________________________________________________  ____________
Site Supervisor’s Signature                                    Date

__________________________________________________________  ____________
Student’s Signature                                            Date

__________________________________________________________  ____________
Faculty Supervisor’s Signature                                 Date

The student’s signature indicates that this evaluation has been discussed with the student. It does not necessarily mean that the student agrees with the evaluation.
School Counselor Final Performance Evaluation

Student Counselor’s Name: __________________________________________

Placement Site: __________________________________________________

Site Supervisor’s Name: ____________________________________________

Site Supervisor’s Title: _____________________________________________

Date: ____________________________________________________________

Directions

Rate the counselor’s performance using the four-point scale listed below. Do so by circling the appropriate value on the scale along side the item to be rated. If an item does not apply or you do not have enough information to assign a rating, then leave the item blank. Room for comments has been provided at the end of this form. Please document any comments you may have relevant to the counselor’s performance. You are expected to comment on any area in which the counselor’s performance was either poor or in need of improvement.

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Counselor’s needs for improvement:

Student’s comments:

_________________________________________________________  ___________________________
Site Supervisor’s Signature  Date

_________________________________________________________  ___________________________
Student’s Signature  Date

_________________________________________________________  ___________________________
Faculty Supervisor’s Signature  Date

The student’s signature indicates that this evaluation has been discussed with the student. It does not necessarily mean that the student agrees with the evaluation.
Student Name: _____________________________  Supervisor Name: _____________________________

Semester: __________________

Please circle one of the following for each statement:

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<th>Statement</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>My Supervisor:</td>
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</tr>
<tr>
<td>1. Provided me with useful feedback regarding my counseling behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. Helped me feel at ease with the supervision process</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Provided me with specific help in areas I need to work on</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4. Enabled me to express my doubts about my counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Occasionally gave me a different, useful perspective on my counseling with a particular client</td>
<td>1</td>
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<tr>
<td>6. Helped me see my influence on the client</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>7. Adequately emphasized my strengths and capabilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8. Enabled me to brainstorm alternative approaches that I might use with my clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Made me feel accepted and respected as a person</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Was able to distinguish her/his own issues from mine</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11. Dealt appropriately with the affect in my counseling sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Dealt appropriately with the content in my counseling sessions</td>
<td>1</td>
<td>2</td>
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<tr>
<td>13. Conveyed sufficient competence to engender my trust</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>14. Appropriately addressed interpersonal dynamics</td>
<td>1</td>
<td>2</td>
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<tr>
<td>15. Was open to my input and feedback about what was helpful</td>
<td>1</td>
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<td>3</td>
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<td>16. Helped reduce my defensiveness by his/her style</td>
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<td>17. Enabled me to express my opinions about my counseling</td>
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<td>18. Helped me to prepare for subsequent counseling sessions</td>
<td>1</td>
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<tr>
<td>19. Challenged me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling</td>
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<tr>
<td>20. Encouraged me to be spontaneous and creative</td>
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<tr>
<td>21. Provided me with suggestions for developing my counseling skills</td>
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<tr>
<td>22. Helped me to organize relevant data for identifying goals and planning strategies with my client</td>
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<td>23. Helped me develop increased skill in self-supervision through the use of in-supervision counseling tapes</td>
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<td>24. Overall, I found supervision to be helpful to me during Practicum</td>
<td>1</td>
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Additional comments:
### College of Health and Human Services
### Counselor Education Program
### Course Activities Log

Dates from ________

Name _____________________________________

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<th>Date</th>
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______________________________
Practicum Student’s Signature

______________________________
Practicum Instructor’s Signature

Please make copies of all forms for your student records!
College of Health and Human Services
Counselor Education Program
Professional Activities Log

Dates from ________ to ________

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<tr>
<th>Date</th>
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