



COUNSELING 6000 ~ 6500
PRACTICUM/INTERNSHIP
Application & Contract Agreement

Important:

Students are to complete Appendices A, B and C to initiate practicum; and turn in Appendices D, E and F at the conclusion of the practicum. See pages 4-7 for details.

2007 ~ 2008

- ❖ All Practicum students **must** carry their own professional liability insurance which is available through several different resources including the American Counseling Association (at 1-800-347-6647 x284 or <http://www.acait.com/students/index.cfm>), the Healthcare Provider Services Organization (www.hpsso.com), and other professional or private insurers.
- ❖ All Practicum/Internship students must also be covered by the Webster University Certificate of Insurance found on page 3 of this document. The instructor of record is responsible for correctly handling this document.

General Information and Procedures Regarding The Counseling Practicum

1. The Practicum is a type of internship in which the student provides counseling services to live clients in a mental health or school setting under the supervision of a licensed mental health counselor or certified school counselor. A new student should begin immediately exploring the availability and type of Practicum site desired for their long term professional goals, whether School setting, Agency setting, Private practice setting, etc.
2. After preliminary contacts by the student have narrowed the list of possible sites, the student should arrange an interview at an agency in which the student would like to do a Practicum. In this interview, the student should discuss the Practicum requirements with that agency. (NOTE: These requirements/responsibilities are outlined in the document, *COUN 6000 Counseling Learning Practicum, Application & Contract Agreement*, which the student can obtain at any Webster University campus. It is the student's responsibility to secure a Practicum site.
3. Once a student and the Practicum Site Supervisor have agreed upon the specifics of a Practicum Proposal, the student must submit copies of the signed Practicum Proposal to the *COUN 6000* Instructor the first class meeting. (NOTE: A Practicum Proposal is not to be accepted unless both the student and the Practicum Site Supervisor sign it.) The Practicum may NOT be the student's ordinary employment.
4. The Practicum Site Supervisor is responsible for providing a student with the individualized supervision consistent with the requirements/responsibilities that are outlined in the *COUN 6000 Counseling Learning Practicum, Application & Contract Agreement*. As also outlined in that document, the student's supervisor is responsible for reporting on the student's performance to the Webster University *COUN 6000* instructor.
5. The Webster University *COUN 6000* Instructor is responsible for establishing evaluation procedures with the Practicum Site Supervisor. These procedures may include weekly or periodic updates on the student's performance, site visits, etc. Although the Webster University Instructor of Record determines a final grade, the Practicum Site Supervisor is required to provide a formal letter of evaluation of the student at the completion of the practicum. In addition to the student's personal malpractice insurance, the student will also receive liability insurance through Webster University (see page 3) that will partially cover the student's work, but only during the dates of the Practicum contract. The supervisor and agency will share in this coverage.
6. Since the *COUN 6000 Counseling Learning Practicum* courses require many hours, the student may need to have the Practicum experience last for more than the normal nine-week term. The Webster *COUN 6000* Instructor will work out an arrangement with the student for completing the course after the term ends.
7. The direct supervision of a student's Practicum must comply with state licensure requirements for the type of license or certification that is sought. More specifically, a Practicum Site Supervisor should possess credentials approved by the state licensure committee; LMHC, LPC, LMFT, LCSW, Licensed Psychologist, or Board Certified Psychiatrist and a School Site Supervisor should possess State Guidance Certification.

Webster University Request for Certificate of Insurance

Fax to Kathleen Crabtree @ 314-963-6929 to facilitate forwarding to Daniel & Henry Co.

Attention:	Angel Zeilman	Fax #: 314-444-1775
Requested By:		
Institution:	Webster University	
Date Requested:		
Date Required:		

<p>Coverage(s) Required:</p> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin-top: 10px;"> <p style="font-size: small;">Please check all coverages that should be reflected on certificate.</p> </div>	<input type="checkbox"/> General Liability	<input type="checkbox"/> Automobile Liability
	<input type="checkbox"/> Automobile Physical Damage	<input type="checkbox"/> Property
	<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Crime
	<input type="checkbox"/> Excess Workers' Compensation	<input type="checkbox"/> Trustees Errors & Omissions
	<input checked="" type="checkbox"/> Limited Professional Liability	
	<input type="checkbox"/> Other: (please specify)	

<p>Status:</p> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin-top: 10px;"> <p style="font-size: small;">Please check the appropriate status and the coverage that applies to it.</p> </div>	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability
	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Excess Liability
	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Auto Physical Damage <input type="checkbox"/> Property
	<input type="checkbox"/> Other: (please specify)	<input type="checkbox"/> Crime

Description:	<i>Please include description and value for property locations, automobiles, and leased equipment. Please reference if certificate is required for a special event or time frame.</i>		
COUN 6000 Counseling Learning Practicum COUN 6500 Internship			
Student:		ID#:	

Practicum Site:			
Address:			
Address:			
City, State & Zip			
Transmittal Instructions:	<i>In an effort to reduce expenses, we prefer to transmit certificates via fax. Should you require a mailed original, please advise under special instructions below.</i>		
Insured:	<input type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Certificate Holder:	<input checked="" type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Copy:	<input checked="" type="checkbox"/> Fax	Attn: Counseling Coordina	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Special Instructions:	<i>Please include contact name, mailing address, and phone no. for certificates sent via overnight and regular mail.</i>		
Please start:		And continue coverage through:	

Please attach a copy of your Appendix C and any other documents which apply to the insurance requirements of the Certificate Holder.

COUN 6000 - COUNSELING LEARNING PRACTICUM

Responsibilities of the Counseling Degree Program

1. Approve students for registration and placement in the Practicum in an agency, school, or institutional setting. This is done after a minimum of twelve Webster credit hours have been completed.
2. Endorse the student's Practicum contract for the designated term.
3. As far as practical, arrange seminars and conferences for students in the Practicum in order to provide feedback, to give support and direction, and to determine opportunities for professional growth, as well as other counseling experiences.
4. Assign grades after consultation with the On-site Supervisor. Grades to be assigned are CR for credit, NC for no credit, or I (I = Incomplete). A CR means that the contract requirements have been completed. Incompletes will be made up before nine weeks have passed during the subsequent semester and after a student and the Webster University Instructor of Record have agreed on a written contract to fulfill the requirement, a contract that is to be placed in the student's permanent file. The grade of NC is treated the same as a failing grade.
5. Visit with the On-site Supervisor(s) at least one time during the semester. Maintain regular contact with the On-site Supervisor(s) by telephone and/or additional visits.

Responsibilities of the Counseling Student

1. Meet or talk with a Counseling coordinator in order to get permission to enter the practicum and to discuss possible sites. A degree audit is required prior to enrolling for the practicum. All incomplete grades must be resolved prior to commencing the practicum.
2. Complete the *Practicum Application* (APPENDIX A, Practicum Form 1) and return to the Counseling coordinator. One copy will be placed in your permanent file.
3. Read and sign the *CONTRACTUAL AGREEMENT BETWEEN PRACTICUM STUDENT AND WEBSTER UNIVERSITY* (APPENDIX B, Practicum Form 2) and return to the Counseling coordinator and again, one copy will be placed in your permanent file.
4. Reasonable effort will be made to honor student requests regarding Practicum placements. The Counseling coordinators will make the final decision on placement. Sites, which offer the greatest breadth of opportunity, most direct client, contact hour opportunities, and best-qualified supervision, will take priority.
5. After you have been notified that your placement has been approved, arrange an initial

interview at the Practicum site with your On-site Supervisor. At that time, give one copy of your resume to your On-site Supervisor and mutually decide on goals for your practicum. Be sure to emphasize to your On-site Supervisor that you need a minimum of 100 hours of experience during the term.

6. Submit a Practicum schedule to your Webster University Instructor of Record during the first week of the semester and plan to attend all orientations and seminars related to the Practicum course and site.
7. On-site Supervisors are requested to meet with Practicum students a minimum of one hour for each ten clock-hours, but some may choose to meet more often. At least half of these hours must involve individual supervision.
8. The Webster University Instructor of Record will meet a minimum of twice during each semester with each student. Depending upon the skill level demonstrated and other relevant factors, the student and the Instructor of Record may decide to meet more frequently.
9. Typically, your Instructor of Record with whom you should consult regularly requires other activities. Also, check carefully the course outline and/or syllabus for pertinent details. It is your responsibility to complete all of the requirements that are listed in your Practicum syllabus.
10. It is your responsibility to follow all of the instructions and to provide all of the information required in executing the steps outlined in this packet, including those intended for your designated On-site Supervisor. Please be sure that you fully understand all of your responsibilities at the outset and if clarification is necessary, ask questions of a Counseling coordinator and/or your Webster University Instructor of Record.

Responsibilities of the On-Site Supervisor

The following guidelines provide useful information to students and supervisors about the intended nature of the Practicum and about the responsibilities of the professional personnel, especially the On-site Supervisor, who are directly involved.

1. Regular supervision is essential to the success of the Practicum.
 - a. A Counseling coordinator or Webster University instructor of record will contact each On-site Supervisor during the semester. Regular contact with the On-site Supervisor will be maintained by phone and/or additional visits. The *STUDENT ACCEPTANCE CONTRACT* (APPENDIX C, Practicum Form 3) will be completed and signed during the first visit.
 - b. The Counseling coordinator is available upon request at any time should the need arise. Please call your local campus for the phone number.
 - c. Each student will participate in an ongoing analysis or Practicum group seminar with the Webster University Instructor of Record.
2. The student is instructed to contact the agency, school, or institutional supervisor at least one week prior to the beginning of the semester to arrange hours, orientation sessions, deliver a resume, and to discuss and to decide on goals and a time plan for the semester.
3. During the semester, a student is expected to spend a minimum of 100 clock hours on site.
4. On-site Supervisors should arrange for students to take part in staff meetings and staff/in-service training.
5. The student should be given the opportunity to practice individual, group, or classroom guidance, and/or family counseling in order to demonstrate counseling skills and to receive feedback on his or her performance.
6. On-site supervisors are requested to suggest to the student readings relevant to that particular site. These readings may be books, articles, manuals, or related materials the On-site Supervisor believes to be most helpful to the student in understanding better the site and/or the clients, which it serves.

7. The student is expected to follow consistently the policies, professional activities and procedures, and legal responsibilities of the agency, school, or institution.
8. On-site Supervisors are requested to complete a mid-semester and a final evaluation of a student's performance. See the *ON-SITE SUPERVISOR EVALUATION* (APPENDIX D, Practicum Form 4).
9. The final evaluation and grading of a student's performance is the responsibility of the Webster University Instructor of Record, but only after receiving direct, written input from the On-site Supervisor. It is the responsibility of the Instructor of Record to initiate contact with the On-site Supervisor in order to establish specific criteria and procedures for evaluation of the student's performance.
10. The student is required to complete a *STUDENT EVALUATION OF PRACTICUM SETTING* (APPENDIX E, Practicum Form 5) of his or her Practicum which should include, but is not limited to, a discussion of learning outcomes; how to integrate these outcomes into practice; strength and limitations of the site; an analysis of the total field experience and seminar, as well as supervision; and learning from the On-site Supervisor's assigned readings and on-site activities. A copy of this review is to be shared and discussed with the On-site Supervisor; another copy goes to the Counseling coordinators; and the student retains one copy.
11. The On-site Supervisor is requested to provide input to the Counseling degree program at Webster University. Input may include, but is not limited to, feedback on the curriculum; competence or skill levels acquired as reflected in student performance; and skills or issues that could be added to the program.

The Counseling degree program at Webster University greatly appreciates the professional input and participation of On-site Supervisors in the training of its students. The ultimate success of that training is assured when the On-site Supervisor's input and participation is maximized. We thank you in advance for your cooperation and collaboration.

APPENDIX A
(Practicum Form 1)
Student Practicum Application

(A copy of this form will be returned to you after your site has been approved)

This Application must be filled out completely and returned to a Counseling coordinator at least one term prior to the one in which the Practicum is to take place. Indicate starting term and year:

Spring I _____ Spring 2 _____ Fall I _____ Fall 2 _____ Summer _____

Student Name: _____ Phone: _____

Address: _____

Briefly describe your special areas of interest in the field of Counseling. What would you like to accomplish in the Practicum experience?

Is there a particular agency or setting in which you want to do your Practicum? If so, where?

Are you currently employed in the agency, school, institution, or setting mentioned above?

Is there any other information (e.g., previous experience), which you believe may be beneficial to the On-site Supervisor?

Student Signature: _____ Date: _____

Counseling Coordinator Signature: _____ Date: _____

Practicum Site: _____ Phone: _____

Address: _____

Site Supervisor: _____ Contact Phone: _____

APPENDIX B
(Practicum Form 2)

CONTRACTUAL AGREEMENT BETWEEN
PRACTICUM STUDENT AND WEBSTER UNIVERSITY

(A) I hereby attest that I have read and understand the American Counseling Association (ACA) Code of Ethics and will practice my counseling in accordance with these standards. I further understand that any breach of this code or any unethical behavior on my part will result in my receipt of a failing grade in the Practicum and written notification of such behavior will be placed in my permanent record. <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

(B) I understand that all students must carry professional liability insurance and such insurance is available through many resources including the American Counseling Association at 1-800-347-6647 x284 or their website at <http://www.hpsso.com/students/studentindex.php3>. Attached is a photocopy of the coversheet to my insurance.

(C) I understand that it is my responsibility to keep my Practicum supervisors (On-site Supervisor and Webster University Instructor of Record) fully informed regarding my Practicum experience.

(D) I understand that I will not be awarded a passing grade until I have demonstrated in the Practicum a specific minimal level of Counseling knowledge, skills, and attitudes.

(E) I further understand that it is my responsibility to attend all classes and supervisory sessions fully prepared as outlined in the Practicum course requirements. If any sessions are not attended, or attended without my full preparation, they will not be counted toward the fulfillment of the minimal Practicum requirements.

Student Name: _____

Student Signature: _____ Date: _____

APPENDIX C
(Practicum Form 3)

WEBSTER UNIVERSITY STUDENT ACCEPTANCE CONTRACT

_____ Agrees to accept
(Agency, school, institution)

_____, A graduate
(Print student name)

Student in the Counseling degree program at Webster University, as a student counselor. All parties have read the Counseling Practicum information packet and accept the responsibilities described therein.

Practicum Beginning Date: _____ Ending Date: _____

Name of On-site Supervisor: _____

Signature of On-site Supervisor: _____
Contact Phone Numbers: _____

Name of Supervisory Administrator: _____

Signature of Supervisory Administrator: _____
Contact Phone Numbers: _____

Name of Student Counselor: _____

Signature of Student Counselor: _____
Contact Phone Numbers: _____

Name of Webster University Instructor of Record: _____

Signature of Webster University Instructor of Record: _____
Contact Phone Numbers: _____

Date: _____

APPENDIX D
(Practicum Form 4)

ON-SITE SUPERVISOR'S MIDTERM & FINAL EVALUATION FORM

Webster University Counseling Program

To the On-site Supervisor: Please have the student check the appropriate space below and sign and date before you complete your evaluation.

I waive _____ do not waive _____ my right of access to this evaluation.

Student Name: _____ Date: _____

Student Signature: _____

Your Name: _____ Date: _____

Your Signature: _____

Site Supervisor's Evaluation of This Student (attach additional pages as necessary):

SITE SUPERVISOR'S EVALUATION OF PRACTICUM STUDENT

STUDENT'S NAME: _____

Directions: completing this form indicates the supervisor's evaluation of the student's competencies. A mark on the scale accompanying each dimension or characteristic identifies the extent to which the student counselor possesses each competence. The supervisor marks a number of the continuum from 1 to 4, which denote "good" to "poor" respectively. Marking the number 5 indicates dimensions that are not applicable (N/A). The evaluation is to be completed in order to provide the counseling student with feedback on performance and as a basis for identifying areas for additional emphasis.

Mental Health, Marriage and Family, & School Counseling Program
Site Supervisor's Intern Evaluation Form

Instructor:

Supervisor:

Student:

Purpose: To provide feedback on student performance and to improve course and program

- Guidelines**
- (1) All responses are *important*. These evaluations help determine student and program outcome success. *Therefore please clearly and openly express your opinions.*
 - (2) Your **constructive** comments will help us meet program outcome objectives Webster wide.
 - (3) Please **darken** your responses **completely**.

A. Student and Supervisor Relationship

- | | | | | |
|----------------|-------|----------|-------------------|---|
| Strongly Agree | Agree | Disagree | Strongly Disagree | |
| ① | ② | ③ | ④ | 1. Student has demonstrated involvement and seriousness. |
| ① | ② | ③ | ④ | 2. Student has shown personal growth. |
| ① | ② | ③ | ④ | 3. Student accepts correction without defensiveness. |
| ① | ② | ③ | ④ | 4. Student accepts praise with humility. |
| ① | ② | ③ | ④ | 5. Student is easy to communicate with. |
| ① | ② | ③ | ④ | 6. Supervision furthered the student counselor's development. |

B. Student and Client Relationship

- | | | | | | |
|----------------|-----------|-------------|------------------|-----|--|
| Very Effective | Effective | Ineffective | Very Ineffective | N/A | |
| ① | ② | ③ | ④ | ⑤ | 7. Student readily sets the new client at ease. |
| ① | ② | ③ | ④ | ⑤ | 8. Student readily initiates a working relationship with the client. |
| ① | ② | ③ | ④ | ⑤ | 9. Student readily clarifies client goals for therapy. |
| ① | ② | ③ | ④ | ⑤ | 10. Student remains focused on therapy goals. |
| ① | ② | ③ | ④ | ⑤ | 11. Student utilizes appropriate therapeutic interventions. |
| ① | ② | ③ | ④ | ⑤ | 12. Student appropriately brings therapy to a termination. |

C. Student Organization and Responsibility

Strongly Agree
Agree
Disagree
Strongly Disagree
N/A

- ① ② ③ ④ ⑤ 13. Student properly organizes case material
- ① ② ③ ④ ⑤ 14. Student progress notes are clear, logical, and consistent.
- ① ② ③ ④ ⑤ 15. Student follows and updates treatment plan appropriately.
- ① ② ③ ④ ⑤ 16. Student seeks consultation promptly and appropriately.
- ① ② ③ ④ ⑤ 17. Student is consistently punctual.

D. Practicum Results/Outcomes

Strongly Agree
Agree
Disagree
Strongly Disagree

- ① ② ③ ④ 17. Overall, I was satisfied with this student's performance.
- ① ② ③ ④ 18. Overall, I was satisfied with my work of supervision.
- ① ② ③ ④ 19. Site supervision consistently met with the student and provided supervision.
- ① ② ③ ④ 20. The Webster instructor contacted me and provided proper oversight.

Please comment constructively on any aspect of student or University performance..

APPENDIX E
(Practicum Form 5)

WEBSTER UNIVERSITY PRACTICUM STUDENT SITE EVALUATION

NOTE: This form should be completed by the student and given to a Webster University Counseling coordinator at the conclusion of the Practicum experience at a given setting.

Student Name: _____ Term & Year: _____

Practicum Setting: _____

On-Site Supervisor's Name: _____

In order to assist other students in choosing a Practicum setting, please comment briefly on your experience as a student in each of the following areas (attached additional pages if necessary).

1. Describe the Practicum setting

2. Describe the type of clients with whom you worked and the problems which they had.

3. Describe the type of counseling/professional activities, which were available to you as a student.

4. Describe the facilities and resources, which were at your disposal.

5. Describe the type and level of communication among the counselors with whom you interacted.

6. Describe the type and level of supervision you received.

Please provide any additional comments (e.g., on the advantages and/or disadvantages of this particular setting) you think might be helpful to other students who might be considering this or a similar Practicum setting.

APPENDIX F
(*Practicum Time Log*)

Intern: _____

Facility: _____

Supervisor: _____

Practicum Instructor: _____

Date	Brief Description of Counseling activity	Time In	Time Out	Total Time	Supervisor's Signature

