

APPENDIX A
(Practicum/Internship Form 1)

STUDENT PRACTICUM/INTERNSHIP PROPOSAL
(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/Internship experience?

Is there a particular agency or setting in which you want to do your Practicum/Internship? 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?

Practicum/Internship Site: _____ Phone: _____

Address: _____

Site Supervisor: _____ Contact Phone: _____

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STUDENT ACKNOWLEDGEMENT:

(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/Internship and written notification of such behavior will be placed in my permanent record.

http://aca.convio.net/site/PageServer?pagename=resources_ethics

(B) I understand that all students must carry professional liability insurance and such insurance is available through the American Counseling Association at 1-800-347-6647 x284 or their website www.acait.com/students/index.cfm or www.hpsso.com/students/studentindex.php3. Attached is a photocopy of my insurance.

(C) I understand that it is my responsibility to keep my Practicum/Internship 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/Internship 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/Internship requirements.

Student Name: _____

Student Signature: _____

Date: _____

APPROVAL OF PROPOSAL:

Counseling Coordinator: _____

Date: _____

(Ben Shriver)

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