



## ROLLA

### COUNSELING 6000 ~ PRACTICUM COUNSELING 6500 ~ INTERNSHIP

### *Application 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/Internship students must carry their own professional liability insurance which is available through several different resources including the American Counseling Association (<http://www.acait.com/students/index.cfm>), the Healthcare Provider Services Organization ([www.hpsso.com](http://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.
- ❖ All final COUN 6500 Internship students must take the Counselor Preparation Comprehensive Examination. This exam is for program assessment only and will not affect the student's grade or standing in the program.

## ***General Information and Procedures Regarding The Counseling Practicum***

1. The Practicum/Internship is a type of learning experience 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, marriage and family counselor or certified school counselor. A new student should begin immediately exploring the availability and type of Practicum/Internship 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 6000/6500 Counseling Practicum/Internship, Application & Contract Agreement, which the student can obtain at either 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 6000/6500 Instructor the first class meeting. (NOTE: A Practicum Proposal is not to be accepted unless both the student and the Practicum/Internship Site Supervisor sign it.) The Practicum should NOT be the student's ordinary employment. However, the COUN 6500 Internship may be the student's 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 6000/6500 Counseling Practicum/Internship, Application 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 6000/6500 instructor.
5. The Webster University COUN 6000/6500 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.
6. Since the COUN 6000/6500 Counseling Practicum/Internship 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 6000/6500 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/Internship 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.
8. Webster University will obtain professional liability insurance covering the student's participation in the Practicum.
9. The instructor of record is to insure that the Course Completion Record on page 17 is appended to the student's permanent file.

## Webster University Request for Certificate of Insurance

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

Attention:	<i>Angel Zeilman</i>	Fax #: <i>314-444-1775</i>
Requested By:	Stacey Henning	
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;">             Please check all coverages that should be reflected on certificate.         </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"/> <b>Limited Professional Liability</b>	
	<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;">             Please check the appropriate status and the coverage that applies to it.         </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			
<b>Student:</b>		<b>ID#:</b>	

Practicum Site:		Site Supervisor:	
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 checked="" type="checkbox"/> Fax	Attn: Cathy Crabtree	Fax #: (314) 963-6929
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Certificate Holder:	<input type="checkbox"/> Fax	Attn:	Fax #:
	<input checked="" type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Copy:	<input type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Copy:	<input checked="" type="checkbox"/> Fax	Attn: Denise Whitehead	Fax #: (573) 368-5497
	<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>		
<b>Please start:</b>		<b>And continue coverage through:</b>	

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

## **COUN 6000/6500 - COUNSELING PRACTICUM/INTERNSHIP**

### **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 successfully and the student's status changes from provisional to degree seeking.
2. Review and approve the student's Practicum Proposal 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, 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.
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 an Instructor of Record in order to get permission to enter the practicum and to discuss possible sites.
2. After you have been notified that your placement has been approved, arrange an initial interview at the Practicum/Internship 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 or 300 hours of experience during the term.
3. Complete and sign the Student Practicum/Internship Proposal (APPENDIX A, Practicum Form 1) and return to the Instructor of Record. 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. 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/Internship course and site.
6. On-site Supervisors are requested to meet with Practicum/Internship 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.
7. The Webster University Instructor of Record will meet a minimum of one time 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.
8. 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/Internship syllabus.
9. 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/Internship 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/Internship.
  - a. 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 Webster University Practicum/Internship Agreement (APPENDIX B, Practicum Form 2) 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/Internship 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 to 300 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 C, Practicum/Internship Form 3).
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/INTERNSHIP SETTING (APPENDIX D, Practicum Form 4) 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/Internship Form 1, Page 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: \_\_\_\_\_

STUDENT ACKNOWLEDGEMENT:  
(Form 1, Page 2)

(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/sitePageServer?pagename=resources\\_ethics](http://aca.convio.net/sitePageServer?pagename=resources_ethics)

(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>.

(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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Ben Shriver)

(Form 1, p.2)

**APPENDIX B**  
(Practicum Form 2)

WEBSTER UNIVERSITY PRACTICUM AGREEMENT

\_\_\_\_\_ 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/Internship information packet and accept the responsibilities described therein.

Practicum/Internship Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name of On-site Supervisor: \_\_\_\_\_

Signature of On-site Supervisor: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Name of Supervisory Administrator: \_\_\_\_\_  
(Facility Supervisor)

Signature of Supervisory Administrator: \_\_\_\_\_  
(Facility Supervisor)

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 C**  
(Practicum Form 3)

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: \_\_\_\_\_

INSTRUCTIONS FOR THE SITE SUPERVISOR'S EVALUATION OF PRACTICUM/INTERNSHIP 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 Practicum Student/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	②	③	④	①	②	③	④	①	②	③	④	1. Student has demonstrated involvement and seriousness.				
①	②	③	④	①	②	③	④	①	②	③	④	①	②	③	④	2. Student has shown personal growth.				
①	②	③	④	①	②	③	④	①	②	③	④	①	②	③	④	3. Student accepts correction without defensiveness.				
①	②	③	④	①	②	③	④	①	②	③	④	①	②	③	④	4. Student accepts praise with humility.				
①	②	③	④	①	②	③	④	①	②	③	④	①	②	③	④	5. Student is easy to communicate with.				
①	②	③	④	①	②	③	④	①	②	③	④	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	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	7. Student readily sets the new client at ease.					
①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	8. Student readily initiates a working relationship with the client.					
①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	9. Student readily clarifies client goals for therapy.					
①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	10. Student remains focused on therapy goals.					
①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	11. Student utilizes appropriate therapeutic interventions.					
①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	①	②	③	④	⑤	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	⑤	17. Overall, I was satisfied with this student's performance.						
①	②	③	④	⑤	18. Overall, I was satisfied with my work of supervision.						
①	②	③	④	⑤	19. Site supervision consistently met with the student and provided supervision.						
①	②	③	④	⑤	20. The Webster instructor contacted me and provided proper oversight.						

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

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**APPENDIX D**  
(Practicum Form 4)

WEBSTER UNIVERSITY PRACTICUM/INTERNSHIP STUDENT SITE EVALUATION

NOTE: This form should be completed by the student and given to a Webster University Instructor of Record at the conclusion of the Practicum/Internship 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/Internship 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/Internship 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/Internship setting.

**APPENDIX E**

**( PRACTICUM LOG )**

TERM: \_\_\_\_\_ NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PRACTICUM SITE: \_\_\_\_\_

<b>ACTIVITY</b>	<b>WK 1</b> _/_-	<b>WK 2</b> _/_-	<b>WK 3</b> _/_-	<b>WK 4</b> _/_-	<b>WK 5</b> _/_-	<b>WK 6</b> _/_-	<b>WK 7</b> _/_-	<b>WK 8</b> _/_-	<b>WK 9</b> _/_-	<b>TOTAL</b> <- >
Intake										
Individual Counseling										
Group Counseling										
Crisis Intervention										
Family Counseling										
Career Counseling										
Other Indirect										
Psycho-Education										
<b>Total Direct</b>	===	===	===	===	===	===	===	===	===	=====
Team Meetings										
Report Writing										
Training										
1/1 Supervision										
Other Supervision										
Other Direct										
<b>Total Indirect</b>	===	===	===	===	===	===	===	===	===	=====
<b>=====</b>	===	===	===	===	===	===	===	===	===	=====
<b>GRAND TOTAL</b>										

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date



**Practicum/Internship**  
**Course Completion Summary**  
*(To be added to student's Permanent file)*

Course: \_\_\_\_\_ Term: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Practicum Site & Contact Information: \_\_\_\_\_

\_\_\_\_\_

Practicum Site Supervisor & Contact Information: \_\_\_\_\_

\_\_\_\_\_

Practicum/Internship Instructor of Record Name: \_\_\_\_\_

Number of On Site Hours Logged: \_\_\_\_\_

Licensure/Certification Sought: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Additional Forms/Assignments Required by your Instructor.

<b><u>Practicum I</u></b>	<b><u>Practicum II</u></b>
Sample Progress Notes	Progress Note
Sample Biopsychosocial History	Treatment Plan
Sample Treatment Plan	Written Summary of the Case Presentation
Case Staffing	Final Paper
Written Report	

\*\* NOTE: This form should be completed by the student and given to the Webster University Instructor of Record at the conclusion of the Practicum/Internship experience.