Field Experience Professional Agreement  
(Practicum and Internship) 

(Student Name) 

In pursuit of  
Master of Arts in Counseling
**Introduction**
The practicum is a non-paid position because the student is expected to be in a trainee role with minimal responsibilities.

The internship can be paid but must be according to the following:

1. Logged hours for the internship must be new experiences for the student intern, i.e., a student cannot use her/his daily job to complete hours for internship, as the definition of internship is that it is a mentored experience in which the student is developing NEW skills and habits. If the student wants to complete internship hours at her/his place of employment, the student will have to document that internship hours are separate from the hours worked for a paycheck; if (s)he works 9-5 M-F, (s)he will have to log that (s)he completed her/his internship after 5pm and/or before 9am.

2. In most states and instances, “interns” and students cannot accept fee for services. Therefore, if an intern is paid, it must be clearly documented that the pay is not for hourly counseling services rendered to a client.

3. Labor laws are different per state. If a paid internship is arranged, it is the student’s responsibility to understand fair practice according to the labor laws in their state.

**Terms**
“Site supervisor” herein refers to the licensed mental health worker who is conducting the weekly supervision (observation, evaluation, and documentation) with the student and reporting to the university instructor.

“University Instructor” or “faculty supervisor” herein refers to the instructor of record for the COUN 6000, 6100, 6200, and 6500 courses.

“Intern” herein refers to the student enrolled in the COUN 6500 course and participating in the internship activities.
General Information and Procedures

- The student is responsible for correctly handling this document.
- **Student Field Experience Proposal** (Appendix B) must be filled out completely and given to the practicum faculty instructor by the first night of class.
- All field experience students are required to carry professional liability insurance (PLI). Professional liability insurance can be purchased through Healthcare Provider Services Organization ([www.hpso.com](http://www.hpso.com)) and other private insurance carriers. Also, student membership in the American Counseling Association ([www.counseling.org](http://www.counseling.org)) includes PLI.
- **Proof** of PLI is required before counseling or observing counseling of clients associated with the field experience (students may not counsel or observe counseling of a client prior to receiving PLI and/or prior to the term beginning).
- Some field experience sites require proof of University insurance in addition to student insurance. If the site requires this, contact your counseling program coordinator or fax the **Request for Certificate of Insurance** (Appendix A) found on page 12 of this document, to the Procurement Office at the home campus in Webster Groves, MO, with a request to be completed and returned to you.
- Students are required to know and abide by the American Counseling Association **Code of Ethics** (2014) while participating in the counselor education program with Webster University.
- Students are required to read this **Agreement** in total and abide by the contents.
- Students will use required consent forms (see instructor) with all clients and file copies of the consent forms with the site supervisor in a secure location.
  - Note that even in cases where students are completing field experiences with minor clients, consent forms must be on file with the site prior to the student counseling the client, i.e., the client’s parent or guardian must have provided consent for the student to counsel the minor.
- The practicum is an initial, introductory clinical field experience comprised of TWO 1.5 credit hour practicums completed in TWO 9 week terms.
  - For students enrolled in the Community Counseling track (offered in Geneva, Switzerland only), one 3 credit hour practicum completed in one 9 week term is required.
- Practicum students are required to attend a minimum of 90 minutes per week of group supervision on campus with the practicum instructor AND a minimum of 50-60 minutes of individual or triadic supervision per week with the site supervisor.
- Students provide 100 hours of onsite counseling services, 40 hours of which are considered direct service, e.g., face to face counseling services with individuals, couples, families, minors, and/or groups.
- The internship is a capstone clinical field experience in which the student provides 600 (900 if pursuing LMHC licensure in FL) total hours of services related to the overall internship experience; 240 (360 if pursuing licensure in FL) hours of the 600 (potentially 900 in FL) total hours are to be direct client service, e.g., face to face counseling services with individuals, couples, families, children, and/or groups. The internship begins after successful completion of the practicum (COUN 6000 or 6100/6200). The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area and with appropriate weekly clinical hours for a student intern. Each student’s internship includes:
  - A minimum of 90 minutes per week of group supervision on campus with the internship instructor and other interns;
A minimum of 50-60 consecutive minutes of individual or triadic supervision per week with the site supervisor; and
- The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).

- The field experience is required to be supervised by a licensed professional counselor (LPC); licensed mental health counselor (LMHC); licensed psychiatrist; or licensed psychologist.
- The site supervisor is required to retain appropriate and related credentials approved by the state licensure board and provide copies of those credentials (licensure and/or certification) with this packet.
- Supervision attendance is a requirement. Absences from group supervision or individual supervision will result in arrest of all clinical counseling sessions by the student until the student receives supervision for that week. In other words, if a student is absent from group or individual supervision, they must cancel counseling sessions until they have attended group or individual supervision for the week. This will slow the accumulation of clinical hours.
- Some Webster University campuses utilize the “Course Completion Record.” See your practicum instructor for more information and requirements regarding such.
- Any disregard for any component of this Agreement may lead to dismissal from the field experience and from the Professional Counseling program with Webster; and associated loss of tuition is the responsibility of the student.
- Some sites require that the student provide a letter of preparation (prepared for field experience) to be accepted into a position. If your site requires this, see your campus counseling coordinator, who will request the PSEs from appropriate courses and will make the decision regarding development of the letter. Do not wait until past the enrollment deadline.

Participation in a clinical field experience requires a professional and personal commitment on the part of the student. Webster University faculty and staff commit to the highest standards in counselor education training and supervision. Understand that grades of incomplete will not be provided. Students who do not complete the required clinical hours for each term of practicum and internship within the appropriate time frame will be required to register for an additional term of practicum or internship and participate fully in that practicum or internship until the required clinical hours are completed.

Organizing your Practicum
- It is the student’s responsibility to secure a practicum site.
- Counseling students should begin exploring desired practicum sites approximately 4-6 months prior to beginning the practicum course (COUN 6000 or 6100/6200).
- After preliminary contacts by the student have narrowed the list of possible sites, the student will arrange interviews with the site supervisors at those sites with which the student has interests and the university has approved.
  - In this interview, the student will provide this Field Experience Agreement for review with the site supervisor and provide one copy to the site supervisor. The following are terms that have to be met for the site to be acceptable:
    - The site supervisor (or licensed counselor designee) has to be on site while the student is seeing clients;
    - The site has to provide the opportunity to tape (audio or video) 2-3 (more may be required for students experiencing difficulty) client sessions per term;
• The site has to provide appropriate hours;
• Group work and intake activities cannot make up more than 60% of total direct hours;
• The individual providing your weekly supervision has to be an LPC or licensed psychologist with experience in clinical supervision; we prefer LPC as you will get some of your developing professional identity from your supervisor;
• You may not sit with clients (observation or not) until the week that your practicum or internship class has begun although you may do other training with the agency.
  o The student will also provide a resume to the site supervisor.
• Providing the student and the practicum site supervisor agreed upon the specifics of this Field Experience Agreement, the student must submit copies of the signed Appendix D and a copy of the site supervisor’s license to the practicum faculty supervisor/instructor in order to enroll in the practicum; Appendices B, C, and proof of PLI must be provided to the faculty supervisor the first night of class, or before, in order to counsel or observe counseling with actual clients.

Organizing your Internship Experience
• It is the student’s responsibility to secure an internship site; it is recommended that this site be the same as the practicum site.
• The following are requirements of the internship:
  o The site supervisor (or licensed counselor designee) has to be on site while the student is seeing clients;
  o The site has to provide the opportunity to tape (audio or video) 2-4 client sessions per term (more may be required);
  o The site has to provide appropriate and adequate client hours;
  o Group work and intake activities cannot make up more than 60% of total direct hours;
  o The individual providing your weekly supervision has to be an LPC or licensed psychologist with experience in clinical supervision; we prefer LPC as you will get some of your developing professional identity from your supervisor; LCSWs and psychiatrists are accepted but only when they have been interviewed by the faculty supervisor of the course to insure the student will be doing counseling and receiving adequate supervision hours.
  o You may not sit with clients (observation or not) until the week that your practicum or internship class has begun.
  o Students may not ‘carry’ more than 15% of hours between terms, i.e., students can only go over or under total hours (direct or indirect) by no more than 15 of total of those hours (approx. 9 direct hours, 13 indirect hours and/or 22 total). Students who are short on hours will be required to pay for an additional term of field experience to complete their hours.
Roles and Responsibilities of the Counseling Degree Program/Faculty Supervisor

The following pertains to the Webster Counseling Degree program and the roles and responsibilities of the faculty instructor/supervisor:

1. Webster University faculty and staff commit to the **highest standards** in counselor education training and supervision. The training field experience is aligned with professional standards and ACA *Code of Ethics* (2014).

2. Grades of **incomplete will not be provided** for field experience. Students who do not complete the required hours within the time frame will be required to register for an additional term of field experience and participate fully in that term until the term is completed.

3. **Evaluations** are a required component to the field experience. The *Professional Skills Evaluation* (Appendix E) is to be reviewed by the student and site supervisor at the beginning of the term and completed at the mid-term and end-term for immediate submission/return to the faculty; all Professional Skills Evaluations (PSEs) completed by faculty and site supervisors are to be reviewed with the student in person and the student is to sign acceptance/review of the PSE. This provides due process for the student. The instructor may also provide blank copies of any other evaluations to be used within the field experience at the beginning of the term and completed copies to the student at the end of the term at the student’s request.

4. The faculty instructor is required to contact the site supervisor during the term to attain updated supervisory comments/notes on the skill development of each student and to document such notes for each student. The instructor will communicate any concerns to the student at the time that the concern is voiced by the site agency to the instructor.

5. Practicum faculty are required to be in contact with the site supervisor biweekly; while internship faculty are required to be in contact on a regular basis.

6. Webster University *may* provide **professional development** for site supervisors in the form of the supervisor orientation and, potentially, other professional development meetings.

7. Program faculty members serving as individual or group practicum/internship supervisors must have a doctoral degree and/or **appropriate** counselor education related degree and **supervision preparation**, relevant experience and appropriate credentials/licensure in counseling, and relevant supervision training and experience.

8. The university counseling program coordinator, designee, or practicum instructor will **approve students** for placement in the practicum setting.

9. The instructor agrees to provide a minimum of **90 minutes of group supervision per week** during the field experience including instruction on definition and components of group supervision; observation of the student’s skills development, evaluation, and documentation of such observation; instruction on counselor safety, crisis intervention, self-care, and mandatory reporting (“hotlining”); case conceptualization, treatment team planning, note taking, self-care, bio psycho social techniques, termination and referral, and theory integration (see the Practicum and Internship Professional Counseling Dept. Syllabi). Instructors agree to integrate the site supervisor’s comments regarding each student into the 90 minutes of group supervision. Certain aspects of confidentiality should be treated accordingly.

10. The faculty supervisor/instructor agrees to make available **consent forms**, and instruction on such, for the field experience and collaborate with field experience site supervisors regarding securing of consent forms. Consent forms and other client documentation (case notes) will remain in a secure setting at the field experience site.

11. The faculty supervisor/instructor agrees to oversee **adherence to ACA Code of Ethics (2014)** by field experience students.
12. The instructor agrees to inform each student as to her/his right to terminate supervision with due notice. Students and instructors are advised to work out personal differences before moving to termination of the relationship as termination may lead to dismissal for the student and/or the instructor and may require additional terms in field experience to complete the required hours. Due process through a verbal and written mid-term and end-term evaluation will occur.

13. The instructor agrees to provide additional individual supervision for students who experience difficulty in development of counseling skills, interpersonal skills, openness to supervision, and/or other skills related on the skills evaluation form. However, if the student does not improve enough during the term to advance to the next term of training, the student will be required to repeat the term of field experience.

14. The instructor agrees to provide personal contact information to the student and site supervisor for occasions when the student or supervisor may need immediate consultation.

15. The instructor agrees to assign grades after consultation with the on-site supervisor.

Overall, the university is responsible for orienting the site supervisor to the Webster University counselor preparation/training program, observing and evaluating each student’s skills development, training the student on necessary skills development, documenting evaluations and client consent forms, communicating regularly with the site supervisor, practicing/training according to the ACA Code of Ethics, and maintaining relationships with area field experience sites.

Roles and Responsibilities of the Counseling Student

The student is required to:

1. Have completed the seven prerequisites (COUN 5020, 5200, 5050, 5600, 5800, 5100, 5150 or 5230) before registering for a practicum.
2. Attend Field Experience Orientation prior to beginning the search for a field experience site.
3. Meet and/or talk with the campus counseling program coordinator to receive permission to enter the practicum and to discuss possible sites;
4. Use counseling and interpersonal skills when interacting with peers, faculty, and site supervisors, as well as clients while pursuing clinical field experience hours;
5. Abide by the rules and procedures as practiced at the field experience site unless those practices clearly constitute unethical practice. Should the student suspect the latter, the student is required to immediately contact the faculty instructor for further professional guidance.
6. Provide the Site Supervisor Agreement to Supervise (Appendix D) and this Field Experience Agreement for your site supervisor’s signature and turn into the practicum instructor at the designated date.
7. Turn in the Student Acknowledgement (Appendix C) to the practicum instructor on the first night of class.
8. Commit to pursue the required hours within the appropriate time frame. Grades of incomplete will not be provided.
9. Complete and sign the Student Field Experience Proposal (Appendix B) and return it to the campus counseling program coordinator or practicum faculty. One copy will be placed in your permanent file.
10. Complete the Weekly Clinical Hours Log (Appendix G) and provide weekly to the site supervisor for signature. Retain all logs now and beyond graduation for licensure requirements. Instructor may require a copy, yet, maintaining one copy or the original is your responsibility.
11. **Review** the *Evaluation of On-site Supervisor and Site by Student* form(s) (Appendix F) to be familiar with those aspects on which you will evaluate the supervisor and the counseling degree program.

12. Alert the faculty instructor to any interpersonal difficulties with site supervisors **as soon as they arise**. Understand that it is the **intern’s responsibility** to maintain good interpersonal skills and relationships with the site supervisor and those persons on site.

13. **Meet with on-site supervisor** for a minimum of 50-60 minutes per week; these hours may be individual or triadic (two interns and one supervisor) supervision unless otherwise required by state licensure educational requirements. Some states require the supervisor meet with students for a minimum of one hour for each ten clock-hours.

14. **Contact the on-site supervisor** with any client emergency (or any suspicion of client emergency) and contact the faculty instructor with a verbal report on the client emergency after contacting the on-site supervisor or if the on-site supervisor is not readily available.

15. **Maintain openness to supervision** (by the on-site supervisor, faculty instructor, and group supervision) during the field experience.

16. Meet with the faculty instructor for evaluation outside of group supervision **when requested**.

17. **Understand** that the faculty instructor, after review of the on-site supervisor’s evaluations and mid-term and end-term evaluations, will determine if the practicum student is prepared for internship (COUN 6500) or needs further skills training prior to moving into internship.

18. Check the course syllabus for pertinent details. It is the **student’s responsibility to complete all of the requirements** that are listed in the course syllabus.

19. **Provide a copy** of the signed client *Informed Consent and Statement of Confidentiality* (Appendix H) to each client and maintain a copy for your records in a secured location at the site. The Student Counselor, client, and on-site supervisor are required to sign the consent form. In regard to work with minor clients, the student will verbalize all consents (informed and confidentiality) to the client and require the guardian of the client to sign the consent forms. The on-site supervisor may coordinate and require the guardian’s signature, which relieves the student of doing so, yet the student must still verbalize to the minor client an informed consent and a statement of confidentiality in age appropriate language. All consent forms relating to a minor at a school setting will be maintained by the site supervisor.

20. **Complete** the *Evaluation of On-site Supervisor and Program by Student* form (Appendix F) at the end of the term.

It is your responsibility to follow all of the instructions outlined in this packet 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, contact the counseling program coordinator and/or the faculty instructor as soon as possible.

*Overall, the student is responsible for locating the field site in a timely manner, providing this Agreement to site supervisors in a timely manner, evidencing an appropriate development of counseling and interpersonal skills and an openness to supervision during the experience, regularly attending group and individual supervision, practicing according to the ACA Code of Ethics, and sharing self-growth experiences with peers in group supervision. Students are required to follow the deadlines for completion of portions of this packet at the time that their campus requires the documents.*
Roles and Responsibilities of the On-Site Supervisor

The following guidelines provide useful information to students and supervisors about the intended nature of the field experience and about the responsibilities of the professional personnel who are directly involved, especially the on-site supervisor.

The on-site supervisor is responsible for providing a student with the individualized supervision consistent with the requirements/responsibilities that are outlined in this agreement. The on-site supervisor is responsible for reporting on the student’s performance to the Webster University faculty instructor.

On-site supervisors must have the following qualifications:

1. A minimum of a master’s degree in counseling or a related profession (psychology or psychiatry; clinical social work and marriage and family therapists, depending on state requirements) with equivalent qualifications, including appropriate certifications and/or licenses (e.g. LPC, LMHC, LP, MD/P; LMFT and/or LCSW in permitting states).
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled (i.e., clinical mental health counseling)
3. Knowledge of the expectations, requirements, and evaluation procedures of the Webster University Counseling degree program. A site supervisor orientation will be provided.
4. Relevant training in counseling supervision. Regular supervision is essential to the success of the field experience.
   a. The Webster University practicum and internship instructors will maintain regular contact with each on-site supervisor by phone, email (no identifying client information) personal visits, or a combination of contact manner.
   b. The Webster University Site Supervisor Agreement to Supervise (Appendix D) must be completed, signed, and provided to the practicum instructor before the student begins the practicum or at a date designated by the Webster campus. A copy of the on-site supervisor’s license is also required to be in the student’s file prior to the practicum beginning.
   c. The counseling program coordinator is available upon request at any time should the need arise. Please call your local campus for the phone number.
   d. Each student will participate in weekly group supervision with the Webster University faculty instructor and 50-60 minutes of individual or triadic supervision with the on-site supervisor.

The on-site supervisor signing this Agreement understands and agrees to the following:

1. Provide the student with the appropriate hours of clinical experience on site.
2. Provide the student with the opportunity to practice counseling in order to demonstrate counseling skills and to receive feedback on his or her performance.
3. Communicate biweekly with the university practicum instructor and regularly with the internship instructor regarding the student’s skills development.
4. Train the student according to this Agreement and including but not limited to use of appropriate consent forms (Appendix H) per the site requirements and adherence to the ACA Code of Ethics (2014).
5. Provide a secured location for retaining client records and maintain records according to state legal requirements.
6. **Observe** the student’s counseling skills regularly through live supervision, co therapy, video and/or audio tape, or some other acceptable form of observation. Use of observation must be mentioned in the informed consent.

7. **Evaluate** the student’s skills each in weekly supervision and provide direct and clear communication regarding skills improvement.

8. Regularly **document** the student’s skill development and share those documents with the student and the instructor (due process).

9. **Provide the student with** the policies, professional activities and procedures, and legal responsibilities of the site.


11. **Provide input** to the counseling degree program at Webster University when requested. Input may include, but is not limited to, feedback regarding the program, instructor, and/or student.

12. **Provide evidence (copy) of appropriate license** (LPC, LMHC, LP, or MD; LMFT or LCSW when acceptable by state licensure board) with return of this Field Experience Agreement.

13. **Provide emergency contact information** to the field experience student for occasions when the student needs immediate consultation such as with potential client harm to self or others.

14. Agree to contact the course instructor at earliest convenience (within 48 hours) on any occasion in which #13 above occurred, i.e., report to the course instructor any crisis or emergency supervision that occurred with the intern.

15. **Not expose** the field student to clients and situations known to be outside the level of competence of the student.

16. **Not expose** the field student to clients known to be a danger to self or others.

17. **Not expose** the field student to clients known to have infectious disease(s) or place them in a setting that may expose them to infectious disease.

18. **Sign** the field student’s **Weekly Clinical Hours Log** (Appendix G) confirming student’s log of hours and work.

19. **Review** the **Evaluation of On-site Supervisor and Site by Student** (Appendix F) to be familiar with those aspects on which the student will be evaluating the site and supervisor.

20. Complete the **Site Supervisor Agreement to Supervise** (Appendix D) and this **Agreement** and give to the student/supervisee to turn into the practicum/internship instructor.

21. Be on site (or designate another LPC to be on site) during direct client hours while the student is seeing clients.

22. Permit taping (audio or video) of 2-4 client sessions per term.

**Overall, the site supervisor is responsible for collaborating training efforts with the university faculty instructor, communicating regularly with the faculty instructor, training the student on clinical counseling on site, and adhering to the ACA Code of Ethics while training the student.**

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.
List of Appendices:

Appendix A, Request for Certificate of Insurance     page 12
(For those students with field sites that require evidence of Institutional professional liability insurance: Fax this document to 314-963-6929 who will facilitate forwarding this document to Daniel & Henry Co. for said copy of PLI.)

Appendix B, Student Field Experience Proposal     page 13
(Complete and return to the counseling program coordinator or practicum/internship instructor at least one term prior to the one in which the field experience is to take place unless otherwise advised. A copy of this form will be returned to you after your site has been approved.)

Appendix C, Student Acknowledgement     page 14
(Complete and turn into your practicum instructor at first class unless otherwise advised.)

Appendix D, Site Supervisor Agreement to Supervise     page 15
(Complete and turn into your practicum/internship instructor prior to classes beginning.)

Appendix E, Professional Skills Evaluation     page 16-18
(Instructor and/or supervisor complete this form weekly per relative skills; and completely at the mid-term, and end-term; review standout strengths and challenges with student at mid-term and end-term.)

Appendix F, Evaluation of On-Site Supervisor and Site by Student     page 19
(Complete this and turn in to faculty supervisor/instructor by last week of practicum course and again in the last week of the internship.)

Appendix G, Weekly Clinical Hours Log     page 20
COUN 6000, 6100, 6200 Practicum and COUN 6500 Internship
(Complete one of these forms for each week that you participate in field experience and provide a copy to the instructor; maintain a personal copy of each weekly log for licensure purposes.)

Appendix H, Informed Consent and Statement of Confidentiality     page 21-22
(To be copied and provided to each client with original placed in client file on site.)
APPENDIX A
Webster University
Professional Counseling Degree Program

REQUEST FOR CERTIFICATE OF INSURANCE
(for those students with practicum/internship sites that require evidence of Institutional professional liability insurance: Fax or email this document to Kathleen Crabtree @ 314-963-6929 or crabdrak@webster.edu who will facilitate forwarding this document to Daniel & Henry Co. for said copy of PLI.)

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<th>Angel Zeilman</th>
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| Coverage(s) Required: | | |
|----------------------|----------------------|
| General Liability    | Automobile Liability |
| Automobile Physical Damage | Property |
| Excess Liability     | Crime |
| Excess Workers’ Compensation | Trustees Errors & Omissions |
| **Limited Professional Liability** | |
| Other: (please specify) | |

| Status: | | |
|---------|----------------------|
| Additional Insured | General Liability |
| Loss Payee | Auto Liability |
| Mortgagee | Excess Liability |
| | Auto Physical Damage |
| | Property |
| | Crime |
| | Property |
| Other: (please specify) | |

| Description: | | |
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| 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. | |

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| Transmittal Instructions: | | |
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| 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. | |
| Insured: | | |
| Fax | Attn: | Fax #: |
| Regular Mail | Overnight Mail | |
| Counseling Site: | | |
| Fax | Attn: | Fax #: |
| Regular Mail | Overnight Mail | |
| Copy: | | |
| Fax | Attn: | Fax #: |
| Regular Mail | Overnight Mail | |

| Special Instructions: | | |
|-----------------------|----------------------|
| Please include contact name, mailing address, and phone no. for certificates sent via overnight and regular mail. | |

| Date to start coverage: | And continue coverage through: | |
|-------------------------|-------------------------|
STUDENT FIELD EXPERIENCE PROPOSAL

(Complete and return to the Counseling Program Coordinator or Practicum Instructor at least one term prior
 to the term in which the practicum begins unless otherwise advised)
(This form will be filed in your clinical file after the site has been approved)

This Application must be filled out completely and returned to the Counseling Program Coordinator or Practicum Instructor (or designee) at least one term (unless otherwise advised) prior to the term in which the practicum begins. Indicate starting term and year of beginning practicum:

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 field experience?

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

Are you currently employed in the agency, 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?

Field Experience Site:__________________________________ Phone:________________________________

Address:___________________________________________________________________________________

Site Supervisor:_______________________________________ Contact Phone:_________________________
APPENDIX C
Webster University
Professional Counseling Degree Program

STUDENT ACKNOWLEDGEMENT:
(Complete and turn into your practicum instructor at first class)

(A) I hereby attest that I have read and understand the American Counseling Association (ACA) *Code of Ethics* (2014) 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. [www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx](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 the Healthcare Providers Service Organization found on the website for the American Counseling Association or on their website [www.acait.com/students/index.cfm](http://www.acait.com/students/index.cfm) or [www.hpspo.com/students/studentindex.php3](http://www.hpspo.com/students/studentindex.php3). I will provide a photocopy of my professional liability insurance (PLI) prior to seeing clients and understand that I may not participate or observe any type of counseling until I have secured and provided proof of PLI.

(C) I understand that it is my responsibility to keep my practicum supervisors (On-site Supervisor and Webster University Faculty Supervisor/Instructor) 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, and all requirements of the syllabus.

(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: __________

APPROVAL OF PROPOSAL:

Counseling Coordinator: _______________________________ Date: __________

(Signature)
SITE SUPERVISOR AGREEMENT TO SUPERVISE
(Complete and turn into your practicum/internship instructor prior to classes beginning)

Today’s Date: _______________________________

Field Experience Start Date: ______________ Field Experience End Date: ______________

Last term of internship ends: ______________

I, ____________________________, agree to supervise _______________________________, counselor in training (student) at Webster University, ____________________________ (name campus location).

I have read the attached Field Experience Agreement. I understand and agree to carry out the role and responsibilities of the On-Site Supervisor for this experience as listed within.

I agree to meet with the counselor in training a minimum of one 50 minute session per week. That meeting will take place on ______________ (name weekday) at ______________ (name time) at ____________________________ (name location of supervision). I have attached a copy of my license as an LPC, LMHC, LP, or MD (psychiatrist).

Please check the appropriate boxes below.

______ I agree to supervise this student according to the ACA Code of Ethics (2014).
______ I have completed training in clinical supervision of counselors in training
______ I am at least two years post professional licensure

________________________________________________ _______________________________
Signature of Site Supervisor providing weekly supervision Date
**PROFESSIONAL SKILLS EVALUATION**

**Student** ___________________________ **Student ID** ___________________________

**Instructor/Supervisor** ___________________________ **Course Number** ___________________________ **Section** ___________________________

**Date** ___________________________ **Term** ___________________________ **Year** ___________________________

**Rating Scale:**
- **N** – No opportunity to observe
- 0 – Does not meet criteria for program level
- 1 – Meets criteria minimally or inconsistently for program level
- 2 – Meets criteria consistently at this program level
- 3 – Exceeds criteria for program level competency

Use this form in: COUN 5020, Foundations; COUN 5600, Group Techniques; COUN 5220, Assessment; COUN 5100, Social Cultural Foundations; COUN 6000/6100/6200, Practicum; COUN 6500, Internship.

Please rate **ONLY** those behaviors and skills that you have observed.

**I. Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students**

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<tbody>
<tr>
<td>1.</td>
<td>Demonstrates cognitive and sensory capacities to effectively and professionally interact with fellow students, faculty, supervisor, and staff</td>
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<td>2.</td>
<td>Demonstrates interpersonal skills* necessary to effectively and professionally interact with fellow students, faculty, supervisor, and staff</td>
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<td>3.</td>
<td>Demonstrates interpersonal skills* necessary to enhance interactions with fellow students, faculty, supervisor, and staff (*Interpersonal skills include but are not limited to positive regard for others, mood and affect regulation, openness, genuineness, empathy, and appropriate verbal and non-verbal communication skills.)</td>
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<td>4.</td>
<td>Overall Assessment of Student’s skills related to Aptitude, Personality Traits, and Behaviors Appropriate for Counseling Students (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed).</td>
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**Comments:**

**II. Learning Attitudes and Behaviors**

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<tbody>
<tr>
<td>1.</td>
<td>Participates every week in class discussions and activities</td>
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<td>2.</td>
<td>Demonstrates professionalism in discussion of conflict or concern</td>
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<td>3.</td>
<td>Demonstrates appropriate self-care</td>
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<td>4.</td>
<td>Demonstrates appropriate self-disclosure</td>
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<td>5.</td>
<td>Demonstrates awareness of effect on others</td>
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<td>6.</td>
<td>Provides feedback appropriately to other students</td>
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<td>7.</td>
<td>Demonstrates appropriate self-control (e.g., frustration, anger and impulse)</td>
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<td>8.</td>
<td>Overall Assessment of student’s skills related to Learning Attitudes and Behaviors: (Note: If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed).</td>
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**Comments:**
### III. Basic Counseling Skills

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<tbody>
<tr>
<td>1.</td>
<td>Demonstrates awareness of own belief system, values, needs, and biases</td>
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<td>2.</td>
<td>Demonstrates awareness of own cultural, ethnic, racial identity</td>
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<td>3.</td>
<td>Respects cultural, individual and role differences, including but not limited to those related to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and SEC status.</td>
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<td>4.</td>
<td>Demonstrates unconditional positive regard, warmth, and empathy toward clients and others</td>
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<td>5.</td>
<td>Demonstrates capacity to listen reflectively, summarize, and paraphrase</td>
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<td>6.</td>
<td>Demonstrates capacity to use therapeutic silence</td>
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<td>7.</td>
<td>Demonstrates ability to determine underlying meaning and unstated values of the client’s story</td>
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<td>8.</td>
<td>Recognizes, respects, and maintains appropriate boundaries in all professional relationships</td>
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<td>9.</td>
<td>Demonstrates ability to elicit information from others in a therapeutic manner (with open-ended questions, avoidance of double questions, and not answering questions for others)</td>
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<td>10.</td>
<td>Demonstrates awareness of theories of counseling</td>
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<td>11.</td>
<td>Demonstrates understanding of informed consent and the limits of confidentiality</td>
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<td>12.</td>
<td>Overall Assessment of student’s skills related to Basic Counseling Skills: (Note: <em>If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed.</em>).</td>
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**Comments:**

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### IV: Fitness for Counseling

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<tr>
<td>1.</td>
<td>Demonstrates ability to establish a counseling relationship</td>
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<td>2.</td>
<td>Demonstrates ability to conceptualize a case and develop a treatment plan</td>
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<td>3.</td>
<td>Demonstrates practicing within one’s level of training</td>
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<td>4.</td>
<td>Demonstrates appropriate use of confrontation, re-direction, interruption</td>
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<td>5.</td>
<td>Demonstrates understanding of the DSM and clinical application</td>
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<td>6.</td>
<td>Demonstrates risk management skills for suicidal or homicidal ideation</td>
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<td>7.</td>
<td>Demonstrates ability to identify and respond to various forms of abuse</td>
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<td>8.</td>
<td>Understands treatment protocol for chemical addiction</td>
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<td>9.</td>
<td>Demonstrates multicultural awareness and sensitivity</td>
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<td>10.</td>
<td>Demonstrates ability to write appropriate case notes</td>
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<td>11.</td>
<td>Demonstrates understanding of referral and termination processes</td>
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<td>12.</td>
<td>Demonstrates adherence to ACA Code of Ethics</td>
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<td>13.</td>
<td>Maintains appropriate boundaries in clinical practice</td>
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<td>14.</td>
<td>Overall Assessment of student’s skills related to Fitness for Counseling (Note: <em>If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed.</em>).</td>
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**Comments:**
### V. Integration of Theory and Practice

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<tr>
<td>1.</td>
<td>Demonstrates ability to integrate selected theory with practice</td>
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<td>2.</td>
<td>Demonstrates ability to present case studies consistent with theory</td>
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<td>3.</td>
<td>Demonstrates ability to measure outcomes based on theory</td>
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<td>4.</td>
<td>Demonstrates appreciation of a variety of counseling theories</td>
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<td>5.</td>
<td>Overall Assessment of student’s skills related to Integration of Theory and Practice: (Note: <em>If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed.</em>)</td>
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### VI. Openness to Clinical Supervision

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<td>1.</td>
<td>Actively participates in learning activities</td>
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<td>2.</td>
<td>Responds appropriately to peer, instructor, and supervisor feedback</td>
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<td>3.</td>
<td>Demonstrates preparedness for supervision</td>
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<td>4.</td>
<td>Demonstrates professionalism in all interactions with agency and program</td>
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<td>5.</td>
<td>Is compliant and cooperative with agency rules and expectations</td>
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<td>6.</td>
<td>Overall Assessment of student’s skills related to Openness to Clinical Supervision: (Note: <em>If providing a rating of 0 or 1 on this “overall” rating, please ensure you have assessed any of the above skills that you have observed.</em>)</td>
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<td>Comments:</td>
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**Summary of student strengths:**

**Summary of areas that need more attention for this student:**

______________________________________________________________
Supervisor Signature (Site or Faculty—circle)    Date

I have read this evaluation and understand that I may submit a response to the Professional Review Committee.

______________________________________________________________
Student Signature  Date
EVALUATION OF ON-SITE SUPERVISOR AND SITE BY STUDENT
(Complete this and turn in to practicum/internship instructor by last week of course)

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

Student Initials: __________________________________________ Term & Year: ___________________________

Name of Practicum/Internship Facility and Site Supervisor: ____________________________________________

For the following items circle the number that best represents your experience where 1 equals always, 2 equals mostly, 3 equals rarely, and 4 equals never.

Describe the setting and the type of clients with whom you worked and the problems they experienced.

You experienced and participated in all activities expected of a practicing counselor including but not limited to direct client hours, note taking and documentation, case conceptualization and treatment planning, referral process, intake, assessment, termination, staffing, and both individual and group counseling.
1 2 3 4
If not, list those you did not participate in:
_____________________________________________________________________________

The site provided necessary facilities and resources to perform your responsibilities while in the role of practicum/internship student.
1 2 3 4
Your site supervisor used a theoretical approach and supervisory practices that were clear and consistent.
1 2 3 4
The site supervisor regularly referenced professional identity as a professional counselor.
1 2 3 4
This experience increased your professional development.
1 2 3 4
This supervisor increased your knowledge of and/or exposure to ethical practice.
1 2 3 4
Your supervisor was available and responsive during sessions and for immediate (crisis) consultation.
1 2 3 4
Your site supervisor met with you weekly and reviewed your counseling and interpersonal skills.
1 2 3 4
An official evaluation form was followed and presented weekly and at mid and end term.
1 2 3 4
Please provide any additional comments (e.g., on the advantages and/or disadvantages of this particular setting):
____________________________________________________________________________________________
____________________________________________________________________________________________
APPENDIX G
Webster University
Professional Counseling Degree Program

WEEKLY CLINICAL HOURS LOG
COUN 6000/6100/6200 Practicum and COUN 6500 Internship
(Complete one of these forms for each week that you participate in field experience and provide a copy to the instructor; maintain a personal copy of each weekly log for licensure purposes)

Student Name:_______________________________________ Campus:_______________________________
Course:_________________________________ Instructor:__________________________________________
Field Experience Site:________________________________________________________________________
Supervisor Name and Contact #:________________________________________________________________

Direct Hours (list total hours for the week in each category):

- Individual counseling ______
- Group counseling Couple ______
- Counseling Marital ______
- Counseling Family ______
- Counseling ______
- Child or adolescent counseling ______
- Intake evaluation ______
- Testing or other assessment ______
- Other (describe) ______

Total Direct Hours:_______________

Indirect Hours (list total hours for the week in each category):

- Preparation for class ______
- Review of audio or video tape sessions ______
- Preparation for direct work ______
- Supervision with site supervisor ______
- Group supervision with class ______
- Preparing records for client contact ______
- Staffing/Meetings ______
- Receiving/providing consultation ______
- Other (describe) ______

Total Indirect Hours:_____________

Total Hours for Week:_____________

Students Signature:_______________________________________
Supervisor Signature:__________________________________ Date:_________________________________
APPENDIX H
Webster University
Professional Counseling Degree Program

INFORMED CONSENT AND STATEMENT OF CONFIDENTIALITY
(To be copied and provided to each client with original placed in client file on site)

Informed Consent
I, _____________________________, (client) understand that this form is intended to help explain the process of receiving counseling services. I understand that _____________________________, a counseling student at Webster University is a counselor in training (herein referred to as Student Counselor). This Student Counselor is working under the direct supervision of _____________________________, a faculty member for Webster University and _____________________________, a licensed supervisor for _________________________(name of site). By signing at the bottom of the page, I agree to the following.

It has been explained to me that counseling services and psychotherapy have benefits and risks. Research has evidenced that receiving counseling services in times of emotional distress is more beneficial than receiving no counseling at all. Yet, there are no guarantees regarding treatment outcomes.

I understand that video or audio taping or live supervision may be used in counseling sessions. These tapes may be shared with other counseling students for purposes of training only. Tapes pertaining to counseling sessions will be maintained in a secured location and will be destroyed by the end of the practicum term or these counseling sessions.

I understand that I have the right to ask about any aspect of counseling or to terminate counseling sessions at any time.

I understand that I have the right to an explanation of any test/questionnaire I may be given, to decline participation in any such test or questionnaire, and to a summary, either verbal or written, of any test results/conclusions.

I understand that if I find myself in an emergency emotional situation (I feel like hurting myself or another), I agree to contact _____________________________(phone number of the nearest hospital emergency room) before I take any other action and ask for the mental health professional on call. I may contact my counselor in training or the named supervisor above after I contact the emergency room.

Statement of Confidentiality
I understand that there are specific situations in which my confidentiality may be broken and in which the Student Counselor and or supervisor is legally obligated to take actions that may be necessary to protect me or others from harm. If such a situation arises, it will be discussed with me before any action takes place.

I understand that the reasons for which my confidentiality may be broken include the following:
1. If it is suspect that a child or a vulnerable adult is being neglected and or abused.
2. If it is suspect that I, the client, present a clear and substantial danger to myself or other(s).
3. If there is a court order regarding the contents of my case.

Resulting actions may include contacting family members, seeking hospitalization, notifying potential targets, and notifying the police.

I understand that these counseling sessions may be terminated by me at any time and that the Student Counselor may, with advanced notice, refer me to another counselor. I also understand that the Student Counselor will end his/her relationship with this site at a set time and that I have been notified that sessions may not occur with this Student Counselor beyond __________________________ (date of end of field experience).

I understand that this summary is designed to provide an overview of confidentiality and the limits of professional counseling. I understand that this form is required to be signed to by me before professional counseling services can be provided.

I have read and understand the above and have had the opportunity to ask questions regarding the counseling process before revealing personal information about myself.

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<tr>
<th>Client Signature</th>
<th>Printed Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Student Counselor Signature</td>
<td>Printed Name</td>
<td>Date</td>
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<tr>
<td>Licensed Supervisor Signature</td>
<td>Printed Name</td>
<td>Date</td>
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