

# Auburn University Counselor Education (CED) Master's Programs Field Experience Handbook

Clinical Mental Health Counseling  
Clinical Rehabilitation Counseling  
School Counseling

Department of Special Education, Rehabilitation and Counseling  
2084 Haley Center

## Professional Practice Handbook Table of Contents

Introduction to Professional Practice	3	Session Summaries/Progress Notes	41
Practicum and Internship Placement	3	Counseling Treatment Plan	42
Professional Parameters/Issues	4	Guidelines for Case	
Informed Consent	4	Conceptualization	44
Emergency Procedures	4	Case Presentation Rubric	45
Ethical Guidelines	4	Guidelines for Case	
Professional Liability Insurance	5	Internship Log	47
Professional Behavior	5		
Practicum	6	Appendix B: Clinical Rehabilitation	
Supervision	6	Counseling Professional Practice forms	49
Required Work Samples	6	Practicum and Internship Information	
Client Case Conceptualization		Sheet	50
Presentation	7	Memorandum of Agreement	51
Practicum and Internship		Adult Information and Consent Form	57
Documentation		Application for Rehabilitation	
and Case Notes	7	Counseling Internship Site	58
Practicum and Internship Counseling		Supervisor Information	60
Hours	8	Internship Approval Form	63
Summary of Required Materials for		Internship Objectives Form	64
Practicum and Internship	8	Case Presentation Guidelines	65
		Case Presentation Rubric	66
Counselor Education Masters’		Internship Log	67
Professional Practice Forms	10	Session Summaries/Progress Notes	69
Practicum and Internship Student			
Contract	11	Appendix C: School Counseling	
Counselor Education Master’s		Professional Practice Syllabi and	
Programs Supervisor contract	12	Forms	73
Practicum Log Instructions and		Practicum and Internship Information	
Expectations	14	Sheet	74
Counselor Education Master’s		Memorandum of Agreement	75
Program Practicum Log	15	Progress Notes and Session	
Practicum Mid-Term and Final		Summaries	79
Evaluation Form	16	Individual Counseling Plan	83
Counseling Student Evaluation of	21	Case Conceptualization	84
Practicum or Internship Site		Case Presentation Evaluation Rubric	85
Counseling Student’s Evaluation of		Internship Log	86
Supervisor	23	Direct/Indirect Hours Definitions	87
		Lesson Plan Template	90
Appendix A: Clinical Mental Health		Classroom Guidance/Core	
Counseling Professional Practice		Curriculum Formative Feedback	
Forms	24	Form	93
Practicum and Internship Information			
Sheet	25		
Memorandum of Agreement	26		
Adult Consent Information Form	32		
Adult Intake Form	33		
Child/Adolescent Informed Consent	36		
Child/Adolescent Clinical Mental			
Health Assessment Intake	37		
Session Summary Form	40		

## INTRODUCTION TO PROFESSIONAL PRACTICES

Professional practice, which includes practicum and internship, provides for the application of theory and the development and enhancement of skills for client assessment, planning, intervening, and evaluating. These experiences will provide opportunities for students to provide counseling services to diverse clients. Site placements made by the clinical coordinator or program coordinator of the student's area of specialization. All site placements will be located in sites which include counseling as one of the primary professional activities and shall be supervised by a counseling professional who has a minimum of two years of post-master's experience and a Master's degree in a counseling related field.

## PRACTICUM AND INTERNSHIP PLACEMENTS

Placements for practicum and internship sites is a collaborative process between the student, counseling sites, and the university. Students will follow the placement protocols for their respective programs:

**Clinical Mental Health Counseling - on campus.** In the CMHC program, students will be introduced to possible practicum and internship sites by their program faculty. After learning about the sites, students will be asked to prepare a resume and cover letter to be disseminated to these sites. In addition to these professional materials, students will also be asked to rank order all the sites based on preference. The CMHC Program Coordinator will contact the practicum and internship sites to begin the placement process. **CMHC students are NOT permitted to contact the practicum/internship sites themselves unless instructed by program faculty.** Once the practicum/internship sites review the student applicants' information, they may contact the student to schedule a professional interview. After the interview process, practicum/internship sites will contact the Practicum Coordinator with their student recommendations.

**Professional Interview.** CMHC students will participate in professional interviews during the practicum and internship placement process. Students are expected to demonstrate professional behaviors during these interviews. If a student is unable to secure a practicum and internship placement after multiple interviews, the program faculty and student's committee may meet to discuss the student's fitness for the practicum and internship process.

**Testing.** CMHC students may be required to take a drug test, participate in a background check, or participate in other testing per site placement policies. If a CMHC student does not pass the testing offered by the potential site, their standing in the program may be at risk. Oftentimes, CMHC students are required to pay for these tests for placement consideration.

**Clinical Mental Health Counseling - online.** Distance education students will be responsible for finding their own practicum (100 hours) and internship (600 hours) sites and must confirm placement at a site by **June 1<sup>st</sup>** completing their first year to the Practicum & Internship Coordinator. The requirement is that students will identify local counseling sites up to 90 miles within their surrounding area and must have a site supervisor who meets the following qualifications: (1) a minimum of a master's degree in counseling or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of counseling experience; (4) knowledge of the counseling program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.

Sites that are commonly used for our student training include correctional facilities, community mental health outpatient clinics, non-profit organizations, family and children service agencies, residential facilities for adjudicated individuals, child advocacy centers, substance use treatment centers, inpatient psychiatric departments in local hospitals, day treatment centers, and college counseling centers.

**Clinical Rehabilitation Counseling.** For practicum in Clinical Rehabilitation Counseling, students in the

on-campus typically work with the local Community Rehabilitation Program, Achievement Center Easter Seals, the Office of Accessibility at Auburn University, EAGLES program at Auburn University, or other appropriate placements. Students in the distance education program will work with faculty to identify appropriate placements in the area in which students live. Sites vary including non-profit agencies and state/federal programs, and the site must be approved by the Clinical Rehabilitation Counseling Practicum and Internship Coordinator. Internship placements are collaboratively identified by faculty and the student in order to best meet the professional practice goals and availability of the student. The example sites include non-profit agencies and state/federal programs, such as state vocational rehabilitation agencies, community rehabilitation programs, university disability support centers, agencies providing transition support services for youth and young adults with disabilities, and university post-secondary education/transition programs for students with disabilities. Approval must be obtained from the University Supervisor regarding the site selected prior to beginning the internship. It is suggested to start locating internship location (6) six months prior to internship. Rehabilitation Services Administration (RSA) Scholars are required to complete their internship in the state vocational rehabilitation program.

**School Counseling.** In the School Counseling program, students will select their preferred practicum and internship sites and notify the School Counseling Program Coordinator of their selections. The School Counseling Program Coordinator will complete a field experiences site placement form and submit the form to the Field Experiences Coordinator in the College of Education (COE) at Auburn University. The COE Field Experiences Coordinator will submit the form to the appropriate entities in each district for approval. The COE Field Experience Coordinator will notify the School Counseling program coordinator of denial or acceptance and the program coordinator notifies the practicum/internship student of the decision. This process will continue until the student has been placed.

## **PROFESSIONAL PARAMETERS / ISSUES**

### **Informed Consent**

Before you initiate a counseling relationship, you must first inform your client of any limits to confidentiality, your status as a counselor-in-training, and any site specific information which your site supervisor has provided. You must also secure your client's permission to tape the counseling sessions. Your particular site may have a form that they prefer you to use. If not, please use the Auburn University form provided by your course instructor.

### **Emergency Procedures**

Within the first week of practicum, you must ask your site supervisor about the emergency procedures under which your site operates. What are the hours of operation? Who/Where should clients call if they have an emergency after hours? How should you proceed if you have an emergency situation with a client? You are only allowed to see clients under supervision, and you are not available to clients after hours or off-site. You should not give your home phone number to clients, but should have an alternate emergency number to give them should they request it or should you determine that they are at risk. You should confirm with your site the emergency number. In addition, you may provide the emergency number for EAMH (334) 742-2877 or (800) 815- 0630 or 988.

### **Ethical Guidelines**

When you enter into a counseling relationship, you are entering into an agreement with your client to keep their welfare foremost during your time together. You are agreeing to provide the treatment/counseling most appropriate to address the client's concern, to treat the client with respect, to refer when appropriate, and not to exceed your level of competence. You should be familiar with *ACA Code of Ethics (2014)* as well as

ethical guidelines specific to your specialty area including the Alabama Board of Examiners in Counseling's *Code of Ethics and Standards of Practice (2016)*, *ASCA Ethical Standards for School Counselors (2022)*, and the *Code of Professional Ethics For Rehabilitation Counselors (CRCC, 2017)* and use them as a guide for behaving in a professional, ethical manner.

### **Professional Liability Insurance**

All College of Education Interns are covered under the Department of Education's Limited Professional Liability Policy. Each student is automatically billed for the insurance during the fall semester of each year of enrollment. If the student needs verification of the liability insurance they may request a Certificate of Verification of Insurance from the [Department of Risk Management and Safety](#), 334-844-4870. Students are also required to purchase their own professional liability insurance through an organization such as HPSO (<http://www.hpsso.com>) School counseling students also receive professional liability insurance through American School Counselor Association (ASCA).

### **Professional Behavior**

Although the primary purpose of practicum and internship is to assist you in the continued development and application of counseling skills, you are also a representative of the counseling programs and contractor with the site. Thus, you are expected to operate under the norms of the site by adhering to their policies and procedures of daily operations. This includes, but is not limited to, being punctual, dressing appropriately, completing documentation in a timely fashion, and presenting oneself professionally and ethically. As you continue the development of your professional identity, it is very important to be aware of current issues and trends. You can learn a lot about the profession through contact with counselors at your site, supervision/consultation, membership in professional organizations (e.g., ACA, ALCA, AMHCA, ASCA, CRCC) and attendance at professional development workshops and seminars.

### **Social Media and Public Representations**

Students in this program represent Auburn University; the College of Education; the Department of Special Education, Rehabilitation and Counseling; the Clinical Mental Health Counseling, School Counseling, and Clinical Rehabilitation Counseling programs; and the profession of counseling. As such, students are expected to maintain professional standards of behavior in public settings; students must consider that all personal representations made on social media and other online platforms are inherently public behavior and thus also fall under the purview of this policy. Students who engage in behavior that violates a client's confidentiality or creates the appearance of lack of privacy by discussing client-related issues in public (including social media) will be considered to have violated this policy. Social media and other public forums are not places to discuss how you feel about a client or your work with clients or students.

In addition, students who engage in public behaviors (including on social media) that create a hostile environment for peers will be considered to have violated this policy. Examples of behaviors that can create a hostile environment include, but are not limited to: using derogatory terms, insults, telling derogatory jokes, taunting, and intimidation. Faculty will consider the context, nature, scope, frequency, duration, and severity of incidents to determine whether a student has created a hostile environment. Students or prospective students found to have created a hostile environment will be subject to policies related to remediation and dismissal. This policy reflects the need and desire to protect the rights and wellbeing of others, as well as the professional standing of the program, college, university, and field of counseling.

In general, students are encouraged to maintain strict privacy settings on any personal social media

accounts. Students are also expected to conform with ACA ethical standards regarding multiple relationships by not seeking out or accepting social media relationships (e.g., as ‘friends’ on Facebook or Instagram) with current or former clients.

## PRACTICUM

### Supervision

Supervision is a requirement of practicum and it is designed to assist students in developing competence in counseling and to monitor the level and appropriateness of services provided to clients. Supervision involves a supervisor, who is a senior member of the profession, and one or more supervisees, who are junior members of the profession. The supervisor works with the supervisee to enhance his/her professional competence and monitors the quality of counseling services extended to the client. The relationship is evaluative and extends over time (Bernard & Goodyear, 2014).

Your University-appointed supervisor will be either a counselor education program faculty member or a doctoral student who is supervised by a counselor education program faculty member.

1. Counselor education program faculty members serving as individual/triadic supervisors have counseling supervision training and experience, relevant clinical experience, and appropriate professional credentials.
2. Doctoral students who provide individual/triadic supervision must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision with a counselor education program faculty member.
3. Practicum students are also required to participate in 2 hours per week of group supervision provided by a Counselor Education program faculty member.

Supervision appointments are scheduled to fit into the needs of your site, yourselves, and your individual and group supervisors. ***You must attend an average of one hour of individual/triadic supervision with your University appointed supervisor every week in order to continue to see clients.*** In the event of an emergency or illness, your supervisor will work with you to reschedule so that client sessions are not interrupted. However, if you are persistently absent or late for non-emergency reasons or fail to submit materials in a timely fashion so that you and your supervisor cannot be prepared for supervision, ***you may not be allowed to see clients and your continuation in the practicum class may be discontinued.*** We all have a responsibility to each and every client you see, and a large part of demonstrating commitment to these responsibilities is through your preparedness for and participation in both group and individual supervision.

### Required Work Samples

Work samples are required to successfully complete practicum (COUN 7910). Students are expected to submit an average of two recorded counseling sessions weekly throughout the semester in which they are enrolled in practicum. Students must submit a minimum of 15 work samples throughout the semester in order to complete practicum.

There are three principal purposes for submitting actual work samples, such as digital recordings of counseling sessions:

- The supervisor needs to monitor the services that are being provided to the clients/students. Work samples provide evidence that the strategies being used with clients are empirically supported or based on theory and ethically and legally sound.
- The supervisor assists the supervisee in identifying his or her strengths as well as areas for improvement. The supervisor focuses on your development as a counselor, as well as on the client's needs. Additionally, the supervisor is responsible for facilitating your development over time and with a variety of different types of clients/students.

- Work samples are intended to be an instructive tool. They should lead you to reflection, help you determine the ways you need to improve, and find the types of learning experiences you need to be an effective counselor for clients/students with a wide variety of needs. You are expected to review your tapes to identify your specific areas of strength and weakness. Use these discoveries to develop professional, and, at times, personal development goals. These reflections should be discussed in your supervision sessions. What exactly do you believe you need to work on and how can your supervisor help you develop strategies leading to improvement? Supervision, like counseling, is *not* a passive process.

Your recorded sessions are due to your supervisor 48 hours prior to your supervision appointment or at a time agreed upon by you and your University supervisor. You are responsible for uploading your recorded counseling sessions to your Box folder. Your supervisor will listen to the sessions and provide you with feedback.

In the rare case that the practicum site does not permit recordings, live supervision must be conducted by the student's site supervisor, meaning the supervisor will sit in on or otherwise observe the student's counseling sessions with clients. Such live supervision must be completed on a weekly basis and be documented by the site supervisor. The site supervisor will provide weekly reports on his or her observations of the students counseling, specifically to meet the purposes as outlined above for taping counseling sessions. A minimum of fifteen live supervision observations must be completed in order to satisfy this requirement of practicum.

### **Client Case Conceptualization and Presentation**

A client case conceptualization presentation is required of all students in order to complete practicum. For this assignment, students are expected to develop a PowerPoint presentation and present all components of the presentation in group supervision.

Required forms (e.g., intake, treatment plan) will vary by specialty area and should be turned into the group supervisor before the student's presentation. The following components are required, and students must also review their practicum syllabus for additional requirements designated by the specialty area or group supervisor.

- Client's presenting concern and background information gathered at first appointment
- Information gathered via formal and/or informal assessments
- Client's goals for counseling
- Conceptualization of the client's concerns through a theoretical lens (including all components of the Case Conceptualization Guidelines)
- Plan for counseling including short-term and long-term goals, theory-based interventions, and evaluation (e.g., treatment plan, individualized plan for employment)
- Description of a single counseling session's focus, goals, interventions, process, and observations of progress (e.g., progress note)
- At least one segment of the audio recording of this counseling session that demonstrate the student's counseling skills (e.g., assessment, implementing an intervention, evaluating the effectiveness of counseling, etc.).

*\* The forms used for this assignment vary by specialty area, and therefore, they are found in the respective appendix for each program.*

## **PRACTICUM AND INTERNSHIP DOCUMENTATION AND CASE NOTES**

The purpose of documentation for the practicum and internship is for educational reasons. For any documentation submitted to University supervisors, please remove all identifying information and use a

coding system to identify clients to ensure client confidentiality. You are required to write a progress note for each individual or group counseling hour recorded on your practicum or internship hour log. For each recorded counseling session for practicum, students are also required to complete a session summary after listening to the session themselves and prior to the student’s supervision session with the University supervisor. Progress notes and session summaries are also due to your supervisor 48 hours prior to supervision. You and your supervisor are responsible for the welfare of all clients you see each week, not just those for whom you submit recorded sessions.

Practicum and internship students are not permitted to keep their own personal “case” notes of client progress and individual impressions. Students are strongly encouraged to refer to their documentation at site or submitted to the university to help them recall important information related to specific client cases. Personal case notes are not protected by the Auburn University professional liability insurance and can be admissible in court.

### **PRACTICUM AND INTERNSHIP COUNSELING HOURS**

Your placement request is for a specified length of time, typically starting the first week of the semester through the last week. Although there are specified minimum numbers of hours for both practicum (100 hours) and internship (600 hours), you are obligated to continue in your placement for the full semester, regardless if you complete the required number of hours earlier in the semester. Remember, your commitment is to your clients and to the sites that work with our programs to ensure that students have opportunities to develop critical professional skills. Even though an important educational need is met by your placement, the counseling services you provide are first and foremost for the benefit of clients.

Students must complete a minimum of 100 hours providing direct and indirect services for practicum. Forty (40) direct counseling hours are required. These direct hours are accrued by providing individual and at least 10 group counseling services; however, Clinical Mental Health Counseling students can only accrue up to 15 hours of group counseling in practicum.

Students must complete a minimum of 600 hours providing direct and indirect services for internship. Two hundred and forty (240) direct counseling hours are required. These direct hours may be comprised of both individual and group counseling services.

\*Students must accrue group counseling experience in either practicum or internship.

#### **Summary of Required Materials for Practicum and Internship**

<b>Practicum Documentation</b>	<b>Due</b>	<b>Submit to</b>
Practicum and Internship Contract	Semester before practicum placement	Practicum Internship Coordinator Course Instructor
Information Sheet	First week of class	
Supervisor Resume/CV	First week of class	
Supervisor Contract	First week of class	
Case Conceptualization Presentation	Variable	University Supervisor/Course Instructor
Client Documentation (Progress notes, session summaries, counseling plans)	Ongoing for each client	
Practicum Log	Midterm and Final	Course Instructor
Site Supervisor Evaluations	Midterm and Final	
University Supervisor Evaluations	Midterm and Final	



Self-Evaluations	Midterm and Final	
Evaluation of your Site	Final week of class	
<b>Internship Documentation</b>	<b>Due</b>	<b>Submit to</b>
Practicum and Internship Contract	Semester before internship placement	Practicum/Internship Coordinator
Information Sheet	First week of class	Course Instructor
Supervisor Resume/CV	First week of class	
Supervisor Contract	First week of class	
Internship Log	Midterm and Final	
Site Supervisor Evaluations	Midterm and Final	
Self-Evaluations	Midterm and Final	
Evaluation of your site	Final week of Class	

**Counselor Education  
Master's Programs  
Professional Practice  
Forms**

## Practicum and Internship Student Contract

Counselor Education Master's Programs Auburn University

The purpose of this document is for the Counselor Education Program faculty to communicate the requirements and expectations for counseling students to apply for and successfully matriculate through the practicum and internship professional practice experiences.

In the application process, I understand:

1. that I must have a strong academic record (3.0 or above in all of my classes and a B or higher in Introduction to Counseling Practice course) in order to qualify for practicum and internship placement consideration;
2. that I must demonstrate appropriate classroom behaviors, competent counseling skills and professionalism to be considered for practicum placement;
3. that the practicum and internship placement process is competitive and I may not be placed at a counseling site that I ranked as a top priority;
4. that I may be placed at a practicum/internship site up to 100 miles from Auburn University's campus;
5. that I may not contact site supervisors directly, unless they contact me;
6. that program faculty make all final decisions about site placements and approving students to be placed.

At my site, I understand:

1. that I am to comply with all site policies and procedures;
2. that I am required to abide by the *ACA Code of Ethics* as well as professional ethical codes and guidelines specific to my specialty area including but not limited to the Alabama Board of Examiners (ABEC) Code of Ethics and Standards of Practice, *ASCA Ethical Standards for School Counselors (2022)*, and the *Code of Professional Ethics for Rehabilitation Counselors (CRCC, 2017)*, while I am working at my site;
3. that I am expected to maintain excellent attendance at the site and use the appropriate call-off procedures in emergency and illness circumstances;
4. that I am to arrive on time for my prac/internship hours;
5. that my schedule may not be conducive to the site's regular operations and that I must be flexible in scheduling my availability and work with the site to make changes or adjustments;
6. that although there is a minimum number of hours that I am to work at my site each week (10 to 12 hours a week for practicum and 20 to 40 hours for internship depending on whether I am a full-time or part-time intern) I may be required to schedule additional hours on site to accrue direct hours if I experience a lot of no shows, trouble scheduling clients, transition issues, etc.;
7. that I am to provide counseling services at the site for the duration of the semesters in which I am enrolled in the practicum or internship course, even if I completed my required hours;
8. that although the majority of counseling services I provide must be with individual clients, I must accrue group counseling hours in practicum and/or internship;
9. that I may be terminated by my site supervisor for any reason including, but not limited to, not adhering to site policies, breaking ethics codes, poor attendance, poor professional behaviors, et cetera. In addition, termination from a site will require review a thorough review by my academic committee to determine my progress in the program.

*I hereby agree to the above conditions.*

---

Auburn University Counseling Student Signature

Date

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Practicum/Internship Coordinator

Date

**Auburn University**  
Auburn, Alabama 36849-5222  
*Special Education, Rehabilitation and Counseling*  
2084 Haley Center  
334-844-7676 (Fax) 334-844-7677

**Counselor Education Master's Programs Supervisor Contract**

This contract delineates the expectations for all counseling master's students who are providing services to clients as part of a supervised field experience in counseling, practicum/internship site supervisors, and Auburn University Counselor Education faculty. Questions regarding this contract and student performance should be directed to the following respective clinical faculty/program coordinators:

Dr. Jinhee Park, CRC Program Coordinator: (334) 844-7620 or [jzp0095@auburn.edu](mailto:jzp0095@auburn.edu)

Dr. Malti Tuttle, School Counseling Program Coordinator: (334) 844-3724 or [mst0022@auburn.edu](mailto:mst0022@auburn.edu)

Dr. Margaret Taylor, CMHC Program Coordinator: (334) 844-7622 or [barnema@auburn.edu](mailto:barnema@auburn.edu) [mailto:](mailto:barnema@auburn.edu)

**Requirements of Practicum and Internship**

For COUN 7910 Practicum, students are required to:

1. Work a minimum of 100 hours at a practicum site (pre-approved by the Counselor Education program faculty);
2. Provide a minimum of 40 hours of direct counseling services for clients through the provision of individual and group counseling services;
3. Provide a minimum of 15 work samples of counseling with client, either via audio recorded counseling sessions or live observations;
4. Complete a minimum of 60 indirect hours of counseling-related activities such as staff meetings, clinical documentation, trainings, preparing for counseling sessions, etc.;
5. Complete a client case conceptualization presentation;
6. Participate in one hour of individual supervision at Auburn University per week offered by an appointed university supervisor; and
7. Participate in group supervision each week at Auburn University.

For COUN 7920 Internship, students are required to:

1. Work a minimum of 600 hours at an Internship site (pre-approved by the Counselor Education program faculty).
2. Provide a minimum of 240 hours of direct counseling services with clients through the provision of individual and group therapy services;
3. Complete a minimum of 360 indirect hours of counseling-related activities such as staff meetings, clinical documentation, trainings, preparing for counseling sessions, etc.;
4. Complete a client case conceptualization presentation;
5. Participate in one hour of individual supervision at the internship site; and
6. Participate in group supervision every other week at Auburn University.

**Expectations of Counseling Students**

Auburn University Counseling Students are expected to:

1. Comply with all practicum and internship site policies and procedures;
2. Abide by the *ACA Code of Ethics* (2014) as well as professional ethical codes and guidelines specific to my specialty area including but not limited to the *Alabama Board of Examiners (ABEC) Code of Ethics and Standards of Practice*, *ASCA Ethical Standards for School Counselors* (2022), and the *Code of Professional Ethics For Rehabilitation Counselors (CRCC, 2023)* while working at their practicum/internship site;

3. Maintain excellent attendance at the site and use the appropriate call-off procedures in emergency and illness circumstances;
4. Arrive on time to their practicum/internship site;
5. Be flexible in scheduling their availability and works with the site to make changes or adjustments if scheduling issues arise;
6. Schedule additional hours on site to accrue direct hours if the student experiences a lot of no shows, trouble scheduling clients, transition issues, etc;
7. Provide counseling services at the practicum or internship site for the duration of the semesters in which the student is enrolled in the practicum or internship course;
8. Accurately and honestly record direct and indirect hours on their practicum/internship log;
9. Gain experience in group counseling in either practicum or internship.

**Expectations of the Practicum or Internship Site Supervisors**

The Auburn University Counselor Education faculty will work closely with site supervisors to provide an optimal training experience for counseling students. In order to offer a collaborative and supportive training environment, site supervisors are expected to:

1. Offer one hour of individual supervision to the counseling student each week throughout the practicum or internship placement;
2. During practicum, allow student to audio record counseling sessions with the client’s documented consent or conduct live observations of at least 15 counseling sessions conducted by the student;
3. Communicate with faculty if a practicum/internship student is not performing adequately to meet the site’s standards;
4. Complete a midterm and final evaluation for the student based on observations of the student’s work with clients for both practicum and internship;
5. Offer students an opportunity to lead or co-lead a counseling or psychoeducational group in either practicum or internship;
6. Offer students opportunities to become familiar with a variety of professional activities and resources, including technological resources during their practicum or internship.

**Expectations of Counselor Education Faculty**

The Counselor Education faculty are committed to student success and preparing competent counselors. In order to provide a supportive training environment, faculty are expected to:

1. Offer group supervision to practicum and internship students as stipulated by the CACREP Standards;
2. Provide weekly individual supervision to doctoral-level university supervisors who supervise counseling students who are in practicum and internship;
3. Communicate with counseling students who are not adequately progressing through practicum and/or internship.

By signing this form, I agree to the requirements outlined in this contract. Failure to abide by this contract could result in removal of the counseling student from the practicum/internship site, the implementation of a remediation plan and/or dismissal from the counseling program.

Counseling Student	Date
Site Supervisor	Date
AU Faculty	Date

## **Practicum Log Instructions and Expectations**

Please use the following instructions to complete the attached log as you complete the 100-hour requirement for practicum (minimum of 40 hours providing direct counseling services).

1. On a weekly basis, document the number of hours of direct counseling services you provided for that week on the log.
  - a. Time should be documented in .25-hour increments. For example, if you see a client for 45 minutes, record .75 hours; 15 minutes, record .25 hours; 90 minutes, record 1.5 hours and so on. Please round to the nearest quarter-hour increment.
  - b. The term DIRECT means that you are providing FACE TO FACE counseling services. This includes individual sessions as well as counseling groups for which you are ACTIVELY leading or co-leading. (Does not apply to any observations of others performing the counseling service). You have to be the one demonstrating these skills to be able to count the time as DIRECT.
  - c. At least 10, but up to 15 hours of group counseling, in which you are leading or co-leading the group, can be counted toward the total of 40 direct service hours.
  - d. Students are expected to submit an average of two recorded counseling sessions or live supervision forms weekly throughout the semester in which they are enrolled in practicum. Students must submit a minimum of 15 work samples throughout the semester in order to complete practicum.
  - e. Indirect hours accumulated-All other services that do not fall under this explanation are considered indirect and should be counted as such.

The Direct and Indirect Service Component of your log is highlighted in BLUE. These are hours you will accumulate at your Practicum Site. In addition to the Direct and Indirect Service Component, the column designated for the signature of your site supervisor is also highlighted in BLUE.

2. Also on a weekly basis, document the number hours you receive supervision from a University- appointed supervisor.
  - a. Students must receive supervision that averages one hour per week of individual and/or triadic supervision throughout the practicum by a university-appointed program faculty member or a doctoral student supervisor. This is MANDATORY. In case of absence due to illness or other crisis condition, practicum students will notify all supervisors. It is the student's responsibility to make up absences in individual supervision immediately. A student who has not been supervised during their weekly meeting and is unable to make it up within that week will be unable to see clients on site until they have made up their individual supervision time.

Note: The supervision you may receive on site by your practicum site supervisor does satisfy the requirement for one hour of supervision with a university supervisor. Hours accrued in supervision with an on-site supervisor should be included in Indirect Hours, as this is not a direct service you are providing clients and is often an administrative requirement within agencies and schools to meet staffing needs
  - b. Students must attend and receive an average of 1.5 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor.

The column provided for the documentation of these hours is highlighted in Purple.

Auburn University  
 Department of Special Education, Rehabilitation and Counseling  
 Counselor Education Master's Programs Practicum Log

Counseling Student: \_\_\_\_\_ Counseling Program: : \_\_\_\_\_

Semester and Year: \_\_\_\_\_ University Supervisor: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Site: \_\_\_\_\_

Dates (By Week )	University Supervision Received During the Week		Site Practicum Hours Per Week (Minimum: 100 total hours; 40 hours providing direct counseling services)					
	Individual (minimu m of 1 per week)	Group (minimu m of 2 per week)	Individual Counselin g Hours (e.g. .5, .75, 1)	Number of Recorded Sessions (e.g., 1, 2, 3)	Group Counseli ng Hours (e.g. .5, .75, 1)	Indirect hours	Total Hours For Week (direct + indirect)	Site Supervisor Initials
<b>Column Totals</b>								

**SUMMARY**

All SITE specific hours are to be documented in the columns highlighted in BLUE.  
 All UNIVERSITY specific hours are to be documented in the columns highlighted in PURPLE.

**SUPERVISOR EVALUATION OF STUDENT  
COUN 7910 Practicum / COUN 7920 Internship  
Midterm & Final**

Special Education, Rehabilitation and Counseling  
Auburn University, AL 36849-5222

Student Intern: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Role (University or Site): \_\_\_\_\_  
 Midterm date: \_\_\_\_\_ Final date: \_\_\_\_\_  
 Agency/Site Name: \_\_\_\_\_

Directions: Please evaluate the counseling practicum/intern based on your observation of their work with individuals and professionals at the internship site.

\*Individual = Client/student/consumer/patient

**Professional Dispositions/Characteristics**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
<b>Professional Identity:</b> Knowledge of and identification with the role of a professional counselor/therapist				
<b>Self-Awareness:</b> Demonstration of self-awareness as a professional counselor (e.g., demonstrates emotional stability, awareness of impact of behavior on others, avoids imposing beliefs and/or values on others)				
<b>Professional Development:</b> Engages in professional development both in and outside of the practicum/internship experience				
<b>Advocacy:</b> Demonstrates ability to engage in professional advocacy.				

**Legal and Ethical Behavior/Adherence to Legal and Ethical Standards**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Demonstrates the knowledge and application of professional ethical and legal standards (e.g., ACA, ABEC, HIPPA, FERPA, ADA)				
Consistently applies ethical and legal standards (e.g., confidentiality) in all aspects of practicum and internship, including supervision and consultation.				
Conducts self in an ethical manner in all aspects of the practicum/internship experience				

Overall rating for section				
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**Culturally Sustaining Counseling Practice**



Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Demonstrates knowledge of and application of appropriate culturally sustaining counseling practices.				
Ability to understand personal culture and its effect on the individual and the counseling process.				
Ability to understand personal worldview and its effect on the individual. and the counseling process.				
Demonstrates sensitivity to demographic, background, and cultural worldview of others.				

Overall rating for section				
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**Counseling Skills and Knowledge:**

**Individual= Client/student/consumer/patient**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Effectively handles informed consent.				
Ability to conduct intake and appropriate assessment processes.				
Demonstrates ability to establish and maintain a counseling relationship.				
Appropriate use of counseling skills in sessions (e.g., immediacy, self-disclosure, processing).				
Demonstrates effective and collaborative goal setting with individuals.				
Understands & responds appropriately to nonverbal communication.				
Demonstrates and communicates empathy to the individual.				
Communicates in a style compatible with the communication style and developmental level of the individual.				
Appropriate pacing and time management of sessions.				
Demonstrates effective application of counseling theories and interventions				
Ability to accurately assess effectiveness of application of counseling theories and interventions.				
Demonstrates ability to apply and modify strategies and interventions				

related to counseling process and theories.				
Ability to establish an understanding of outcomes, goals, and incremental changes for the individual.				
Ability to plan for and conduct termination sessions.				
Competence in providing leadership and processing in group counseling.				
Demonstrates ability to engage in effective group counseling planning and application of group counseling skills.				
Ability to plan and implement group counseling termination sessions.				

Overall rating for section				
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**Assessment and Diagnostic Processes**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Ability to conduct intake and appropriate assessment processes.				
Uses assessment instruments/results appropriately.				
Ability to conduct crisis & risk assessments/intervention.				

Overall rating for section				
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**Supervision and Professional Practice Behaviors**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Appropriate dress and professional behavior; including with site staff and professionals				
Is on time for all site responsibilities (e.g., indiv. sessions, supervision, site meetings).				
Completes clinical documentation and counseling responsibilities in a timely manner				
Prepared for all counseling related responsibilities (e.g., group leadership, indiv sessions)				

Prepared for supervision and individual counseling sessions				
Seeks consultation appropriately				
Is receptive to feedback from supervisor				
Is receptive to appropriate feedback from peers/colleagues				

**Additional Skills Based on Specialty Area**

**Clinical Mental Health Counseling**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Demonstrates knowledge and commitment to social justice advocacy appropriate for the clinical mental health setting.				
Demonstrates knowledge and skills to administer and interpret general assessments for the clinical mental health population.				
Demonstrates knowledge and skills in developing and implementing treatment plans for the clinical mental health population.				
Demonstrates knowledge of and abides by ACA and ABEC ethical standards.				

Overall rating for section				
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**School Counseling**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Demonstrates knowledge and commitment to social justice advocacy appropriately for the school population and setting.				
Demonstrates knowledge and ability to interpret and utilize data, reports, interviews, and assessments appropriately.				
Demonstrates knowledge of school counseling interventions, strategies, and appropriate practice for the school population.				
Demonstrates knowledge of and abides by ASCA ethical standards.				
Demonstrates knowledge and application of the ASCA National Model.				

Overall rating for section				
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**Clinical Rehabilitation Counseling**

Objectives	Does not meet expectations	Meets expectations	Exceeds expectations	N/A
Able to use client assessment information to identify the need for specific services and to determine referrals to appropriate providers.				
Able to analyze, plan, supervise, and administer rehabilitation plans to clients.				
Able to develop a written rehabilitation plan that actively involves the client in determining needs.				
Able to collect and process information about the client to identify and address their career/vocational needs and able to make decision regarding the information to provide continued employment support of the client.				
Effective application of career theories/vocational rehabilitation models and assessment methods to assist consumer.				
Able to provide follow-up, consultations, and support to assist consumer with current or future career/vocational goals and needs.				

Overall rating for section				
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**Overall rating:** (Exceeds Expectations / Meets Expectations / Does Not Meet Expectations)

**Please comment on the following questions.**

What are the strengths of the student as a practicum/intern student?

What areas need further development or training?

**Additional Comments:**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature & Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Supervisor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## COUNSELING STUDENT EVALUATION OF PRACTICUM OR INTERNSHIP SITE

Special Education, Rehabilitation and Counseling  
Auburn University

Name:

Program:

Semester & Year:

Name of site:

Total hours accrued at site:

Directions: Please respond to each item by checking the appropriate box.

- 5 = Strongly Agree
- 4 = Agree
- 3 = Neither Agree nor Disagree
- 2 = Disagree
- 1 = Strongly Disagree
- NA = Not applicable

Site Evaluation	1	2	3	4	5	NA
Orientation session(s) at the beginning of your placement gave you an adequate overview of the placement site						
The goals of your placement were adequately defined between you and your placement						
These goals were constant with the overall purpose of your placement						
Received sufficient orientation and training on emergency protocols						

The site supervisor was available for consultation and supervision						
Staff resources were available for you to use						
Feedback was provided regularly and consistently during your placement concerning your progress						
Appropriate opportunities were provided for individual and group counseling experiences						
The use of current technology for delivery and enhancement of services was supported and enriched by the site						
Professional and ethical behavior was demonstrated by site personnel						
I would recommend this site for future placements						

**What could have been done differently to make this a better placement?**

**Other comments:**

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Counseling Student

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Date

## Counseling Student's Evaluation of Individual Supervisor

Name of Individual Supervisor:

Name of Individual Supervisee:

Competencies	Unsatisfactory	Satisfactory	Exemplary
1. The supervisor demonstrated a knowledge of the counseling process.			
2. The supervisor demonstrated a knowledge of counseling legal and ethical principles.			
3. The supervisor demonstrated personal qualities that were conducive to developing a strong supervisory relationship (e.g., awareness of individual differences, humor, openness).			
4. The supervisor demonstrated multicultural competence in the supervisory relationship and within the counseling process.			
5. The supervisor demonstrated the ability to help you develop and enhance your counseling skills.			
6. The supervisor demonstrated the ability to use multiple supervisory methods to help you develop counseling competence.			
7. The supervisor demonstrated the ability to help you develop conceptualization and treatment planning skills.			
8. The supervisor effectively provided feedback and was receptive to feedback from the supervisee related to the supervisory process.			

Additional Comments:

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Intern

Date

**Appendix A**  
**Clinical Mental Health**  
**Counseling Professional**  
**Practice Forms**



**Auburn University**  
**Special Education, Rehabilitation and Counseling**  
Clinical Mental Health Counseling  
Practicum and Internship Information  
Sheet

*This form is to be completed at the beginning of practicum and internship by the student, site supervisor, and university group supervisor. All concerned should retain copies and the university group supervisor shall place one copy in the student's folder.*

Number of practicum/internship credit hours for which you are enrolled this semester:

Student Information

Student's Name:

Address:

Home Phone #:

Cell Phone #:

Email Address:

Faculty Advisor:

Practicum/Internship Goals & Objectives (use back of page):

Practicum/Internship Site Information

Practicum/Internship Site Name:

Address:

Direction to the site from Auburn Campus (use back page):

*On-site Supervisor:*

Name:

Title:

Office Phone/Email Address:

Practicum/Internship Schedule including a total number of work hours per week:

\_\_\_\_\_

CMHC Student

\_\_\_\_\_

Date

\_\_\_\_\_

Site Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

University Group Supervisor

\_\_\_\_\_

Date

Auburn University  
Clinical Mental Health Counseling Program  
Department of Special Education, Rehabilitation and Counseling  
2084 Haley Center  
334-844-7676

### **Practicum Memorandum of Agreement**

**To:** Site Supervisors of Clinical Mental Health Counseling Practicum Students  
**From:** Auburn University Supervisor  
**Subject:** Mutual Responsibilities

First, we wish to thank you for agreeing to serve as a site supervisor for our practicum student. This is an opportunity for counseling students to build on their clinical experiences and education. Information the outcomes of our counseling programs are available to all stakeholders on our website at-

Clinical Mental Health Counseling M.Ed./ M.S. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-clinical-mental-health-counseling.php>

School Counseling M. Ed. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-school-counseling.php>

Clinical Rehabilitation Counseling M.Ed./ M.S. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-clinical-rehab-counseling.php>

Counselor Education and Supervision Ph.D. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/phd-counselor-education.php>

We would not be able to achieve these purposes without your professionalism and supervisory competence! If you have any questions or need to discuss a practicum student's performance or development before the formal mid-term evaluation period, please contact the student's university supervisor at 334-844-7676.

#### **The University is expected to:**

1. Provide weekly individual and group supervision that includes one hour of individual or triadic supervision based on work samples (e.g. audio tapes, interventions used, session summaries) and two hours of group supervision.
2. The practicum student will provide the Site Supervisor with a copy of the practicum syllabus.
3. Initiate, as necessary, meetings with the Site Supervisor for the purpose of discussing the student's performance and any concerns with the student's clinical skill development.
4. Emphasize to students their professional responsibilities to clients and the site.
5. Provide professional liability insurance. All counseling students enrolled in practicum are provided group professional liability insurance through the University and required to carry individual liability insurance independently.

### **The Site is expected to:**

1. Provide clinical counseling experiences for the practicum student in accordance with department requirements that includes a minimum of 3-4 client contact hours per week. At least two hours each week must be spent in individual counseling. Students can have a total of 8-10 hours on-site per week for practicum. All counseling services should occur on site, and students are not permitted to provide in-home services for any reason.
2. Assist the student in obtaining consent agreements to audio record counseling sessions for use in individual and group supervision. *When sending forms home with minors, it is helpful for the supervisor to include information about why their child has been invited to participate in counseling sessions.* If restrictions within the site limit the possibility of audio recording sessions, the site must provide live supervision of the practicum student's direct service to clients.
3. Make provisions for orientating the practicum student to the buildings, philosophies, technology, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.
4. Provide office space for the practicum student to provide counseling services. Minimally, a private space will be provided to the student for counseling.
5. The site will notify the University Group Supervisor of any problems which may influence the student's successful completion of the placement of any concerns related to the student's clinical development.
6. Assist in the evaluation of the practicum student's clinical counseling performance relative to the objectives of the experience. A formal evaluation is conducted using the forms provided at both mid-term and finals.
7. Assure that the student will be properly supervised **at all times** by a counselor with a graduate degree in counseling or a related profession with specialized expertise to advance the student's knowledge and skills. The student will only see clients when the site supervisor is present. Students are not permitted to provide in home services for any reason, and all counseling services should be provided on site.
8. If the student will be providing telemental health services, the site will provide proper training and a confidential space for telehealth services. Students are not permitted to provide telemental health services off site.

### **The student is expected to:**

1. Conduct all sessions with clients in a fully informed, ethical, and professional manner.
2. Establish and maintain a consistent schedule throughout the term of enrollment.
3. Meet all requirements specified in the syllabus.
4. Participate fully and reflectively in supervision on site and at the university.
5. Attend all supervision sessions (group and individual/triadic).
6. Notify, in advance when possible, all supervisors of absences.
7. Only see clients while site supervisor is present.

8. Attend a minimum of 3 hours of tele-mental health training before seeing clients via tele-mental health. Students may only conduct tele-mental health services at practicum site. Services are not permitted off site.
9. In the event of a crisis at the site, the counselor in training should defer to the site supervisor and site guidelines to properly assess for risk. If the site supervisor is not available, the counselor in training would then reach out to their university supervisor for guidance as to how to proceed with the crisis situation and assess for risk.

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Counseling Student	Date
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Site Supervisor	Date
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AU Faculty	Date
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Auburn University  
Clinical Mental Health Counseling Program  
Department of Special Education, Rehabilitation and Counseling  
2084 Haley Center  
334-844-7676

### **Internship Memorandum of Agreement**

**To:** Site Supervisors of Clinical Mental Health Counseling Internship Students  
**From:** Auburn University Supervisor  
**Subject:** Mutual Responsibilities

First, we wish to thank you for agreeing to serve as a site supervisor for our internship student. This is an opportunity for counseling students to build on their clinical experiences and education. Information the outcomes of our counseling programs are available to all stakeholders on our website at-

Clinical Mental Health Counseling M.Ed./ M.S. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-clinical-mental-health-counseling.php>

School Counseling M. Ed. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-school-counseling.php>

Clinical Rehabilitation Counseling M.Ed./ M.S. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-clinical-rehab-counseling.php>

Counselor Education and Supervision Ph.D. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/phd-counselor-education.php>

We would not be able to achieve these purposes without your professionalism and supervisory competence! If you have any questions or need to discuss an internship student's performance or development before the formal mid-term evaluation period, please contact the student's university supervisor at 334-844-7676.

#### **The University is expected to:**

6. Provide three hours of group supervision every other week which includes student presentations of case conceptualizations.
7. The internship student will provide the Site Supervisor with a copy of the internship syllabus.
8. Initiate, as necessary, meetings with the Site Supervisor for the purpose of discussing the student's performance and any concerns with the student's clinical skill development.
9. Emphasize to students their professional responsibilities to clients and the site.
10. Provide professional liability insurance. All counseling students enrolled in internship are provided group professional liability insurance through the University and required to carry individual liability insurance independently.

**The Site is expected to:**

9. Provide clinical counseling experiences for the internship student in accordance with department requirements that includes an average of 16 client contact hours per week (or an average of 9.5 for students graduating in August). Students graduating in May are expected to be at their sites full time for an average of 40 hours per week, and students graduating in August are expected to be at their sites for an average of 22-25 hours per week.
10. Make provisions for orientating the internship student to the buildings, philosophies, technology, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.
11. Provide office space for the internship student to provide counseling services. Minimally, a private space will be provided to the student for counseling.
12. The site will notify the University Group Supervisor of any problems which may influence the student's successful completion of the placement and of any concerns related to the student's clinical development.
13. Assist in the evaluation of the internship student's clinical counseling performance relative to the objectives of the experience. A formal evaluation is conducted using the forms provided at both mid-term and finals.
14. Assure that the student will be properly supervised **at all times**. Site Supervisors should provide a minimum of *one hour of individual supervision* to the internship student each week. The student should not be alone at their site during internship and should be supervised by a counselor with a graduate degree in counseling or a related profession with specialized expertise to advance the student's knowledge and skills. Students are not permitted to provide in home services for any reason, and all counseling services should be provided on site.
15. If the student will be providing telemental health services, the site will provide proper training and a confidential space for telehealth services. Students are not permitted to provide telemental health services off site.
16. Students should not be contacted when off-site about any client issues or client-related emergencies, and all client-related discussions should occur when the student is on-site.

**The student is expected to:**

10. Conduct all sessions with clients in a fully informed, ethical, and professional manner.
11. Establish and maintain a consistent schedule throughout the term of enrollment.
12. Meet all requirements specified in the syllabus.
13. Participate fully and reflectively in supervision on site and at the university.
14. Attend all supervision sessions (group and individual/triadic).
15. Notify, in advance when possible, all supervisors of absences (including university holidays).
16. Communicate schedule with the site supervisor with flexibility to best meet the needs of the site and of their clients.
17. Not practice alone while at the internship site.

18. Personal cell phone numbers or personal email addresses should never be shared with clients. If the site provides the student with a site email or phone number, an out of office response that includes crisis response directives should be used and turned on anytime the student is off-site.
19. For August graduates, student will not practice at their sites for any reason between the spring and summer academic terms.
20. Attend a minimum of 3 hours of tele-mental health training before seeing clients via tele-mental health. Students may only conduct tele-mental health services at internship site. Services are not permitted off site.
21. In the event of a crisis at the site, the counselor in training should defer to the site supervisor and site guidelines to properly assess for risk. If the site supervisor is not available, the counselor in training would then reach out to their university supervisor for guidance as to how to proceed with the crisis situation and assess for risk.

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Counseling Student

Date

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Site Supervisor

Date

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AU Faculty

Date

**Auburn University**  
Auburn University, Alabama 36930-5222  
Special Education, Rehabilitation and Counseling  
2084 Haley Center  
Telephone: (334) 844-7676

**Adult Information and Consent Form**

I would like to take this opportunity to welcome you to counseling and provide you with some information that you may find valuable. I am currently a counselor-in-training at Auburn University, Alabama. When I complete my program, I will hold a graduate degree in Counseling.

Our relationship, although psychologically personal at times, should be regarded as strictly professional in nature. We will meet once a week for approximately 50 minutes. Since we will be limited in the amount of time we have to work together, our highest priority will be on the short-term goals we work together to establish. As your counselor, all I request is that you be willing to work with me towards the goals you set for yourself.

Should you need to cancel an appointment, please attempt to do so at least 24 hours in advance. Additionally, it will benefit you to know that I am not on call. Should you have a problem that needs immediate attention, contact the designated individual at your site.

I am ethically bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I believe you are a potential danger to yourself or to someone else; (2) if I suspect child abuse or neglect or the abuse or neglect of an adult who is mentally or physically unable to care for him or herself; (3) if I am ordered to disclose information by a court of law; (4) if you grant me written permission to disclose information to another person; and (5) for supervision/consultation purposes. In order for me to provide you with the best care possible, I will regularly record our sessions and consult with my supervisor and peer counselors.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is \_\_\_\_\_.  
My site supervisor is \_\_\_\_\_.

If you have any questions now or in the future, please feel free to ask at any time. Please indicate your understanding and consent by signing below.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_



## Adult Intake Form

Date: \_\_\_\_\_  
 Therapist's Name: \_\_\_\_\_

### Personal Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Emergency Contact Number: \_\_\_\_\_

### Health Information

Please answer the following questions using: 5=Excellent, 4=Good, 3=Average, 2=Poor, 1=Failing

How would you currently rate your physical health? \_\_\_\_\_

How would you currently rate your mental health? \_\_\_\_\_

How would you currently rate your spiritual health? \_\_\_\_\_ (if does not apply to you, please use N/A)

Please state in your own words current symptom(s)/reason(s) you are here and what you currently find most bothersome: \_\_\_\_\_

### Medical Information

Do you currently have, or have you had in the past, any of the following? Check to the right of all that apply.

Abortion (how many _____)	Digestive Disorders	Miscarriage (how many _____)	
Allergies	Emphysema	Multiple Sclerosis	
Arthritis	Epilepsy	Seizure Disorder	
Asthma	Fibromyalgia	Sleep Disorder	
Brain Injury Diabetes	Headaches	Thyroid Disorder	
Breathing Problems	Hearing Impairment	Traumatic Brain Injury	
Cancer	Heart Disease	Tuberculosis	
Chronic Bronchitis	Hepatitis	Visual Impairment	
Chronic Fatigue Syndrome	High Blood Pressure	Weight Management Issues	
Cirrhosis	Immune System Problems	Other:	
Diabetes	Infertility	Other:	

### Medical Information Continued

Are you currently under the care of a Doctor or other medical health professional? Yes \_\_\_ No \_\_\_

Please list any prescription medications you are currently taking, including dosages, and time of day.

\_\_\_\_\_

Do you currently exercise? \_\_\_\_\_ If yes, please indicate how many times per week: \_\_\_\_\_

Do you currently smoke? \_\_\_\_\_ If yes, please indicate how many times per week: \_\_\_\_\_

Do you currently drink alcohol? \_\_\_\_\_ If yes, please indicate how many times per week: \_\_\_\_\_

Have you ever believed your alcohol use was a problem for you? \_\_\_\_\_

Has anyone ever told you they believed your alcohol use was a problem? \_\_\_\_\_

Have you ever had withdrawal symptoms when trying to stop using any substances? \_\_\_\_\_

Have you ever had problems with work, relationships, health, the law, etc. due to your alcohol/substance use? If yes, please describe: \_\_\_\_\_

Have you ever participated in drug and alcohol treatment? \_\_\_\_\_

Do you currently or have you ever attended Alcoholics or Narcotics Anonymous? \_\_\_\_\_

**Mental Health Information**

Have you ever been in counseling/therapy before? \_\_\_\_\_ If yes, did you find it helpful or effective? \_\_\_\_\_

Are you currently receiving mental health services? \_\_\_\_\_ If yes, please list name of practitioner and type of services you are receiving: \_\_\_\_\_

Have you ever been hospitalized for mental health concerns? \_\_\_\_\_ If yes, list date(s) and length of stay: \_\_\_\_\_

Have you ever been diagnosed with a mental illness? If yes, please list illness(es) and date(s) first diagnosed: \_\_\_\_\_

Has anyone in your family ever been diagnosed with a mental illness? If yes, please list relationship(s) and illness(es): \_\_\_\_\_

Have you ever or are you currently engaging in self harm? Currently: \_\_\_\_\_ Past: \_\_\_\_\_

Have you ever or are you currently contemplating suicide? Currently: \_\_\_\_\_ Past: \_\_\_\_\_

Have you ever or are you currently contemplating harming another person? Currently: \_\_\_\_\_ Past: \_\_\_\_\_

Have you ever attempted suicide: \_\_\_\_\_ If yes, please list date(s), method(s), and your age at time of attempt: \_\_\_\_\_

Has anyone in your family ever attempted suicide? \_\_\_\_\_ If yes, please list relationship: \_\_\_\_\_

Has anyone in your family ever completed suicide? \_\_\_\_\_ If yes, please list relationship: \_\_\_\_\_

Has anyone else in your life ever attempted \_\_\_\_\_ or completed suicide? \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you currently or have you ever had trouble sleeping? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Briefly describe why you are coming in for counseling and the goals you hope to achieve in therapy:

**Relationship Information**

Are you currently in a relationship? \_\_\_\_\_ If yes, please list status: \_\_\_\_\_

**Children (include biological, adopted, fostered, step, etc.):**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Type (Bio, Step, etc.): \_\_\_\_\_ Living with you? \_\_\_\_\_ Custody? \_\_\_\_\_

Please indicate if you or a member of your immediate family experienced any of the following. If a family member, please indicate relationship(s):

Event	Self	Other	Relationship	Event	Self	Other	Relationship
Emotional Abuse				Legal Problems			
Physical Abuse				Frequent/Multiple Moves			
Sexual Abuse				Homelessness			
Domestic Violence				Financial Problems			
Neglect				Lived over-seas			
Substance Abuse				Military member			
Serious Illness				Discrimination			
Serious Injury				Serious Motor Vehicle Accident			
Other				Other			

**Educational Information**

Number of years of education completed: \_\_\_\_\_ Degree(s) achieved (please circle all that apply):

- |                    |                  |                         |
|--------------------|------------------|-------------------------|
| High School        | Diploma          | G.E.D. Vocational/Trade |
| School Certificate | Associate Degree | Bachelor's Degree       |
| Master's Degree    | Doctorate Degree | Other _____             |

**Vocational Information**

Are you currently employed? \_\_\_\_\_ If yes, please list position title, name of employer, type of work, and length of time at employment: \_\_\_\_\_

If you are not currently working, how long have you been un-employed? \_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_ If yes, please list branch, rank, and current status (active/discharged): \_\_\_\_\_

Please list your personal hobbies and interests: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Legal Information**

Have you ever been the victim of a crime? \_\_\_\_\_ If yes, please list date and briefly describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Auburn University Child/Adolescent Informed Consent**  
Auburn University, Alabama 36930-5222  
Special Education, Rehabilitation and Counseling 2084 Haley Center

Dear Parent or Guardian:

Clinical Mental Health Counseling (CMHC) students from Auburn University are enrolled in a course during the second year of their graduate work called Counseling Practicum. This course involves working in the school or agency where your child is served for approximately 10 to 12 hours each week. During those hours, student counselors provide individual and group counseling for those students or clients who have been identified by an official at the site, or through self or parent referral, as someone who might benefit from participating in counseling. You are receiving this form because we are requesting your consent to provide counseling services to a child in your care. If you have questions about the reason you are receiving this request, please contact the counseling center or school that your child is affiliated with.

Counseling Student's Name \_\_\_\_\_  
would like to work with your son/daughter, a student at \_\_\_\_\_  
school/counseling center.

If your child experiences a crisis and requires immediate attention, due to my role as a Counselor-in-Training, I may be unavailable and suggest that you contact, the counseling center for which I am affiliated with or the EAMHC Crisis Line at 1-800-815-0630.

I am ethically bound to keep confidential anything your child/adolescent shares in our sessions, with the following exceptions: (1) if I believe your child is a potential danger to themselves or to someone else; (2) if I suspect child abuse or neglect or the abuse or neglect of an adult who is mentally or physically unable to care for him or herself; (3) if I am ordered to do so by a court of law; (3) if you grant me written permission to disclose information to another person; and, (4) for supervision/consultation purposes. In order for me to provide the best care possible, I will regularly audio and/or video tape our sessions and consult with my supervisor and peer counselors. Your child's identity will be protected in these circumstances.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is \_\_\_\_\_. My site supervisor is \_\_\_\_\_.

If you are interested and willing to have your child participate, please sign the form where indicated.

Thank you.

Parent's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Child/Adolescent Intake Form**

Date: \_\_\_\_\_ Therapist's Name: \_\_\_\_\_

**Personal Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Parent or Guardian Living with Child/Adolescent**

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Relationship to the Child/Adolescent: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_

**Spouse/Partner:**

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Relationship to the Child/Adolescent: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_

**Siblings (include biological, adopted, fostered, step, etc.)**

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Type (Bio, Step, etc.):** \_\_\_\_\_ **Living with you?** \_\_\_\_\_ **Custody?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other person living in your home? \_\_\_ yes \_\_\_ no

If yes, please give their name(s) and relationship to your family: \_\_\_\_\_

Are biological parents divorced or separated (if guardians) \_\_\_ yes \_\_\_ no

If yes, for how long? \_\_\_\_\_

If parents are divorced, provide name, address and contact number of the biological parent not living in the household: \_\_\_\_\_

Does the non-custodial parent share joint custody: \_\_\_ yes \_\_\_ no

Does the non-custodial parent share medical custody: \_\_\_ yes \_\_\_ no

**Academics:** How would your child's teachers describe their typical behavior in school? \_\_\_\_\_

\_\_\_\_\_ Average grades: \_\_\_\_\_

Has your child ever been expelled, suspended or received an in-school suspension? If yes, please explain circumstances:

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What school does your child attend? \_\_\_\_\_ What grade? \_\_\_\_\_ Ever repeated a grade? \_\_\_\_\_ In what areas does your child excel? \_\_\_\_\_ Does your child receive any special assistance or accommodations in school?: \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please explain: \_\_\_\_\_

---

**Counseling History of Child/Adolescent**

From: \_\_\_\_\_ To: \_\_\_\_\_ With Whom? \_\_\_\_\_

For what: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ With Whom? \_\_\_\_\_

For what? \_\_\_\_\_

**Basic Health:** \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor Date of last physical exam: \_\_\_\_\_

Who is your child's primary care physician? Name, address, telephone # \_\_\_\_\_

---

How would you describe your child as an infant: \_\_\_\_\_

Please list all current diagnoses: \_\_\_\_\_

Please list all prescription medications your child is taking at this time \_\_\_\_\_

---

Please list all over-the-counter medications or supplements your child is currently taking: \_\_\_\_\_

---

Any physical, emotional, or mental conditions now or in the past that I need to be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, What? \_\_\_\_\_

Does your family have any history of mental illness, alcohol or substance misuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

---

Please indicate if your child or a member of your immediate family has experienced any of the following. If a family member, please indicate relationship(s):

Event	Child	Other	Relationship	Event	Child	Other	Relationship
Emotional Abuse				Legal Problems			
Physical Abuse				Frequent/Multiple Moves			

Sexual Abuse				Homelessness			
Domestic Violence				Financial Problems			
Neglect				Lived over-seas			
Substance Use				Military member			
Serious Illness				Discrimination			
Serious Injury				Serious Motor Vehicle Accident			
Other				Other			

Please list your child's personal hobbies and interests \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe the problem(s) for which you wish your child/adolescent to have counseling:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What would you like to see happen as a result of counseling?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Session**  
**Summary**  
**COUN 7910**

Progress Note:

Client Code/Group Title: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor-in-Training: \_\_\_\_\_ Session Number: \_\_\_\_\_

Session start time: \_\_\_\_\_ Session end time: \_\_\_\_\_

What is the Presenting Problem?

What were the session objectives?

What therapeutic intervention(s) did you attempt?

How did you evaluate progress this session?

What are your plans for the next session?

**Session Process Questions**

To be completed for **each** taped client session and turned in to supervisors

weekly. Supervisor: \_\_\_\_\_

1. Identify any critical incidents that occurred in the session. Describe these incidents and how they may have related to the counseling relationship, counseling outcomes, or your development as a counselor?
2. Discuss your goals for the session and the specific methods, processes or interventions you used to accomplish these goals.
3. Discuss specific questions or concerns you want to address in supervision. This can include identifying a specific segment of the counseling session tape.
4. Discuss any goals you may have related to this counseling session and your supervision or development.



## SESSION SUMMARIES

The Session Summary form contains a Progress note section and Session Process Questions.

### Progress Note

Progress notes provide a means for monitoring a client's progress throughout treatment/counseling. Progress notes are also used to examine a client's progress toward treatment/counseling goals, the development of new issues and goals, and the modification of the initial treatment/counseling plan. In supervision, these notes provide a means for the supervisor to track the progress of the client and the supervisee.

**Progress notes must be completed for all client/student hours that are documented on the practicum log. These are to be maintained in your Practicum Binder. Documentation should be posted within 48 hours of your next scheduled supervision.**

Progress notes should be brief, concise, and should be written as soon as possible following the counseling session. The notes should include only relevant information, thus in writing your progress notes "avoid labeling, judging, and the using terminology that may be stigmatizing to the client" (Hansen, Rossberg, & Cramer, 1994, p. 306). Remember that clients have the right to review their case records.

Session objectives and therapeutic interventions should relate to the overall treatment/counseling plan for the client. Progress notes should include specific client information and may be supported by behavioral observations, assessment measures, client statements, and other observations by the counselor. Progress notes also allow you to monitor changes that may result in a modification of the treatment/counseling plan for a client.

It is essential to the supervisory process that you include all relevant information. Please include in the evaluation section any specific questions or concerns you might have for your supervisor. Finally, these progress notes are not meant to substitute for progress notes required at your site.

### Session Process Questions

Session Process Questions are to be completed for all **digitally taped sessions** (work samples). These questions are used to provide the supervisor with an opportunity to evaluate the session but also explore the issues and concerns the student may have about the session, the counseling process, or the supervisory process.

Session Process Questions also provide the student with an opportunity to reflect upon and examine the counseling process. It is recommended that students consider all aspects of the counseling process when completing the form. Students should always complete all sections of the form and develop questions or issues to address in supervision.

## COUNSELING TREATMENT PLAN

**Client Code:**

**Date Plan was Prepared:**

**Therapist's Name:**

**STRENGTHS BASED ASSESSMENT TO INCLUDE CURRENT PRESENTING CONCERNS (include answers below)**

- 1. PRESENTING PROBLEM(S)**
  
- 2. BARRIERS TO TREATMENT**
  
- 3. STRENGTHS AND RESOURCES AVAILABLE**

### EVIDENCE-BASED GOALS

#### *LONG-TERM GOALS*

- 1.
- 2.
- 3.

*Long-term goals will be addressed through the following short-term goals and interventions:*

1. Restate long term goal 1
  - a. Short term goal
    - i. Intervention(s)
  - b. Short term goal
    - i. Intervention(s)
  - c. (can include additional short term goals if needed)
  
2. Restate long term goal 2
  - a. Short term goal
    - i. Intervention(s)
  - b. Short term goal
    - i. Intervention(s)
  
3. Restate long term goal 3
  - a. Short term goal
    - i. Intervention(s)
  - b. Short term goal
    - i. Intervention(s)

**THESE GOALS WILL BE REVISITED EVERY 90 DAYS AND REVISED AS NEEDED.**

**THERAPIST SIGNATURE:** \_\_\_\_\_

**ORIGINAL DATE OF TREATMENT PLAN:** \_\_\_\_\_

**TREATMENT PLAN REVIEWED:** \_\_\_\_\_

**TREATMENT PLAN REVIEWED:** \_\_\_\_\_

**TREATMENT PLAN REVIEWED:** \_\_\_\_\_

## Guidelines for Case Conceptualization

1. In his/her own words, what is the client's presenting problem?
2. In what way(s) does the client perception differ from that of the referral agent?
3. What is your perception of the presenting problem?
4. How is your view of the presenting problem different from the clients?
5. Using a specific counseling theory, how do you conceptualize the client's presenting problem?
6. What are the secondary problems?
7. When did the problems begin (onset)?
8. How has the client's day-to-day life been impacted by the problem?
9. Describe the impact of the family system, and others (peer culture, work, etc.) on the client's concern.
10. How was life different before onset of the problem?
11. How would the client like for things to be different?
12. What are the client's strengths?
13. What are the limitations/barriers that might hinder or prevent the changes the client would like to enact?

Based on the information above, a treatment/counseling plan, including goals (long range) and objectives (short range) should be formulated. The methods for working toward change should be clearly identified.

## Case Presentation Rubric

Client Case Conceptualization: Students are expected to develop a PowerPoint presentation and present all components of the presentation in group supervision.

The following components are required:

- Client’s presenting concern and background information gathered at first appointment
- Information gathered via formal and/or informal assessments
- Client’s goals for counseling
- Conceptualization of the client’s concerns through a theoretical lens (including all components of the Case Conceptualization Guidelines)
- Plan for counseling including short-term and long-term goals, theory-based interventions, and evaluation (e.g., treatment plan)
- Description of a single counseling session’s focus, goals, interventions, process, and observations of progress (e.g., progress note)
- Identification of research related to interventions appropriate for student/consumer/client, setting, or counseling issue(s)
- Summarize (briefly) recommendations based on research
- Identify how research addresses related advocacy
- At least one 10-minute segment of the audio recording of this counseling session that demonstrate the student’s counseling skills (e.g., assessment, implementing an intervention, evaluating the effectiveness of counseling, etc.).

Case Presentation Component	Exceeds Expectations	Meets Expectations	Does not Meet Expectations
Intake / Psychosocial / Background			
Case Conceptualization			
Treatment Plan / Counseling Plan			
Identification of research related to interventions appropriate for student/consumer/client, setting, or counseling issue(s)			
Summarize (briefly) recommendations based			

on research			
Identify how research addresses related advocacy			
Case Presentation			

**Overall Rating:** (Exceeds Expectations, Meets Expectations, Does not Meet Expectations)

**Case Presentations** contain these materials and a brief presentation in class (with copies provided to all peer supervisors)

- Intake
- Case Conceptualization Form
- Case Treatment Plan
- Case Presentation
  - o Overall Client Goals
  - o Session Focus Goals and Process
  - o Session Summary/Progress Note
  - o Identified Intervention with resources: Should include brief discussion of: intervention, theoretical foundation, rationale, evaluation of outcomes or indicators, and resources

**Evaluation:**

- Does not Meet: Has not demonstrated the competency area or has demonstrated the competency with significant deficits.
- Meets Expectations: Has demonstrated components of the competency area while still demonstrating a need to address or develop skills in other aspects of the competency areas congruent with the student’s developmental level
- Exceeds Expectations: Has demonstrated all requirements attached to the competency area at a developmentally advanced level.

*Students who receive marginal scores in any of the areas will need to resubmit requirements in that area for review. This may include remediation and work with their University Supervisor to develop competency.*

**COUN 7920 CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP LOG**

Student's Name: \_\_\_\_\_ Internship Semester/Year: \_\_\_\_\_ Date \_\_\_\_\_

Semester Began: \_\_\_\_\_

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Supervisor Initials
Intake Assessment																
Testing																
Diagnosis/Assessment																
Crisis/Emergency																
Individual Counseling																
Group Counseling																
Family Counseling																
<b>Sub-Total Direct Hours:</b>																
Consultation																
Case Management																
Referral Process																
Educational Training																
Client Research																
Clinical Supervision																
Staff Meetings																
Documentation																
<b>Sub-Total Indirect Hours:</b>																
<b>TOTAL HOURS: DIRECT &amp; INDIRECT</b>																
<b>Site Supervisor Initials &amp; Date (REQUIRED Weekly)</b>																

**Summary of Direct Hours:** \_\_\_\_\_ **Summary of Indirect**  
**Hours:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

By signing this Internship Log, I am confirming that the

Clinical Mental Health Counseling Student has

completed the hours listed. Site-Supervisor Signature: \_\_\_\_\_

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

University Supervisor Signature: \_\_\_\_\_



**Appendix B**  
**Clinical Rehabilitation**  
**Counseling Professional**  
**Practice Forms**

**Auburn University**  
**Special Education, Rehabilitation and Counseling**  
Clinical Rehabilitation Counseling Practicum and Internship Information Sheet

*This form is to be completed at the beginning of practicum and internship by the student, site supervisor, and university group supervisor. All concerned should retain copies and the university group supervisor shall place one copy in the student's folder.*

Number of practicum or internship credit hours for which you are enrolled this semester:

Student Information

Student's Name:

Address:

Home Phone #:

Cell Phone #:

Email Address:

Faculty Advisor:

Internship Goals & Objectives (use back page):

Internship Site Information

Internship Site Name:

Address:

Directions to the site from Auburn Campus (please attach separate pages):

*On-site Supervisor:*

Name:

Title:

Office Phone/Email Address:

Practicum/Internship Schedule including a total number of work hours per week:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Practicum Memorandum of Agreement**

**To:** Site Supervisors of Clinical Rehabilitation Counseling Practicum Students  
**From:** Auburn University Supervisor  
**Subject:** Mutual Responsibilities

First, we wish to thank you for agreeing to serve as a site supervisor for our practicum student. This is an opportunity for counseling students to build on their clinical experiences and education. Information on the outcomes of our counseling programs are available to all stakeholders on our website at-

[Clinical Mental Health Counseling M.Ed./ M.S. program](#)

[School Counseling M. Ed. program](#)

[Clinical Rehabilitation Counseling M.Ed./ M.S. program](#)

[Counselor Education and Supervision Ph.D. program](#)

We would not be able to achieve these purposes without your professionalism and supervisory competence! If you have any questions or need to discuss a practicum student's performance or development before the formal mid-term evaluation period, please contact the student's university supervisor at 334-844-7676.

**The University is expected to:**

1. Provide weekly individual and group supervision that includes one hour of individual or triadic supervision based on work samples (e.g. audio tapes, interventions used, session summaries) and two hours of group supervision.
2. The practicum student will provide the Site Supervisor with a copy of the practicum syllabus.
3. Initiate, as necessary, meetings with the Site Supervisor for the purpose of discussing the student's performance and any concerns with the student's clinical skill development.
4. Emphasize to students their professional responsibilities to clients and the site.
5. Provide professional liability insurance. All counseling students enrolled in practicum are provided group professional liability insurance through the University and required to carry individual liability insurance independently.

**The Site is expected to:**

6. Provide clinical counseling experiences for the practicum student in accordance with department requirements that includes a minimum of 3-4 client contact hours per week. At least two hours each week must be spent in individual counseling. Students can have a total of 8-10 hours on-site per week for practicum. All counseling services should occur on site, and students are not permitted to provide in-home services for any reason.
7. Assist the student in obtaining consent agreements to audio record counseling sessions for use in individual and group supervision. *When sending forms home with minors, it is helpful for the supervisor to include information*

*about why their child has been invited to participate in counseling sessions.* If restrictions within the site limit the possibility of audio recording sessions, the site must provide live supervision of the practicum student's direct service to clients.

8. Make provisions for orientating the practicum student to the buildings, philosophies, technology, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.
9. Provide office space for the practicum student to provide counseling services. Minimally, a private space will be provided to the student for counseling.
10. The site will notify the University Group Supervisor of any problems which may influence the student's successful completion of the placement of any concerns related to the student's clinical development.
11. Assist in the evaluation of the practicum student's clinical counseling performance relative to the objectives of the experience. A formal evaluation is conducted using the forms provided at both mid-term and finals.
12. Assure that the student will be properly supervised **at all times** by a counselor with a graduate degree in counseling or a related profession with specialized expertise to advance the student's knowledge and skills. The student will only see clients when the site supervisor is present. Students are not permitted to provide in home services for any reason, and all counseling services should be provided on site.
13. If the student will be providing telemental health services, the site will provide proper training and a confidential space for telehealth services. Students are not permitted to provide telemental health services off site.

**The student is expected to:**

14. Conduct all sessions with clients in a fully informed, ethical, and professional manner.
15. Establish and maintain a consistent schedule throughout the term of enrollment.
16. Meet all requirements specified in the syllabus.
17. Participate fully and reflectively in supervision on site and at the university.
18. Attend all supervision sessions (group and individual/triadic).
19. Notify, in advance, when possible, all supervisors of absences.
20. Only see clients while the site supervisor is present.
21. Attend a minimum of 3 hours of tele-mental health training before seeing clients via tele-mental health. Students may only conduct tele-mental health services at practicum site. Services are not permitted off site.
22. In the event of a crisis at the site, the counselor in training should defer to the site supervisor and site guidelines to properly assess for risk. If the site supervisor is not available, the counselor in training would then reach out to their university supervisor for guidance as to how to proceed with the crisis situation and assess for risk.

Counseling Student	Date
Site Supervisor	Date
AU Faculty	Date

Auburn University  
Clinical Rehabilitation Counseling  
Department of Special Education, Rehabilitation and Counseling  
2084 Haley Center  
334-844-7676

### **Internship Memorandum of Agreement**

**To:** Site Supervisors of Clinical Rehabilitation Counseling Internship Students  
**From:** Auburn University Supervisor  
**Subject:** Mutual Responsibilities

First, we wish to thank you for agreeing to serve as a site supervisor for our internship student. This is an opportunity for counseling students to build on their clinical experiences and education. Information the outcomes of our counseling programs are available to all stakeholders on our website at-

Clinical Mental Health Counseling M.Ed./ M.S. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-clinical-mental-health-counseling.php>

School Counseling M. Ed. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-school-counseling.php>

Clinical Rehabilitation Counseling M.Ed./ M.S. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/med-clinical-rehab-counseling.php>

Counselor Education and Supervision Ph.D. program:

<https://education.auburn.edu/serc/academic-programs/counselor-education/phd-counselor-education.php>

We would not be able to achieve these purposes without your professionalism and supervisory competence! If you have any questions or need to discuss a internship student's performance or development before the formal mid-term evaluation period, please contact the student's university supervisor at 334-844-7676.

#### **The University is expected to:**

1. Provide three hours of group supervision every other week which includes student presentations of case conceptualizations.
2. The internship student will provide the Site Supervisor with a copy of the internship syllabus.
3. Initiate, as necessary, meetings with the Site Supervisor for the purpose of discussing the student's performance and any concerns with the student's clinical skill development.
4. Emphasize to students their professional responsibilities to clients and the site.
5. Provide professional liability insurance. All counseling students enrolled in internship are provided group professional liability insurance through the University and required to carry individual liability insurance independently.

### **The Site is expected to:**

6. Provide clinical counseling experiences for the internship student in accordance with department requirements that includes an average of 16 client contact hours per week (or an average of 9.5 for students graduating in August). Students graduating in May are expected to be at their sites full time for an average of 40 hours per week, and students graduating in August are expected to be at their sites for an average of 22-25 hours per week.
7. Make provisions for orientating the internship student to the buildings, philosophies, technology, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.
8. Provide office space for the internship student to provide counseling services. Minimally, a private space will be provided to the student for counseling.
9. The site will notify the University Group Supervisor of any problems which may influence the student's successful completion of the placement and of any concerns related to the student's clinical development.
10. Assist in the evaluation of the internship student's clinical counseling performance relative to the objectives of the experience. A formal evaluation is conducted using the forms provided at both mid-term and finals.
11. Assure that the student will be properly supervised **at all times**. Site Supervisors should provide a minimum of *one hour of individual supervision* to the internship student each week. The student should not be alone at their site during internship and should be supervised by a counselor with a graduate degree in counseling or a related profession with specialized expertise to advance the student's knowledge and skills. Students are not permitted to provide in home services for any reason, and all counseling services should be provided on site.
12. If the student will be providing telemental health services, the site will provide proper training and a confidential space for telehealth services. Students are not permitted to provide telemental health services off site.
13. Students should not be contacted when off-site about any client issues or client-related emergencies, and all client-related discussions should occur when the student is on-site.

### **The student is expected to:**

14. Conduct all sessions with clients in a fully informed, ethical, and professional manner.
15. Establish and maintain a consistent schedule throughout the term of enrollment.
16. Meet all requirements specified in the syllabus.
17. Participate fully and reflectively in supervision on site and at the university.
18. Attend all supervision sessions (group and individual/triadic).
19. Notify, in advance when possible, all supervisors of absences (including university holidays).
20. Communicate schedule with the site supervisor with flexibility to best meet the needs of the site and of their clients.
21. Not practice alone while at the internship site.
22. Personal cell phone numbers or personal email addresses should never be shared with clients. If the site provides the student with a site email or phone number, an out of office response that includes crisis response directives should be used and turned on anytime the student is off-site.
23. For August graduates, student will not practice at their sites for any reason between the spring and summer academic terms.
24. Attend a minimum of 3 hours of tele-mental health training before seeing clients via tele-mental health. Students may only conduct tele-mental health services at internship site. Services are not permitted off site.
25. In the event of a crisis at the site, the counselor in training should defer to the site supervisor and site guidelines to properly assess for risk. If the site supervisor is not available, the counselor in training would then reach out to their university supervisor for guidance as to how to proceed with the crisis situation and assess for risk.

---

Counseling Student

Date

---

Site Supervisor

Date

---

AU Faculty

Date

**Auburn University**  
Auburn University, Alabama 36930-5222  
Special Education, Rehabilitation and Counseling  
2084 Haley Center  
Telephone: (334) 844-7676

**Adult Information and Consent Form**

I would like to take this opportunity to welcome you to counseling and provide you with some information that you may find valuable. I am currently a counselor-in-training at Auburn University, Alabama. When I complete my program, I will hold a graduate degree in Counseling.

Our relationship, although psychologically personal at times, should be regarded as strictly professional in nature. We will meet once a week for approximately 50 minutes. Since we will be limited in the amount of time we have to work together, our highest priority will be on the short-term goals we work together to establish. As your counselor, all I request is that you be willing to work with me towards the goals you set for yourself.

Should you need to cancel an appointment, please attempt to do so at least 24 hours in advance. Additionally, it will benefit you to know that I am not on call. Should you have a problem that needs immediate attention, contact the designated individual at your site.

I am ethically bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I believe you are a potential danger to yourself or to someone else; (2) if I suspect child abuse or neglect or the abuse or neglect of an adult who is mentally or physically unable to care for him or herself; (3) if I am ordered to disclose information by a court of law; (4) if you grant me written permission to disclose information to another person; and (4) for supervision/consultation purposes. In order for me to provide you with the best care possible, I will regularly record our sessions and consult with my supervisor and peer counselors.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is \_\_\_\_\_. My site supervisor is \_\_\_\_\_.

If you have any questions now or in the future, please feel free to ask at any time. Please indicate your understanding and consent by signing below.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION for REHABILITATION COUNSELING**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Term of Internship: \_\_\_\_\_

Total number of program hours completed: \_\_\_\_\_

**List previous experiences at human service agencies:**

Name of Agency: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Duties: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Completed and signed plan of study on file? \_\_\_\_\_

Full-time or part-time student? \_\_\_\_\_

Are you on an approved limited leave of absence or sabbatical? \_\_\_\_\_

If yes, please attach appropriate documentation from employer.

## SITE SUPERVISOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Have you supervised rehabilitation counseling students from Auburn University in the past? If yes, when? \_\_\_\_\_

Who was your university contact? \_\_\_\_\_

### **Education** (Highest academic level obtained)

Institution: \_\_\_\_\_

Degree/Year: \_\_\_\_\_

### **Certification** (Please check if applicable)

\_\_\_\_ Certified Rehabilitation counselor (CRC)

\_\_\_\_ Licensed Professional Counselor (LPC)

\_\_\_\_ Other

Renewal Date for Certification: \_\_\_\_\_

### **Other Related Educational Experiences** (Begin with the most recent)

1.)

\_\_\_\_\_

2.)

\_\_\_\_\_

3.)

\_\_\_\_\_

### **Professional Experience** (Begin with the most recent)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Professional Affiliations:** \_\_\_\_\_

**College of Education  
Department of Special Education, Rehabilitation, Counseling  
2084 Haley Center  
Auburn University, Alabama 36849**

**CLINICAL REHABILITATION**

**COUNSELING INTERNSHIP**

Student's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: (Current) \_\_\_\_\_ (Work) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

INSTRUCTIONS: This agreement must be completed in **triplicate**, with one copy retained by the Student and On-Site Supervisor. The original must be filed with the University Supervisor. This agreement is subject to the following three conditions: (1) Rehabilitation Counseling Internship **cannot** begin until the student has completed 1 **Practicum (100 hrs.)** and a majority of **(Approximately 75 percent, semester hours)** of coursework in Rehabilitation Counseling. (2) Duties outlined may be subjected to revision, pending all parties' approval.

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

On- Site Supervisor's Name: \_\_\_\_\_

Beginning Date of Rehabilitation Counseling Internship: \_\_\_\_\_

Full-Time:(# of hours per week): \_\_\_\_\_

Semester and Year in which officially registered for Rehabilitation Services Internship:

Specific objectives to be achieved must be attached to this form and by reference, become a part of this agreement.

**Approval:**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Department of Special Education, Rehabilitation, and  
Counseling  
2084 Haley Center**

**Auburn University, Alabama 36849**

**CLINICAL REHABILITATION COUNSELING INTERNSHIP GOALS**

Student's Name: \_\_\_\_\_

Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Days/Hours per Week: \_\_\_\_\_

Learning Objectives:

**Organizational**

1. To apply and test academic/theoretical knowledge in a realistic rehabilitation setting.
2. To experience the realities of the counselor/client relationships and that self- understanding plays in this relationship.
3. To develop confidence in his or her abilities (knowledge and skills) in a situation that provides consistent and appropriate feedback necessary for maximum professional growth and development.
4. To inculcate high standards of professional identity.
5. To acquire an understanding of organizational structure, protocol, processes, and internal and external working relationships.

**Individual (Use addition sheets and attach as necessary.)**

6.

7.

8.

9.

**Signatures**

Site Supervisor: \_\_\_\_\_ Student: \_\_\_\_\_

University Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## Case Presentation Guidelines

Internship students will present a client case during the semester. Students will present an in-depth summary of an active client case. Using the Case Presentation Format provided by the instructor early in class, students will write a case summary in PowerPoint. The case summary is to be turned into the instructor at the time of the presentation. Presentations will be approximately 45 minutes in length, which includes an oral report and relevant discussion. Please be sure to maintain client confidentiality in collecting and destroying your work. A consent form should be obtained prior to the presentation.

Students should identify at least one journal article and include it in the reference page showing that specific service provided to the client has been proved to be effective in the rehabilitation counseling or relevant field.

- Instructions for the presentation

### 1. Introduction of the client

- a. Client demographic information (e.g., name (not a real name; initial), age, gender, race/ethnicity, educational background, medical history, etc.)
- b. Vocational/employment history: work history, work skills and training, hobbies, employability, job readiness
- c. Vocational interests
- d. An overview of the client's present status about independent living issues such as housing, ADL's, community living skills, and transportation
- e. Personal factors: view of work, coping skills, personal styles, life experiences, costs/benefits to working
- f. Family and support network: marital status, children, a family of origin, and community support
- g. Other social and financial situations

### 2. Contact with your agency

- a. Identify why the client was referred to your agency and what are his/her goals?
- b. Summarize the client's current treatment program.

### 3. Focus on your contact with the client

- a. Describe your relationship with the client.
- b. Identify your counseling goals/plans you have developed with the client and desired outcomes.
- c. What is your style/approach to working with the client?
- d. What are you cognizant of when providing services?
- e. Expected outcome and how would you evaluate the effectiveness of the services/counseling you have provided to the client?

### 4. Specific events or situations you would like to share with the class.

5. Specify what kind of feedback you would like from your colleagues regarding the client and your work with him/her. Do they have suggestions regarding counseling issues and strategies to consider in future work with the client (please provide at least three questions related to your case)?



### Case Presentation Rubric

Criteria	Grading
Clear description of client information. All necessary components required in the presentation are included.	Satisfactory/Unsatisfactory
Explains reasoning and provides evidence in planning the service provision.	Satisfactory/Unsatisfactory
Use effective verbal/nonverbal communication in case presentation. PowerPoint is exceptionally detailed, organized, and logical.	Satisfactory/Unsatisfactory
Prepared to facilitate discussion and is receptive to feedback.	Satisfactory/Unsatisfactory

Criteria	Exceeds Expectations (Full credit)	Meets Expectations (Full-partial credit)	Does Not Meet Expectations (Minimal credit)
Client Information	Clear description of client information. Additional components beyond the those required in the presentation are included.	Clear description of client information. All necessary components required in the presentation are included.	Unclear description of client information. Missing necessary components required in the presentation.
Evidence for Service Provision	More than one journal article is used to demonstrate the reasoning and provide evidence for planning the service provision.	One journal article is used to demonstrate the reasoning and provide evidence for planning the service provision.	No journal article is used to demonstrate the reasoning and provide evidence for planning the service provision.
Presentation Skills	Use effective verbal/nonverbal communication in case presentation. PowerPoint is exceptionally detailed, organized, logical, and includes components beyond what is required.	Use effective verbal/nonverbal communication in case presentation. PowerPoint is organized, logical, and includes all required components	Use ineffective verbal/nonverbal communication in case presentation. PowerPoint is lacking in organization, logic, and does not include all required components.
Discussion Facilitation	Student is prepared to facilitate discussion and asks for and is receptive to feedback from the class.	Student is prepared to facilitate discussion and is receptive to feedback from the class.	Student is unprepared to facilitate discussion and is not receptive to feedback from the class.
Overall Evaluation			

**COUN 7920 INTERNSHIP IN CLINICAL REHABILITATION COUNSELING  
LOG**

Student's Name: \_\_\_\_\_ Internship Semester/Year: \_\_\_\_\_  
Date Semester Began: \_\_\_\_\_

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Supervisor Initials
Intake Assessment																
Testing																
Individual Counseling																
Group Counseling																
Family Counseling																
Direct Service (job coaching, job accommodation with consumer)																
IEP Meetings																
<b>Sub-Total Direct Hours:</b>																
Consultation																
Case Management																
Referral Process																
Educational Training																
Employer Contact																
Clinical Supervision																
Staff Meetings																
Documentation																
<b>Sub-Total Indirect Hours:</b>																
<b>TOTAL HOURS: DIRECT &amp; INDIRECT</b>																
<b>Site Supervisor Initials &amp; Date (REQUIRED Weekly)</b>																

**Summary of Direct Hours:** \_\_\_\_\_ **Summary of Indirect Hours:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

By signing this Internship Log, I am confirming that the Clinical Rehabilitation Counseling Student has completed the hours listed.

Site-Supervisor Signature: \_\_\_\_\_

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

University Supervisor Signature: \_\_\_\_\_

## PROGRESS NOTES AND SESSION SUMMARIES

Progress notes provide a means for monitoring a client's progress throughout treatment/counseling. Progress notes are also used to examine a client's progress toward treatment/counseling goals, the development of new issues and goals, and the modification of the initial treatment/counseling plan. In supervision, these notes provide a means for the supervisor to track the progress of the client and the supervisee. **Progress notes must be completed for all client/student hours that are documented on the practicum log.**

Progress notes should be brief, concise, and should be written as soon as possible following the counseling session. The notes should include only relevant information, thus in writing your progress notes "avoid labeling, judging, and using terminology that may be stigmatizing to the client" (Hansen, Rossberg, & Cramer, 1994, p. 306). Remember that clients have the right to review their case records.

Session objectives and therapeutic interventions should relate to the overall treatment/counseling plan for the client. Progress notes should include specific client information and may be supported by behavioral observations, assessment measures, client statements, and other observations by the counselor. Progress notes also allow you to monitor changes that may result in a modification of the treatment/counseling plan for a client.

The following progress note format focuses on session objectives, therapeutic interventions, session evaluation, and plans for next session. It is essential to the supervisory process that you include all relevant information. Please include in the evaluation section any specific questions or concerns you might have for your supervisor. Finally, these progress notes are not meant to substitute for the progress note required at your site.

### **Session Summary**

Session summary forms are to be completed for all **digitally taped sessions** (work samples) or live supervision.

The session summary form is used to provide the supervisor with an opportunity to evaluate the session but also explore the issues and concerns the student may have about the session, the counseling process, or the supervisory process.

Session summaries also provide the student with an opportunity to reflect upon and examine the counseling process. It is recommended that students consider all aspects of the counseling process when completing the form. Students should always complete all sections of the form and develop questions or issues to address in supervision.

## Sample PROGRESS NOTE FORMAT- INDIVIDUAL

Client: MK Date: \_\_\_\_\_

Counselor-in-training: S. Jones Session Number: 2

**Session Objective(s):** In brief format, describe the specific session objective(s). These objectives should relate to the goals and objectives outlined in your treatment/counseling plan.

**EX:** The objective in this session was to have the client identify the specific living skills they would like to work on in counseling.

**Therapeutic Intervention(s):** This section should discuss the specific therapeutic techniques, skills, or activities you used in the session to assist the client in working through the session objective(s).

**EX:** Initially I worked with the client on brainstorming, generating ideas for living skills. This occurred after getting the client to focus on his goal of living independently. Then I helped the client prioritize skills and select three for our sessions.

**Evaluation:** This section should provide an overview of the session in relation to the objective(s) established for this session. This may include consideration of client progress, evaluation of your role as counselor, critical issues that arose, client - counselor dynamics, and issues that may have led to a revision of the original session objectives or treatment/counseling plan. Specific questions or concerns for the supervisor can be put in bold or underlined.

**EX:** Initially there was some difficulty in focusing the client. He seemed very distracted and had difficulty maintaining eye contact. Brainstorming was useful when I focused the goal of independent living. The client was resistant to prioritizing living skills "I want to do all of them." I worked on refocusing and together we identified three goals to begin with in our sessions (an apartment, a job, a car). I need to develop some other techniques for refocusing the client.

**Plan(s) for Next Session:** This should include consideration of overall objectives and what occurred in the previous session.

**EX:** The focus will be on independent living skills related to living in an apartment (e.g., finding an apartment, paying bills, etc.).

**PROGRESS NOTE - INDIVIDUAL**

**Client Code:** \_\_\_\_\_

**Counselor-in-Training:** \_\_\_\_\_

**Session Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Session Objective(s):**

**Therapeutic**

**Intervention(s):**

**Evaluation:**

**Plan(s) for Next Session:**

## Session Summary COUN 7910

The Session Summary form contains a Progress note section **and** Session Process Questions.

Progress Note to be turned in to supervisors weekly:

Client Code/ Group Title: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor-in-Training: \_\_\_\_\_ Session Number: \_\_\_\_\_

Session Objective(s):

Therapeutic

Intervention(s):

Evaluation:

Plan(s) for Next Session:

### Session Process Questions

To be completed for **each** taped client session and turned in to supervisors

weekly. Supervisor: \_\_\_\_\_

1. Identify any critical incidents that occurred in the session. Describe these incidents and how they may have related to the counseling relationship, counseling outcomes, or your development as a counselor?
2. Discuss your goals for the session and the specific methods, processes or interventions you used to accomplish these goals.
3. Discuss specific questions or concerns you want to address in supervision. This can include identifying a specific segment of the counseling session tape.
4. Discuss any goals you may have related to this counseling session and your supervision or development.

**Appendix C**  
**School Counseling**  
**Professional Practice**  
**Forms**



**Auburn University**  
**Special Education, Rehabilitation and Counseling**  
School Counseling Practicum and Internship Information Sheet

*This form is to be completed at the beginning of practicum and internship by the student, site supervisor, and university group supervisor. All concerned should retain copies and the university group supervisor shall place one copy in the student's folder*

University Group Supervisor Contact Information

Address: 2084 Haley Center, Auburn University, AL 36849

Student Information Name:

Address:

Home Phone #:

Cell Phone #:

Email Address:

Practicum Course Advisor:

Practicum/Internship Goals and Objectives (Please be specific and attach a separate document):

Practicum/Internship Site Information School Name:

Address:

Principal's Name:

Site Supervisor's Name:

Office Phone #:

Email Address:

Practicum/Internship Schedule (Please include a daily work hour schedule and a total number of work hours per week):

Counseling Student

Date

Site Supervisor

Date

University Group Supervisor

Date

Auburn University  
School Counseling Program  
Department of Special Education, Rehabilitation and Counseling  
2084 Haley Center  
334-844-7676

### **Practicum Memorandum of Agreement**

**To:** Site Supervisors of School Counseling Practicum Students  
**From:** Auburn University Supervisor  
**Subject:** Mutual Responsibilities

First, we wish to thank you for agreeing to serve as a site supervisor for our practicum student. This is an opportunity for counseling students to build on their clinical experiences and education. Information the outcomes of our counseling programs are available to all stakeholders on our website at-

[Clinical Mental Health Counseling M.Ed./ M.S. program](#)

[School Counseling M. Ed. program](#)

[Clinical Rehabilitation Counseling M.Ed./ M.S. program](#)

[Counselor Education and Supervision Ph.D. program](#)

We would not be able to achieve these purposes without your professionalism and supervisory competence! If you have any questions or need to discuss a practicum student's performance or development before the formal mid-term evaluation period, please contact the student's university supervisor at 334-844-7676.

#### **The University is expected to:**

1. Provide weekly individual and group supervision that includes one hour of individual or triadic supervision based on work samples (e.g. audio tapes, interventions used, session summaries) and two hours of group supervision.
2. The practicum student will provide the Site Supervisor with a copy of the practicum syllabus.
3. Initiate, as necessary, meetings with the Site Supervisor for the purpose of discussing the student's performance and any concerns with the student's clinical skill development.
4. Emphasize to students their professional responsibilities to clients and the site.
5. Provide professional liability insurance. All counseling students enrolled in practicum are provided group professional liability insurance through the University and required to carry individual liability insurance independently Through ASCA.

#### **The Site is expected to:**

1. Provide clinical counseling experiences for the practicum student in accordance with department requirements that includes a minimum of 3-4 client contact hours per week. At least two hours each week must be spent in individual counseling. Students can have a total of 8-10 hours on-site per week for practicum. All counseling services should occur on site, and students are not permitted to provide in-home services for any reason.
2. Assist the student in obtaining consent agreements to audio record counseling sessions for use in individual and group supervision. *When sending forms home with minors, it is helpful for the supervisor to include information about why their child has been invited to participate in counseling sessions.* If restrictions within the site limit the possibility of audio recording sessions, the site must provide live supervision of the practicum student's direct service to clients.

3. Make provisions for orientating the practicum student to the buildings, philosophies, technology, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.
4. Provide office space for the practicum student to provide counseling services. Minimally, a private space will be provided to the student for counseling.
5. The site will notify the University Group Supervisor of any problems which may influence the student's successful completion of the placement of any concerns related to the student's clinical development.
6. Assist in the evaluation of the practicum student's clinical counseling performance relative to the objectives of the experience. A formal evaluation is conducted using the forms provided at both mid-term and finals.
7. Assure that the student will be properly supervised **at all times** by a counselor with a graduate degree in counseling or a related profession with specialized expertise to advance the student's knowledge and skills. The student will only see clients when the site supervisor is present. Students are not permitted to provide in home services for any reason, and all counseling services should be provided on site.
8. If the student will be providing telemental health services, the site will provide proper training and a confidential space for telehealth services. Students are not permitted to provide telemental health services off site.

**The student is expected to:**

22. Conduct all sessions with clients in a fully informed, ethical, and professional manner.
23. Establish and maintain a consistent schedule throughout the term of enrollment.
24. Meet all requirements specified in the syllabus.
25. Participate fully and reflectively in supervision on site and at the university.
26. Attend all supervision sessions (group and individual/triadic).
27. Notify, in advance when possible, all supervisors of absences.
28. Only see clients while site supervisor is present.
29. Attend a minimum of 3 hours of tele-mental health training before seeing clients via tele-mental health. Students may only conduct tele-mental health services at practicum site. Services are not permitted off site.
30. In the event of a crisis at the site, the counselor in training should defer to the site supervisor and site guidelines to properly assess for risk. If the site supervisor is not available, the counselor in training would then reach out to their university supervisor for guidance as to how to proceed with the crisis situation and assess for risk.

Counseling Student	Date
Site Supervisor	Date
AU Faculty	Date

Auburn University  
School Counseling Program  
Department of Special Education, Rehabilitation and Counseling  
2084 Haley Center  
334-844-7676

### **Internship Memorandum of Agreement**

**To:** Site Supervisors of School Counseling Internship Students  
**From:** Auburn University Supervisor  
**Subject:** Mutual Responsibilities

First, we wish to thank you for agreeing to serve as a site supervisor for our internship student. This is an opportunity for counseling students to build on their clinical experiences and education. Information the outcomes of our counseling programs are available to all stakeholders on our website at-

[Clinical Mental Health Counseling M.Ed./ M.S. program](#)

[School Counseling M. Ed. program](#)

[Clinical Rehabilitation Counseling M.Ed./ M.S. program](#)

[Counselor Education and Supervision Ph.D. program](#)

We would not be able to achieve these purposes without your professionalism and supervisory competence! If you have any questions or need to discuss a internship student's performance or development before the formal mid-term evaluation period, please contact the student's university supervisor at 334-844-7676.

#### **The University is expected to:**

1. Provide three hours of group supervision every other week which includes student presentations of case conceptualizations.
2. The internship student will provide the Site Supervisor with a copy of the internship syllabus.
3. Initiate, as necessary, meetings with the Site Supervisor for the purpose of discussing the student's performance and any concerns with the student's clinical skill development.
4. Emphasize to students their professional responsibilities to clients and the site.
5. Provide professional liability insurance. All counseling students enrolled in internship are provided group professional liability insurance through the University and required to carry individual liability insurance independently through ASCA.

#### **The Site is expected to:**

6. Provide clinical counseling experiences for the internship student in accordance with department requirements that includes an average of 16 client contact hours per week (or an average of 9.5 for students graduating in August). Students graduating in May are expected to be at their sites full time for an average of 40 hours per week, and students graduating in August are expected to be at their sites for an average of 22-25 hours per week.
7. Make provisions for orientating the internship student to the buildings, philosophies, technology, and policies of the site. Included in the orientation should be the procedure for assigning clients to the student, emergency procedures of the site, and any site-specific limits to confidentiality of which the student counselor should be aware.
8. Provide office space for the internship student to provide counseling services. Minimally, a private space will be

provided to the student for counseling.

9. The site will notify the University Group Supervisor of any problems which may influence the student's successful completion of the placement and of any concerns related to the student's clinical development.
10. Assist in the evaluation of the internship student's clinical counseling performance relative to the objectives of the experience. A formal evaluation is conducted using the forms provided at both mid-term and finals.
11. Assure that the student will be properly supervised **at all times**. Site Supervisors should provide a minimum of *one hour of individual supervision* to the internship student each week. The student should not be alone at their site during internship and should be supervised by a counselor with a graduate degree in counseling or a related profession with specialized expertise to advance the student's knowledge and skills. Students are not permitted to provide in home services for any reason, and all counseling services should be provided on site.
12. If the student will be providing telemental health services, the site will provide proper training and a confidential space for telehealth services. Students are not permitted to provide telemental health services off site.
13. Students should not be contacted when off-site about any client issues or client-related emergencies, and all client-related discussions should occur when the student is on-site.

**The student is expected to:**

14. Conduct all sessions with clients in a fully informed, ethical, and professional manner.
15. Establish and maintain a consistent schedule throughout the term of enrollment.
16. Meet all requirements specified in the syllabus.
17. Participate fully and reflectively in supervision on site and at the university.
18. Attend all supervision sessions (group and individual/triadic).
19. Notify, in advance when possible, all supervisors of absences (including university holidays).
20. Communicate schedule with the site supervisor with flexibility to best meet the needs of the site and of their clients.
21. Not practice alone while at the internship site.
22. Personal cell phone numbers or personal email addresses should never be shared with clients. If the site provides the student with a site email or phone number, an out of office response that includes crisis response directives should be used and turned on anytime the student is off-site.
23. For August graduates, student will not practice at their sites for any reason between the spring and summer academic terms.
24. Attend a minimum of 3 hours of tele-mental health training before seeing clients via tele-mental health. Students may only conduct tele-mental health services at internship site. Services are not permitted off site.
25. In the event of a crisis at the site, the counselor in training should defer to the site supervisor and site guidelines to properly assess for risk. If the site supervisor is not available, the counselor in training would then reach out to their university supervisor for guidance as to how to proceed with the crisis situation and assess for risk.

---

Counseling Student	Date
Site Supervisor	Date
AU Faculty	Date

---

## PROGRESS NOTES AND SESSION SUMMARIES

Progress notes provide a means for monitoring a client's progress throughout treatment/counseling. Progress notes are also used to examine a client's progress toward treatment/counseling goals, the development of new issues and goals, and the modification of the initial treatment/counseling plan. In supervision, these notes provide a means for the supervisor to track the progress of the client and the supervisee. **Progress notes must be completed for all client/student hours that are documented on the practicum log.**

Progress notes should be brief, concise, and should be written as soon as possible following the counseling session. The notes should include only relevant information, thus in writing your progress notes "avoid labeling, judging, and using terminology that may be stigmatizing to the client" (Hansen, Rossberg, & Cramer, 1994, p. 306). Remember that clients have the right to review their case records.

Session objectives and therapeutic interventions should relate to the overall treatment/counseling plan for the client. Progress notes should include specific client information and may be supported by behavioral observations, assessment measures, client statements, and other observations by the counselor. Progress notes also allow you to monitor changes that may result in a modification of the treatment/counseling plan for a client.

The following progress note format focuses on session objectives, therapeutic interventions, session evaluation, and plans for next session. It is essential to the supervisory process that you include all relevant information. Please include in the evaluation section any specific questions or concerns you might have for your supervisor. Finally, these progress notes are not meant to substitute for progress note required at your site.

### **Session Summary**

Session summary forms are to be completed for all **digitally taped sessions** (work samples) or live supervision.

The session summary form is used to provide the supervisor with an opportunity to evaluate the session but also explore the issues and concerns the student may have about the session, the counseling process, or the supervisory process.

Session summaries also provide the student with an opportunity to reflect upon and examine the counseling process. It is recommended that students consider all aspects of the counseling process when completing the form. Students should always complete all sections of the form and develop questions or issues to address in supervision.

## Sample PROGRESS NOTE FORMAT- INDIVIDUAL

Client: MK Date: \_\_\_\_\_

Counselor-in-training: S. Jones Session Number: 2

**Session Objective(s):** In brief format, describe the specific session objective(s). These objectives should relate to the goals and objectives outlined in your treatment/counseling plan.

**EX:** The objective in this session was to have the client identify the specific living skills they would like to work on in counseling.

**Therapeutic Intervention(s):** This section should discuss the specific therapeutic techniques, skills, or activities you used in the session to assist the client in working through the session objective(s).

**EX:** Initially I worked with the client on brainstorming, generating ideas for living skills. This occurred after getting the client to focus on his goal of living independently. Then I helped the client prioritize skills and select three for our sessions.

**Evaluation:** This section should provide an overview of the session in relation to the objective(s) established for this session. This may include consideration of client progress, evaluation of your role as counselor, critical issues that arose, client - counselor dynamics, and issues that may have led to a revision of the original session objectives or treatment/counseling plan. Specific questions or concerns for the supervisor can be put in bold or underlined.

**EX:** Initially there was some difficulty in focusing the client. He seemed very distracted and had difficulty maintaining eye contact. Brainstorming was useful when I focused the goal of independent living. The client was resistant to prioritizing living skills "I want to do all of them." I worked on refocusing and together we identified three goals to begin with in our sessions (an apartment, a job, a car). I need to develop some other techniques for refocusing the client.

**Plan(s) for Next Session:** This should include consideration of overall objectives and what occurred in the previous session.

**EX:** The focus will be on independent living skills related to living in an apartment (e.g., finding an apartment, paying bills, etc.).

**PROGRESS NOTE - INDIVIDUAL**

**Client Code:** \_\_\_\_\_

**Counselor-in-Training:** \_\_\_\_\_

**Session Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Session Objective(s):**

**Therapeutic**

**Intervention(s):**

**Evaluation:**

**Plan(s) for Next Session:**



**Session  
Summary  
COUN  
7910**

The Session Summary form contains a Progress note section **and** Session Process Questions.

Progress Note to be turned in to supervisors weekly:

Client Code/ Group Title: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor-in-Training: \_\_\_\_\_ Session Number: \_\_\_\_\_

Session Objective(s):

Therapeutic Intervention(s):

Evaluation:

Plan(s) for Next Session:

**Session Process  
Questions**

To be completed for **each** taped client session and turned in to supervisors

weekly. Supervisor: \_\_\_\_\_

5. Identify any critical incidents that occurred in the session. Describe these incidents and how they may have related to the counseling relationship, counseling outcomes, or your development as a counselor?
6. Discuss your goals for the session and the specific methods, processes or interventions you used to accomplish these goals.
7. Discuss specific questions or concerns you want to address in supervision. This can include identifying a specific segment of the counseling session tape.
8. Discuss any goals you may have related to this counseling session and your supervision or development.

## INDIVIDUAL COUNSELING PLAN

Client Code: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor-in-training: \_\_\_\_\_

Counseling Focus:  
Diagnostic Information:  
Long-term Goals:

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

Short-term Objectives

Therapeutic Intervention(s)

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

Changes to Counseling Plan (please note reason and type of modification) 1.

- 2.
- 3.

Counseling Plan Evaluation (note session and date)

- 1.
- 2.
- 3.

## Case Conceptualization

Student (Pseudonym): \_\_\_\_\_ Number of Sessions/Date of Last Session: \_\_\_\_\_

Counselor In-Training: \_\_\_\_\_

Date: \_\_\_\_\_

1. Personal Concerns related this session:
2. Professional Development Goals:
3. Rationale:
4. Description of the Student:
5. Mental Status of the Student:
6. Presenting Issue or reason for referral:
7. Relevant Background Information:
8. Multicultural Considerations:
9. How do these considerations impact your work with this student as a practicing school counselor?
10. Individual Strengths (including observations from sessions):
11. Current Status of your work with the Student:
12. Counseling Plans/Goals:
13. Treatment Interventions/Therapeutic Approaches:
14. Questions or Concerns for which you would like to receive peer feedback (3 to 4 questions):

### Case Presentation Evaluation Rubric

Case Presentation Component	Marginal (0 pts)	Developing (2 pts)	Competent (3 pts)	CACREP 2024 Standard
Intake/Psychosocial/Background				III.E.2,6,9,16 III.G.2,5,6,8,9,10,11,12,13,4,15,16,17
Case Conceptualization				III.B.2,7,9,11 III.C.11,12,13 III.E.1,2,3,4,7,8,9,10,11, 21
Treatment Plan/Counseling Plan				III.E.12,13,14,15, 16
Case Presentation				III.A.2,3,4,11

**Comments:**

**Case Presentations** contain these materials and a brief presentation in class.

- Intake
- Case Conceptualization Form
- Counseling Plan
- Case Presentation
  - o Overall Student Goals
  - o Session Focus Goals and Process
  - o Session Summary/Progress Note
  - o Identified Intervention with resources: Should include brief discussion of: intervention, theoretical foundation, rationale, evaluation of outcomes or indicators, and resources

**Evaluation:**

**Marginal:** Has not demonstrated the competency area or has demonstrated the competency with significant deficits.

**Developing:** Has demonstrated some components of the competency area while still demonstrating a need to address or develop skills in other aspects of the competency area.

**Competent:** Has demonstrated all requirements attached to the competency area.

***Students who receive marginal scores in any of the areas will need to resubmit requirements in that area for review. This may include remediation and work with their University Supervisor to develop competency.***

School Counseling Weekly Log  
of Internship Activity

Week  
Ending

Name

<b>Direct Activity</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>	<b>Total to Date</b>
Individual Counseling	0	0	0	0	0	0	0	0	0
Group Counseling	0	0	0	0	0	0	0	0	0
Classroom Lessons/Presentations	0	0	0	0	0	0	0	0	0
Assessment	0	0	0	0	0	0	0	0	0
Phone Calls with Client or Family/Guardian	0	0	0	0	0	0	0	0	0
Consultation with Client System	0	0	0	0	0	0	0	0	0
Collaboration and Consultation	0	0	0	0	0	0	0	0	0
Responsive Services	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
<b>Total Direct Contact</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Indirect Activity</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Total</b>	<b>Total to Date</b>
University Supervision	0	0	0	0	0	0	0	0	0
Site Supervision (Individual)	0	0	0	0	0	0	0	0	0
Listening to Tapes	0	0	0	0	0	0	0	0	0
Shadowing Supervisor	0	0	0	0	0	0	0	0	0
Support Activities	0	0	0	0	0	0	0	0	0
Documentation	0	0	0	0	0	0	0	0	0
Advocacy	0	0	0	0	0	0	0	0	0
Classroom/Student Observation	0	0	0	0	0	0	0	0	0
Professional Development	0	0	0	0	0	0	0	0	0
Case-Related Research	0	0	0	0	0	0	0	0	0
Program Evaluation Activities	0	0	0	0	0	0	0	0	0
Emails with Student System/Planning	0	0	0	0	0	0	0	0	0
CSCP Planning	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
<b>Total Indirect Contact</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Direct and Indirect Contact Hours</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Contact and Supervision Hours</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SUPERVISOR SIGNATURE:

Date:

## School Counselor Direct and Indirect Services

**Direct services:** Within the CACREP standards, **direct service has been defined as “face-to-face” interaction and includes the application of counseling, consultation, or human development skills (such as assessment, training, classroom guidance, etc.).**

### **Individual Counseling**

- Meet with individual students to address needs, concerns, and barriers to success
- Meet with individual student to address attendance and school performance
- Check in with students to identify progress (brief contacts)

### **Group Counseling**

- Specific topic small group sessions
- Academic Study Skills Groups
- Peer mediation training with students
- Non-confidential small group session such as New Student Groups
- Specific topic small group sessions
- Mediation between students
- Psycho-education groups

### **Classroom/Large Group Guidance**

- Facilitating classroom guidance lessons meeting NC Guidance Essential Standards and for special topics
- Facilitating the implementation of Career or College Day
- Facilitating the implementation of a school-wide Character Education presentation
- Presentations to students for transition to middle and high school
- Bullying prevention classroom guidance
- Student/Parent Orientation presentations
- Leading a college-access/scholarship presentation for parents
- Facilitating financial aid or student/parent information nights
- Facilitating a Career Night for students/parents
- Co-Teaching collaboratively with Teachers

### **Consultation (with teachers, parents, student support personnel, referring agencies, etc.)**

- Conducting a home visit
- Participating in Parent/teacher conferences
- Consultations about a specific student with community and school resources (School Psychologist, Social Workers, administrators, DSS and other Community Agencies service providers)
- Consulting with teachers/parents/other school personnel about a student’s functional behavior assessments
- Referrals to outside agencies for specific student/family services
- Calling in and working with the crisis team regarding specific student(s)
- Student Success Team consultation or grade level consultation with stakeholders regarding a student’s behavioral concerns

### **Individual Student Planning/Individual Assessment and Observations/Other**

- Student course advisement and placement (individual or pairs)
- Student Career Development advising
- Conducting student meeting of graduation requirements (individual or pairs)
- Collecting data from student records/consultations for creating a Functional behavior Assessment
- Observing a student or group of students for purpose of assessment of student behavior
- Interviewing individual or paired students for appropriateness for small group counseling

- ACT/SAT test interpretation/information sessions for individual or small groups of students
- Student achievement individual meetings
- Graduation conferences with students (individual or pairs) to assess needs and develop college plan/college access
- Conducting mock interviews for scholarships/employment
- Completing student enrollment documents with student/parent
- Leading a small group (or individual) of high school students to review their transcript, consider a 4-year plan, and selecting courses for the upcoming school year
- Advising for Elementary to Middle School and Middle to High School regarding course selection & registration
- Meeting with individual students about Scholarship/Summer Camp opportunities
- Working with students to understand their results on the ACT or CFNC assessments
- Administering or proctoring annual assessment of academic progress (i.e. EOGs)
- Presenting at a district, state or other professional conference (classifies as other)
- Providing staff development segments to address student barriers, cultural diversity, and differentiation (classifies as other)
- Facilitating staff in-service training on student development, college recommendation letter-writing, coping and stress management, student test-taking anxiety/coping skills, etc. (classifies as other)
- Leading a college-access/scholarship presentation for parents (classifies as other)

### **Indirect Services:**

#### **Program Planning/Coordinating**

- Coordination and planning of school wide activities and programs
- Creating and maintaining a program calendar
- Conducting analysis of data to drive program
- Working within Teacher PLC's to integrate the NC Guidance Essential Standards; integrating character traits into classroom lessons
- Data evaluation meeting as it pertains to school counseling program which supports the school improvement plan
- Coordinating testing or annual assessment of academic progress (i.e. EOGs)
- Planning and coordinating a Career Day
- Planning and implementation of PALS mentor program
- Leading school wide programs and activities such as Red Ribbon Week, College Application Week, Food Drives, Thanksgiving and Christmas lists of needy families, Back pack buddies
- Community outreach
- Consultations with community and school resources (Career Development Coordinators, Social Workers, SROs, Community agencies) and college liaisons about services they provide
- Implementing school-wide positive behavior programs such as "Bucket Filling"
- Participating on committees (RTI, SSMT, PBIS, 504, IEP, School Improvement Team, etc.)
- Facilitate grade level meetings
- Distribute scholarship information and head the scholarship committee
- Substance Abuse initiatives with community agencies
- Work to develop programs of study and assist with student registration and schedule changes
- Academic Awards Night preparations/presentations
- Planning and assessing a Career Night for students/parents
- Serving as a resource for staff, parents, and community
- Website planning/creation/updating
- Planning and coordinating Open house, Parent Night, Special Seasonal Night meetings
- Collaborative planning with staff for specific unit related to the counseling curriculum

## **Professional Development**

- Working in Counselor PLC's for planning, monitoring and data analysis of comprehensive school counseling program
- Attending staff in-service training on student development, college recommendation letter-writing, coping and stress management, student test-taking anxiety/coping skills, etc.
- Attending district, state wide professional development
- Completing Professional Development Plan

### Activities inappropriate for School Counselors\*

- ❖ Registration and scheduling of all new students
- ❖ Coordinating or administering cognitive, aptitude and achievement tests
- ❖ Responsibility for signing excuses for students who are tardy or absent
- ❖ Performing disciplinary actions
- ❖ Sending students home who are not appropriately dressed
- ❖ Substitute teaching
- ❖ Computing grade point averages
- ❖ Maintaining student records
- ❖ Supervising study halls or in school suspension
- ❖ Clerical record keeping
- ❖ Assisting with duties in the principal's office
- ❖ Work with one student at a time in a therapeutic, clinical mode
- ❖ Preparation of individual education plans, student study teams, and school attendance review boards
- ❖ Data entry

\*Adapted from Campbell, C.A. and Dahir, C.A. (1997). Sharing the vision: The ASCA national standards for school counseling programs. Alexandria, VA: American School Counselor Association.





## Lesson Plan

School Counselor:	
Lesson Plan Title:	
	<input type="checkbox"/> Single Classroom Lesson <input type="checkbox"/> Unit of Classroom Lessons: Lesson ____ of ____ <input type="checkbox"/> Small-Group Session Lessons: Lesson ____ of ____
Target Audience:	
<b>Evidence Base:</b>	
<i>£ Best Practice (commonly used and believed to be of high quality)</i> <i>£ Action Research (individual investigates own practice to improve content/delivery)</i> <i>£ Research-Informed (a review of research provides foundation for content/delivery)</i> <i>£ Evidence-Based (highest level of evidence, results published in peer-reviewed journal)</i>	

<b>ASCA Student Standards Targeted:</b>		<b>Student Learning Objectives:</b>
Identify 1–2 student standards relevant for this targeted group and goal: <i>(Best practice = select one)</i>		For each of the selected student standards, write or select 1–2 learning objectives
<i>M&amp;B#</i>	<i>Mindsets &amp; Behaviors Statement</i>	<i>Student Learning Objectives</i>
		Student(s) will:

**Materials:**

**Describe how you will:**

Introduce Lesson Topic/Focus:	
Communicate the Lesson Objective:	

Teach Content:	
Practice Content:	
Summarize/Close:	

**Data Collection Plan – For multiple lessons in a unit, complete this section only once for the unit.**

**Participation Data Plan:**

Anticipated number of students:

Planned length of lesson(s):

**ASCA Student Standards Data Plan:**

*For each lesson/unit/small group, school counselors will administer pre-/post-assessment aligned with the selected ASCA Student Standards and student learning objectives.*

Pre-/Post-Assessment items are:

- 1.
- 2.
- 3.
- 4.

**Outcome Data Plan: (choose one and describe specific data point to compare)**

*Examples:*

*Achievement: School counselor will compare reading levels of students before and after delivery of lesson.*

*Attendance: School counselor will compare number of absences last year to this year.*

*Discipline: School counselor will compare total number of disciplinary reports for peer-on-peer conflict first quarter with second quarter*

£ Achievement (describe):

£ Attendance (describe):

£ Discipline (describe):

**Follow-Up Plans**

*Explain your plan for students who missed the lesson.*

*Explain your plan for students who did not demonstrate mastery on the pre-/post-assessment of student standards (M&B)/student learning objectives.*

## Classroom Lessons/Core Curriculum Formative Feedback

Date:

Dear:

The purpose of this letter is to provide you with feedback from the recent observation I conducted of you performing one or more of the tasks associated with the school counselor's role. Additionally, I will at this time provide you with a summary of the overall strengths and areas for improvement identified by your site supervisor and myself to this point in the term. The feedback is intended to assist you in identifying professional development goals for the remainder of the internship period. Both your site supervisor and I are available to assist you in the formulation of these goals and to suggest interventions that facilitate and support your efforts to meet them.

Observation:

Date:

Location:

Grade:

Activity:

Rating Scale: 1=not demonstrated; 2=demonstrated minimally; 3= demonstrated appropriately			
The intervention was:	1	2	3
Appropriate for the established goal			
Age and grade appropriate			
Culturally sensitive and inclusive			
Consistent with accepted practices in the field of school counseling			
Consistent with the program at the internship site			
<b>You demonstrated following teaching behaviors and skills:</b>			
Begin lessons with something that will capture students' interests			
Outline the basic goal/plan of the lesson in the introduction			
Communicate clearly and accurately			
Move around the room to keep students engaged			
Show your enthusiasm and energy			
Relax and smile			
Use open-ended questions and facilitate discussions			
Check often for understanding			
Use diverse teaching and learning formats			
Create a supportive environment			
Capture students' attention			
Respect for individual differences in learning and experience			
Use effective classroom management strategies			
Be knowledgeable in the content area			
Stimulate and encourage all students' involvement			
Establish positive relationships with students			
Provide a smooth flow to lessons			
Management time effectively			

Restate your learning objective and summarize the lesson			
--	--	--	--

Overall Performance:

Strengths:

Areas for improvement:

Sincerely,

Malti Tuttle, PhD, LPC,  
NCC University Course  
Instructor

CC: Site Supervisor  
Student file