Bethune Cookman University
Department of Counseling

Clinical Mental Health Counseling Program

Practicum Manual

Revised: September 2015
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INTRODUCTION TO PRACTICUM

The two counseling programs at Bethune Cookman University incorporate professional practice, which includes practicum and practicum. Counseling programs include: Clinical Mental Health and Social Services Counseling. Each program of study requires a minimum of a 100 hour practicum, however, the Clinical Mental program requires an additional 900 hour internship. The combine internship/practicum (1000) hours, and meets the requirements for licensure as a **Licensed Mental Health Counselor** in the state of Florida. Social services program is a non-certification and non-licensure program requiring a 100 practicum only.

Professional practice provides for the application of theory and the development of counseling skills under supervision. These experiences provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. Practicum includes individual and group counseling. Practicum faculty and on-site supervisors provide one hour of individual supervision weekly. Practicum faculty provides 1 1/2 hours of group supervision with no more than 12 students weekly. For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member.

After successful completion of the practicum, Clinical Mental health students begin practicum, which includes 900 hours of comprehensive work experience of a professional counselor in the student's designated program area, with 360 hours of direct client contact. Direct client contact includes individual and group counseling. Practicum faculty provides 1 1/2 hours of group supervision to no more than 12 students weekly. On site supervisors provide one hour of individual supervision weekly. Students complete 3 practicums; these practicums meet Florida licensure required hours for supervised clinical hours prior to graduation.

Each student's practicum includes all of the following:

1. A site supervisor with the following qualifications:
   a. A minimum of a master's degree in counseling or related profession with equivalent qualifications, including appropriate certifications and/or licenses (LMHC, LCSW, or License Psychologist).

   b. A minimum of two years of pertinent professional experience in the program area that the student is enrolled.

   c. Knowledge of the program's expectations, requirements, and evaluation procedures for students.

   d. Relevant training in counseling supervision.

2. Proof of professional liability insurance prior to beginning practicum and throughout the practicum experience.

3. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member.

5. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member with no more than 12 students. For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member.

6. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.

7. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

The practicum requires 900 hours of comprehensive work experience of a professional counselor appropriate to the student's designated program area. The practicum is begun after successful completions of the practicum. Students complete three practicums, which are required to meet Florida licensure required hours for supervised clinical hours prior to graduation. Each student's practicum includes all of the following:

1. An practicum site that provides a counseling environment conducive to modeling, demonstration, supervision, and training, including:
   a. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
   b. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
   c. Necessary and appropriate technologies and other observational capabilities that assist learning.
   d. Procedures that ensure that the client's confidentiality and legal rights are protected.

2. A site supervisor with the following qualifications:
   a. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate license in the state of Florida as a (License Mental Health Counselor, License Clinical Social Worker, or License Psychologist).
   b. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
   c. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
d. Relevant training in counseling supervision.

3. At least 360 clock hours of direct service, including experience leading groups.

4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum, usually performed by the on-site supervisor.

5. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the practicum and performed by a program faculty member with no more than 12 students.

6. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).

7. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.

8. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum by a program faculty member in consultation with the site supervisor.

**Selection Practicum Site**

The following steps should be followed by students in selecting practicum and practicum sites:

1. **Consult your “Graduate Degree Plan/Admission to Candidacy”**

   When you began your graduate studies in counseling, you met with your adviser to complete a “Graduate Degree Plan. The form indicates the semester/term that you are eligible to begin your practicum or practicum. Apply for practicum and practicum two terms or one semester prior to eligibility.

2. **Pre-Practicum Assessment**

   After a student has completed the Mid-Point Evaluation, he/she will be required to complete the Pre-Practicum Assessment.

   a. An application for Practicum/CPCE Exam must be completed.

   b. Registration and completion of the CPCE. Students will apply for the pre-practicum assessment when they have completed all core courses covered by the CPCE plus any pre-practicum courses dictated by their specialties. Core courses include:

   - CON 600 Professional Orientation and Ethics
   - CON 627 Facilitation Skills and Counseling Techniques
   - CON 620 Group Counseling
c. An application for Practicum must be completed

d. Registration and completion of the CPCE.

Students will not be able to register for Practicum or Practicum until the Pre-Practicum requirement are completed and the student has the approval of both the academic and program advisers.

3. Meet with your adviser

Your adviser will help you identify practicum and practicum sites appropriate for your degree program, interests, and professional goals. Obtain your adviser’s signature on the application. A variety of school, community mental health, and rehabilitation counseling sites are available. Discuss possible sites with your adviser.

4. Contact prospective sites

Students make an appointment with the site contact person to interview for a placement. Students should have a current resume ready to take to the site. When a site is selected, the student should have the site supervisor sign the completed application.

5. Finalize Site Selection

When the site has been selected, a practicum application and contract must be completed and returned to the faculty coordinator so that communication can take place between site personnel and university faculty. This should happen no later than one full semester (two terms) prior to practicum placement. If the site has not been previously approved and listed in the directory, the coordinator will have to determine whether the site is appropriate before placement. Students may not begin either practicum until the site placement has been approved and the application and contract signed by all parties. Students must check with the practicum faculty coordinator to ensure approval has granted.

6. Obtain Liability Insurance

Students are required to obtain and provide proof of liability insurance coverage before they begin practicum and maintain coverage throughout their professional practice.
PRACTICUM AND PRACTICUM SITE REQUIREMENTS

Practicum sites must provide students with the opportunity for the comprehensive work experience of a professional counselor in the student's designated program area. The sites will provide the opportunity for the student to apply theory and to develop individual and group counseling skills under supervision. The sites give students the opportunity to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings). The sites provide one hour individual supervision weekly and evaluation of the student at the midpoint and the end of the course.

The practicum and practicum sites will provide a counseling environment conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following:

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.

2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.

3. Necessary and appropriate technologies and other observational capabilities that assist learning.

4. Procedures that ensure that the client's confidentiality and legal rights are protected.

The practicum sites will also provide:

1. 100 hours of counseling experience, with 40 hours of direct client contact, for practicum students.

2. Indirect hours of direct client contact for practicum students.

3. A site supervisor to provide one hour of individual and/or triadic supervision weekly.

4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).

5. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.
SITE SUPERVISOR REQUIREMENTS

The practicum site will provide a site supervisor with the following qualifications

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and licenses (LMHC, LCSW, or License Psychologist).

2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.

3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.

4. Relevant training in counseling supervision.

5. Supervisors for school counselors must be a certified school counselor with two years experience.

The practicum site supervisor will provide:

1. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member.

2. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

3. Live supervision of the student's interactions with clients if there is not an opportunity for the development of program-appropriate audio/video recordings for use in supervision.

PROFESSIONAL ISSUES

The purpose of the practicum experiences is to assist students with the application of theory and the development of counseling skills under supervision. These clinical experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. The student is expected to demonstrate professional and ethical behavior at the practicum and practicum placement.

Informed Consent

Before initiating a counseling relationship, inform client of any limits to confidentiality, your status as a counselor-in-training, and any site specific information which your site supervisor has provided. Students must also secure the client's permission to tape the counseling sessions. A sample consent form is included in this manual.
Emergency Procedure

Students must know practicum site's emergency procedures and follow them. Students must notify their supervisor immediately with any emergencies.

Ethical Guidelines

When a student enters into a counseling relationship, he or she is entering into an agreement with the client to keep his/her welfare foremost. In addition, students are agreeing to provide the 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 must follow the ACA Ethical Guidelines or other relevant codes of ethics and use it as a guide for behaving in a professional, ethical manner.

Professional Liability Insurance

Professional liability insurance is required. Insurance may be obtained through professional associations (i.e. www.counseling.org, www.hpsoc.com, www.amhca.org) or private insurance agents. Sites may also provide insurance coverage for student counselors. This should be documented on agency letterhead.

The Supervisory Relationship

Clinical supervision helps the counselor in training apply counseling theories and develop counseling skills. Students present their clinical experiences in supervision to increase their self awareness, case conceptualization, and self-evaluation. You are expected to be prepared for supervision. You will need to listen to your tapes, identify your strengths, weaknesses, and be prepared to request specific help from your supervisor. The clinical supervisor's roles include teaching, consulting, and mentoring. The clinical supervisor is ultimately responsible for ensuring the client's welfare.

For the practicum, all students have a faculty supervisor as well as an on-site supervisor who collaborate to evaluate the student's work. Evaluation is based on the quality of the student's work (i.e., meeting competencies listed in syllabus), and quantity of the student's work (i.e., completion of appropriate number of hours of direct and indirect client contact hours).
Practicum
PRACTICUM

Course Requirements

Practicum is a tutorial form of instruction that provides students the opportunity to apply theory and develop counseling skills under supervision. Practicum includes individual and small group counseling with clients who represent the ethnic and demographic diversity of the community.

The student must complete the practicum at a site that provides a counseling environment conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following:

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.
2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.
3. Necessary and appropriate technologies and other observational capabilities that assist learning.
4. Procedures that ensure that the client's confidentiality and legal rights are protected.

Program faculty provides individual or triadic supervision for one hour (weekly) for up to 6 students in a class. Program faculty provide group supervision for up to 12 students for one and one half (1 1/2) hour during weekly classes during the term. For program faculty who provide individual and/or triadic supervision, the ratio is six students to one faculty member. The program faculty providing supervision have the following qualifications:

1. A doctoral degree and/or appropriate counseling preparation, preferably from an accredited university.
2. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
3. Relevant supervision training and experience.

The student must provide the Site Supervisor with the Site Supervisor Manual. The Site Supervisor must have the following qualifications:

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term. Each student's practicum includes all of the following:

1. Completion of a Practicum Contract prior to beginning the course. This contract defines the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and practicum.

2. Documentation that students have professional liability insurance prior to beginning practicum and throughout the practicum and practicum.

3. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

4. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member.

5. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member.

6. Documentation of all practicum experiences on the appropriate form.

7. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.

8. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.
Practicum Forms

Practicum Application (Pg. 13)

On-Site Supervisor Information Form (Pg. 14-15)

Practicum Contract (Pg. 16-20)

Practicum Site Supervision Student Evaluation (Pg. 21-23)

Practicum Student Evaluation of Site Supervision (Pg. 24-25)

Practicum Student Site Evaluation (Pg. 26)

Group Supervision (Pg. 27)

Weekly Activities Journal (Pg. 28)

Direct and Indirect Hours Log (Pg. 29-30)

Information and Consent Form (Pg. 31)

Memorandum of Agreement for Practicum (Pg. 32-34)
Department of Counseling
Bethune Cookman University

PRACTICUM APPLICATION

Fall 8 Week 1 ___ Fall 8 Week 2 ___ Spring Week 1 ___ Spring 8 Week 2 ___ Summer 8 Week 1 ___

___ New Application  ___ Clinical Mental Health
___ Amended Application  ___ Social Services

Note: Faculty Coordinator's approval and signature must be obtained after you have your on-site supervisor's signature. BOTH signatures MUST be on the application as well as a FULL mailing address for your site supervisor. Do not begin collecting hours until application is approved.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Student's Name: ___________________________________ Date: ____________________________
Address: _________________________________________
City, State, Zip ______________________________________
Home Telephone: __________________ Office Telephone: __________________
E-Mail Address: __________________

Specific Dates of Collection of Practicum Hours: (Must be completed)
Beginning __________________, 20____ ending ____________________________ 20____

List the 8 week term you will register for the course: ____________________________ 20____

Site Information
(This must be a complete mailing address that is legible, if not you will not be approved)

Name of Site: ______________________________________
Address: _________________________________________
City, State, Zip: __________________
Telephone Number: __________________
Site is within a 70-mile radius of Bethune Cookman University Campus/Site: _____ Yes  _____ No
Department of Counseling  
Bethune Cookman University  

**On-Site Supervisor Information Form**

**Site supervisors must have the following qualifications:**

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and licenses (LMHC, LCSW, License Psychologist).

2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.

3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.

4. Relevant training in counseling supervision.

On-Site Supervisor: _________________________  
Title: ________________________________  
Address: (if different from site address) ______________________________________________  
City, State, Zip: __________________________________________________________________  
Telephone Number: __________________  
E-Mail Address: ________________________  
On-Site Supervisor's Graduate Degree(s) and major(s): ____________________________________  
________________________________________________________________________________

Number Years of Relevant Post Masters Experience ______________________________________

On-Site Supervisor's Credentials:

Counselor Certification _______________NCC___________CCMHC______________

LMHC #______________________LCSW #______________________Other____________________

_____________________________________________ Date  
On-Site Supervisor Signature  

_____________________________________________ Date  
Adviser’s Signature
Note: Placement may begin only after the Faculty coordinator has signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to collection of hours. For more information, contact academic advisers. Please list insurance information below.

Name of Company ________________________________________________________________

Policy #___________________________________________________________

Coverage Dates___________________________________________________________

If you have questions or need further information, please contact the Practicum Faculty Coordinator.

******************************************************************************

Approved _______________ Denied ________________

________________________________________________________________________

Faculty Supervisor's Signature Date

Reason(s) for Denial:
Department of Counseling
Bethune Cookman University

PRACTICUM CONTRACT

Fall 8 Week 1___Fall 8 Week 2____Spring Week 1___Spring 8 Week 2____Summer 8 Week 1____

____New Application ___Clinical Mental Health
____Amended Application ______ Social Services

This agreement is made on ________________ by and between _________________ and the
(date) (Field Site)
Bethune Cookman University Counseling Program on the ________________ Campus/Site.
The agreement will be effective for a period from _____________ to ______________ for
(begin date) (end date)

(Check one:)
_____ 100 Practicum Hours (50 clinical hours of direct contact with clients; 20 hours in leading or co-
leading group activities; 30 Administrative hours)

for _________________________________.

(Student’s name)

Purpose:
The purpose of this agreement is to provide a qualified graduate student with a practicum experience to
apply knowledge and develop counseling skills under supervision.

The University Program agrees:
1. To assign a university faculty liaison to facilitate communication between the university and the
placement site;

2. To notify the student that he/she must adhere to the administrative policies, rules, standards,
schedules, and practices of the site;

3. To be available for consultation with both site supervisors and students and shall be
immediately contacted should any problem or change in relation to student, site, or university
occur; and,

4. To provide practicum students weekly interaction that averages one hour per week of individual
and/or triadic supervision throughout the practicum by a program faculty member and 1 ½
hours per week of group supervision with no more than 12 students . For program faculty who
provide individual and/or triadic supervision, the ratio is six students to one faculty member. To
provide practicum students an average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the practicum and performed by a program faculty member.

5. To be responsible for the evaluation of the student's counseling performance throughout the practicum and practicum, including documentation of a formal evaluation after the student completes the practicum and practicum in consultation with the site supervisor and assignment of a fieldwork grade.

6. To provide orientation, assistance, consultation, and professional development opportunities by the counseling program faculty to the site supervisors.

7. To provide site supervisors with information on the program's expectations, requirements, and evaluation procedures for students.

The Practicum Site agrees:

1. To assign a practicum/practicum supervisor who has the following qualifications: a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses; a minimum of two years of pertinent professional experience in the program area in which the student is enrolled; knowledge of the program's expectations, requirements, and evaluation procedures for students; relevant training in counseling supervision; and a commitment to preparing professional counselors and promoting the development of the student's professional counselor identity. The on-site supervisor for students in the school counseling program must be a certified school counselor with two years of experience in the field.

2. To provide a practicum site conducive to modeling, demonstration, supervision, and training. The counseling environment includes all of the following settings for individual counseling, with assured privacy and sufficient space for appropriate equipment, settings for small-group work, with assured privacy and sufficient space for appropriate equipment; necessary and appropriate technologies and other observational capabilities that assist learning; procedures that ensure that the client's confidentiality and legal rights are protected.

3. To provide the opportunity for students to apply theory and to develop counseling skills under supervision, including counseling clients who represent the ethnic and demographic diversity of the community.

4. To provide the opportunity for practicum students to complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term, including the following: 40 clock hours of direct service with actual clients that contributes to the development of counseling skills; the opportunity to become familiar with a variety of professional activities in addition to direct service, including record keeping, supervision, information and referral, in-service and staff meetings; the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients; one hour of individual and/or triadic supervision throughout the practicum by a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract: and evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.
5. To provide practicum students with the opportunity to complete supervised practicums in the students designated program area of 100 clock hours which includes the comprehensive work experience of a professional counselor appropriate to the designated program area. The practicum includes all of the following: at least 50 clock hours of direct service, including experience leading groups, weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum; the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings); the opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients; evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

6. To provide a copy of the site supervisor's appropriate license or certification;

7. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;

The student agrees:

1. I hereby attest that I have read and understood the American Counseling Association and the American Mental Health Counseling Association ethical standards and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum, a failing grade, and documentation of such behavior will become part of my permanent record.

2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/practicum site.

3. I understand that my responsibilities include keeping my practicum supervisor(s) informed regarding my practicum/practicum experiences.

4. I understand that in order to earn a passing grade in practicum, I must demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

5. I agree not to divulge any information regarding material, cases, names, concerns, etc., to any party outside this class meeting. Failure to do so will constitute violation of confidentiality and be representative of unprofessional conduct.

6. I absolve Bethune Cookman University of any liability in the performance of my counseling practicum activities for the term year.

7. I agree to obtain and provide verification of my professional liability insurance to the university supervisor prior to the first night of class and to the Site/Agency supervisor.
SITE SUPERVISOR CRITERIA

Site supervisors must have the following qualifications:

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

Within the specified time frame, _____________________________________________________ (Site Supervisor) will be the primary site supervisor. The training activities (indicated below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level or competence in each activity.

____________________________________________ will be the faculty liaison with whom the (Practicum Faculty) student and site supervisor will communicate regarding progress, problems, and performance evaluations.

SUGGESTED PRACTICUM AND PRACTICUM ACTIVITIES

1. Individual Counseling/Psychotherapy
   Personal/Social Nature
   Occupational/
   Education Nature

2. Group Counseling/Psychotherapy
   Co-leading
   Leading

3. Intake Interviewing
   Including taking personal/social history information

4. Testing
   Administration
   Analysis
   Interpretation of Results

5. Report Writing
   Record Keeping
   Treatment Plans
   Treatment Summaries

6. Consultation
   Referrals
Professional Team Collaboration

7. Psycho/Educational Activities
   - Parent Conferences
   - Outreach
   - Client Orientation
   - Contact with Community Resources
   - In-service

8. Career Counseling

9. Individual Supervision

10. Group or Peer Supervision

11. Case Conferences or Staff Meetings

12. Other as identified by faculty supervisor of specialty

**EQUAL OPPORTUNITY**
It is mutually agreed that neither party shall discriminate on the basis of race, gender, color, age, religion, national origin, or handicap.

Practicum Site Supervisor: _______________________________ Date: __________________

Student: _____________________________________________ Date: __________________

Faculty Coordinator: ________________________________ Date: __________________
Practicum Site Supervisor Student Evaluation Form

Student Name ____________________________________________
Bethune Cookman University Main ____________________________________________
Evaluation period beginning and end dates: ____________________________________________

Please Check One ______ Midpint ______ Final

**Purpose:**
1. To provide the student with an opportunity to review levels of competency in counseling knowledge, skills, and professional development.
2. To provide the student with a basis for formulating practicum or practicum and supervision goals.

**Directions:**
1. The site and faculty supervisor completes this form with the student at the midterm and end of practicum or supervision.
2. Circle a number to indicate your assessment of current competency.
3. Complete the supervision recommendations.

**SKILLS ASSESSMENT**

**Directions** Circle the desired rating for each item (1= Poor; 2= Below Average; 3= Average; 4= Mastery; 5= Exceptional; NA= not able to observe) and make comments in the space provided.

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Knowledge of opening skills (nonverbal, open/closed questions, minimal encouragers, door openers)</td>
<td>1 2 3 4 5 NA</td>
<td></td>
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<tr>
<td>Ability to apply opening skills</td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of reflecting skills (paraphrase, reflection of feeling, and reflection of meaning, summaries)</td>
<td>1 2 3 4 5 NA</td>
<td></td>
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<tr>
<td>Ability to apply reflecting skills</td>
<td></td>
<td></td>
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<tr>
<td>Ability to recognize and handle positive affect</td>
<td>1 2 3 4 5 NA</td>
<td></td>
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<tr>
<td>Ability to recognize and handle negative affect</td>
<td>1 2 3 4 5 NA</td>
<td></td>
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<tr>
<td>Knowledge of challenging skills (feedback, confrontation)</td>
<td>1 2 3 4 5 NA</td>
<td></td>
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<tr>
<td>Ability to apply challenging skills, confrontation and feedback</td>
<td>1 2 3 4 5 NA</td>
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<tr>
<td>Knowledge of group counseling process and practice, including group counseling skills</td>
<td>1 2 3 4 5 NA</td>
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<tr>
<td>Ability to apply knowledge of group process and practice, and apply group counseling skills</td>
<td>1 2 3 4 5 NA</td>
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<tr>
<td>Applies comprehensive assessment interventions to assist in</td>
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<tr>
<td>12. Ability to assess client’s stage of dependence, change, or recovery for determining treatment and placement within the continuum of care</td>
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<tr>
<td>13. Ability to discriminate between meaningful and irrelevant client data</td>
<td>1</td>
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<tr>
<td>14. Ability to formulate clinical hypothesis</td>
<td>1</td>
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<tr>
<td>15. Ability to test and revise a clinical hypothesis</td>
<td>1</td>
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<tr>
<td>16. Ability to identify diagnostic criteria and accurate multi-axial diagnosis</td>
<td>1</td>
<td>2</td>
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<tr>
<td>17. Ability to differentiate developmentally appropriate reactions during crisis, disasters, and other trauma causing events</td>
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<tr>
<td>18. Ability to identify goals from diagnosis with client</td>
<td>1</td>
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<tr>
<td>19. Ability to identify objectives for goals with client</td>
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<tr>
<td>20. Develops and uses measurable outcomes for clinical mental health counseling programs, interventions, and treatments</td>
<td>1</td>
<td>2</td>
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<tr>
<td>21. Knowledge of solution skills</td>
<td>1</td>
<td>2</td>
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<tr>
<td>22. Ability to apply solution skills</td>
<td>1</td>
<td>2</td>
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<tr>
<td>23. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24. Ability to begin and end session (summaries)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25. Ability to establish continuity from session to session</td>
<td>1</td>
<td>2</td>
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<tr>
<td>26. Ability to apply ethical and legal standards</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27. Ability to apply multicultural counseling competencies to case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders in individual, couple, family, and group counseling</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28. Promotes optimal human development, wellness and mental health through prevention, education and advocacy</td>
<td>1</td>
<td>2</td>
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<tr>
<td>29. Knowledge of community resources</td>
<td>1</td>
<td>2</td>
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<tr>
<td>30. Ability to promote client understanding of and access to community resources</td>
<td>1</td>
<td>2</td>
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<tr>
<td>31. Knowledge of couple, family, group, and systems theories and techniques</td>
<td>1</td>
<td>2</td>
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<tr>
<td>32. Ability to apply couple, family, group, and systems theories and techniques in assessment and treatment</td>
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<td>2</td>
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<tr>
<td>33. Ability to apply procedures for assessing and managing suicide risk</td>
<td>1</td>
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<tr>
<td>34. Ability to apply current record keeping standards</td>
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<td>2</td>
</tr>
<tr>
<td>35. Ability to demonstrate reflective practitioner skills: Self awareness of counselor thoughts, feelings, and skills</td>
<td>1</td>
<td>2</td>
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<tr>
<td>36. Correct identification of skills</td>
<td>1</td>
<td>2</td>
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<tr>
<td>37. Accurate assessment of skill demonstration</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>
38. Accurate assessment of skill effectiveness with client 1 2 3 4 5 NA
39. Accurate identification of alternative skill interventions 1 2 3 4 5 NA
40. Applies relevant research findings to inform counseling practice 1 2 3 4 5 NA

41. Accurate recognition of limitations as a counselor and seeks supervision and provides appropriate referrals 1 2 3 4 5 NA
42. Advocates for policies, programs, and services that are equitable and responsive to the needs of clients 1 2 3 4 5 NA

43. Knowledge of counseling theory-based techniques (Please list) 1 2 3 4 5 NA
44. Ability to apply theory-based techniques (Please list) 1 2 3 4 5 NA

45. Ability to apply knowledge of public mental health policy, financing, and regulatory process to improve service delivery opportunities in clinical mental health counseling 1 2 3 4 5 NA

Write a brief statement concerning student's needs in supervision

_________________________________________________________________________________
_________________________________________________________________________________

_________________________________________________________________________________

STUDENT SIGNATURE ____________________________________________________________ DATE __________________

SITE SUPERVISOR SIGNATURE ______________________________________________________ DATE __________________

FACULTY SUPERVISOR SIGNATURE _________________________________________________ DATE __________________
Practicum Student Evaluation of Site Supervision

Student Name ___________________________________________________
Bethune Cookman University Campus/Site _______________________________
Site Supervisor Name _______________________________________________
Agency ____________________________________________________________
Evaluation period beginning and end dates____________________________

Check Course #: ____PSY 615

Please Check One   ____ Midpint   ____ Final

**DIRECTIONS:** Please circle a number which best evaluates the supervisor for the above specified time period. (1= Poor; 2= Below Average; 3= Average; 4= Mastery; 5= Exceptional; N/A= not able to observe)

1. Helps student identify strengths and challenges in knowledge in the eight core counseling areas.  1  2  3  4  5  N/A
2. Models and helps student identify, evaluate, and gain mastery of basic counseling skills.  1  2  3  4  5  N/A
3. Models and requires student to adhere to ethical and legal standards.  1  2  3  4  5  N/A
4. Assists student in understanding the public mental health policy, financing, and regulation at the site to improve service delivery.  1  2  3  4  5  N/A
5. Assists student in identifying multicultural competencies and applying to case conceptualization, diagnosis, treatment, referral, and prevention in counseling.  1  2  3  4  5  N/A
6. Helps student identify, apply, and master the principles and practices of assessment and diagnosis.  1  2  3  4  5  N/A
7. Helps student conceptualize an accurate multi-axial diagnosis through discussion of differential diagnosis.  1  2  3  4  5  N/A
8. Helps student differentiate between diagnosis and developmentally appropriate reactions during crisis, disasters, and other trauma events.  1  2  3  4  5  N/A
9. Helps student identify, apply, and master the principles and practices of treatment planning.  1  2  3  4  5  N/A
10. Helps student identify, apply, and master the principles and practices of evidence-based treatment interventions.  1  2  3  4  5  N/A
11. Helps student identify and apply prevention, education, and advocacy to promote optimal human development, wellness,
and mental health.

12. Works with student to understand community resources and provide clients with knowledge, access, and referrals to resources.

13. Models and helps student to apply culturally responsive couple, family, group and other systems modalities.


15. Provides procedures and supervision for record keeping in compliance with federal, state and ethical standards.

16. Helps student identify, provide, and master appropriate counseling assessment and interventions for clients with addiction and co-occurring disorders.

17. Helps student identify limitations as a counselor and when to refer clients.

18. Encourages student to use relevant research to inform counseling practice.

19. Provides or assists student to develop data analysis and measurable outcomes to increase the effectiveness of the counseling program and interventions.

Overall Student's Evaluation of Site Supervision

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

_______________________________________________________________________
_______________________________________________________________________

Supervisor Name (Please Print)

Student Signature

Date

Supervisor Signature

Date
PRACTICUM STUDENT SITE EVALUATION

**DIRECTIONS:** Students should complete this form at the end of each practicum placement. This should be turned in to the University Supervisor.

Student Name: ___________________________________________________________________
Bethune Cookman University: ___________________________ Term: ________________
Agency Site: ___________________________________________________________________
Supervisor: ___________________________________________________________________
Check Course #: __PSY 615

**Rate the following questions about your site and experiences by the following:**

1. _____ Amount of site supervision.
2. _____ Quality and usefulness of site supervision.
3. _____ Usefulness and helpfulness of faculty liaison.
4. _____ Relevance of experience to career goals.
5. _____ Exposure to and communication of agency goals.
6. _____ Exposure to and communication of agency procedures.
7. _____ Exposure to professional roles and functions within the agency.
8. _____ Exposure to information about community resources.
9. _____ Rate all of the applicable experiences which you had at our site:
   ____ Report Writing   ____ Intake Interviewing
   ____ Administration and Interpretations of tests   ____ Staff Conferences
   ____ Individual Counseling   ____ Family Counseling
   ____ Group Counseling   ____ Psycho-educational Activities
   ____ Consultation   ____ Career Counseling

10. _____ Overall rating of the site: ________

**COMMENTS:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature ___________________________ Date ________

25
Evaluation Period Beginning and End Dates:

_________________________________________ 

Check Course #: ___ PSY 615 

An average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the practicum and performed by a program faculty member.

Student’s Name: ______________________________________________________________________ 

<table>
<thead>
<tr>
<th>Session</th>
<th>DATE</th>
<th>TOPIC</th>
<th>HOURS</th>
<th>FACULTY SIGNATURE</th>
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<tbody>
<tr>
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<td>Session 2</td>
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<td>Session 12</td>
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</table>

Total Hours:__________ Date: ___________ Semester: ______________________
Instructor’s Signature: _________________________________________________
# Weekly Activities Journal

<table>
<thead>
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<th>Student Name:</th>
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</table>

## Total Direct and Indirect Contact Hours

<table>
<thead>
<tr>
<th>Week of:</th>
<th>Individual</th>
<th>Group</th>
<th>Indirect</th>
<th>Supervision</th>
<th>Total</th>
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</table>

Total Hours completed=

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Student Signature

Supervisor’s Name (Please Print)

Date

Supervisor’s Signature

Date
**Direct and Indirect Hours Log**

*Due End of Term*

| Student Name: |

<table>
<thead>
<tr>
<th>Total Direct Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week Of:</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<td>14</td>
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<td>15</td>
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<tr>
<td>16</td>
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<tr>
<td><strong>Total Hours</strong></td>
</tr>
</tbody>
</table>
## Total Indirect Contact Hours

<table>
<thead>
<tr>
<th>Week Of</th>
<th># Clients</th>
<th>Other</th>
<th>Supervision</th>
<th>Total</th>
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<tbody>
<tr>
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<td>16</td>
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</tbody>
</table>

Total Hours=

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Student Signature __________________________

Supervisor’s Name (please print) __________________________

Date __________________________

Supervisor’s Signature __________________________

Date __________________________
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 Bethune Cookman University______________________________. 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 determine that you are a danger to yourself or others, or if someone else is harming you; (2) if I am ordered to do so by a court of law; (3) if you direct me to disclose information to another; and, (4) for consultation purposes. In order for me to provide you with the best care possible, I will regularly audio and/or video tape our sessions and consult with my supervisor and peer counselors. Your 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 have any questions now or in the future, please feel free to ask at anytime. Please indicate your understanding and consent by signing below.

Signature of Counselor: _______________________________ Date: _______________________________

Signature of Client: _______________________________ Date: _______________________________
Memorandum of Agreement for Practicum

To be completed at the beginning of practicum by the following: the intern, site supervisor, and university supervisor, each party should retain copies, and the university supervisor shall place one copy in the student’s folder.

Course Information (Circle) ___PSY 615

University group Faculty: _______________________________________________________
Faculty Advisor: _____________________________________________________________
University group Faculty schedule: _____________________________________________
Period of Practicum: _________________________________________________________
Number of Practicum credit hours for which you are enrolled: ____________________
Practicum Schedule (total number of hours per week): ____________________________

Student Information

Name of Student: ______________________________________________________________
Address: _________________________________________________________________
Home Phone: _______________________Office or Cell Phone: _______________________
Email address: _____________________________________________________________

Practicum Site Information

Site/agency Name: _____________________________________________________________
Address: _________________________________________________________________
Site Supervisor: _______________Title: __________________________________________
Office Phone: _______________Email address: _________________________________

Supervisor's Qualifications (degree, years of experience as Clinical Supervisor):
________________________________________________________________________
________________________________________________________________________

Requirements

1. Minimum of a master's degree in counseling or a closely related field and appropriate certifications and/or licenses.
2. Minimum of two (2) years of pertinent professional experience.
3. Knowledge of Bethune Cookman University's program's expectations, requirements and evaluation procedures for students.
Practicum Goals & Objectives (Identify at least 3-5)

1.

2.

3.

4.

5.

Agreement:

This agreement is made on __________ by and between ____________________________________________
and Bethune Cookman University. The agreement will be effective from __________ to __________
for ___________ hours per week for ________________________________________________

(Student's Name)

NOTE
The term of service should be accurate here. If the practicum is to run for 9 to 12 months, dates
should reflect that term and no new memorandum need to be signed. If students are serving one-
Term for any reason, a new agreement form should be completed each semester.

PURPOSE

The purpose of this agreement is to provide a qualified graduate student with a practicum
experience in the field of counseling.

Bethune Cookman University agrees:

1. To assign a University faculty liaison to facilitate communication between the University
   and the placement site;

2. To notify the student that he/she must adhere to the administrative policies, rules,
   standards, schedules, and practices of the site;

3. To be available for consultation with both site supervisors and students and shall be
   immediately contacted should any problem or change in relation to student, site, or
   University occur;

4. To be responsible for the assignment of a grade and
5. To inform students of, and support individual site laws, policies and procedures such as background searches and the destruction of supervision tapes when needed.

The Practicum Site agrees:

1. to assign a practicum supervisor who has appropriate credentials, time, and interest for training the practicum student;

2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance (see Suggested Practicum Activities, page);

3. to provide a copy of the site supervisor's appropriate license or certification when appropriate;

4. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;

5. to provide supervisory contact which involves some examination of the student's work using audio/visual tapes, observation, and/or live supervision and

6. to provide written evaluation of student based on criteria established by the University.

Within the above specified time frame_________________________________________________________
(Site Supervisor)
will be the primary site supervisor. The training activities (indicated on the Practicum Activities form) below will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

________________________________________ will be the faculty liaison with whom the student and
(University Supervisor)
site supervisor will communicate regarding progress, problems, and performance evaluations. In witness whereof, the parties hereto have caused this memorandum of agreement to be signed the day and year first written above.

_______________________________________________   _________________________________
Intern                                      Date

_______________________________________________   _________________________________
Site Supervisor                              University Supervisor

_______________________________________________   _________________________________
Date                                      Date
## PRACTICUM CHECKLIST

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>Semester/Year</th>
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<tbody>
<tr>
<td>Practicum Application</td>
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<td>ACA Membership</td>
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<tr>
<td>On-Site Supervisor Information Form</td>
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<td>Liability Insurance</td>
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<tr>
<td>Practicum Contract</td>
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<tr>
<td>Practicum Site Supervision Student Evaluation</td>
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<tr>
<td>Practicum Student Evaluation of Site Supervision</td>
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<tr>
<td>Practicum Student Site Evaluation</td>
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<td>Group Supervision</td>
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<td>Weekly Activities Journal</td>
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<td>Direct and Indirect Hours Log</td>
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<tr>
<td>Information and Consent Form</td>
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<td>Memorandum of Agreement for Practicum</td>
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</table>