THE PRACTICUM / INTERNSHIP HANDBOOK:

A GUIDE TO THE PRACTICUM / INTERNSHIP EXPERIENCE

THE SCHOOL COUNSELING PROGRAM

AT

John Carroll UNIVERSITY

Revised: Spring 2011
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INTRODUCTION

Welcome to the clinical experience component of the school counselor program. This handbook describes the final step in your formal training within your Master’s program and will provide the information you need to plan for and complete the practicum/internship experience. An important facet of your program, the practicum and internship courses provide the opportunity to test your academic coursework as you put into practice the counseling theories, techniques, and procedures you have learned. During practicum/internship, you will assume the role of the professional school counselor-in-training and provide services to students, staff and parents within a school under appropriate supervision.

This handbook will give you general information about practicum and internship and a step-by-step process for you to identify and plan for your practicum and internship experiences. It is important that your site suits your learning requirements and provides you an opportunity to meet your knowledge and skills objectives. Once a potential site has been located, the School Counseling Practicum/Internship Coordinator will document the appropriateness of the setting and supervision. Begin the process early. If you have questions at any point in this process, please contact your advisor or the School Counseling Practicum/Internship Coordinator.

GENERAL INFORMATION

The Practicum Experience

The course, Practicum in School Counseling (CG 591), is the bridge between the coursework in clinical foundations and the more extensive implementation of the role of the professional school counselor during internship. It is expected that students will have taken the core coursework requirements as well as Orientation to the Educational Environment, CG 503, in order to be considered for Practicum. A student must have completed the Helping Relationships Component of CACREP requirements.

- Counseling Theories (CG 561)
- Counseling Techniques (CG 562)
- Group Dynamics, Processing, and counseling (CG 535)

Students are considered eligible for practicum when these three courses have been completed. Please discuss any questions with the Practicum Coordinator.

Requirements for the Practicum Experience

The practicum experience requires a total of 100 clock hours on-site, including a minimum of 40 hours of direct counseling services with clients (at least 10 of these hours must be in group work), one hour per week of supervision with the student’s John Carroll University Practicum Supervisor, and the practicum seminar for 1 ½ hours. All hours in relation to CG
591 coursework should be recorded either on the Practicum Log (Appendix B) or a similar form of your creation. This completed form will be presented to the Practicum Instructor weekly during the semester. CG 591 meets for 1 ½ hours weekly for group supervision. Students are required to present cases (including portions of audio or video-taped material) during group supervision. In this way, the student will gain expertise in appropriate case consultation with fellow practitioners.

Additional details regarding requirements for the practicum experience are as follows:

1. The minimum of 40 direct counseling service client contact hours (including a minimum 10 group contact hours) must include work with at least three different individual clients and at least one group containing 5-9 members. These sessions must be either audio or video recorded in accordance with course supervision requirements.

2. Each student must meet individually with a John Carroll University Practicum Supervisor for at least one hour per week. Over the course of the semester, the student will play audio or video recordings for the Practicum Supervisor. Discussion of these tapes should include a focus on student clarification and investigation of particular aspects of client counseling. Understanding the client, developing rapport with the client, defining the client’s problem, enhancing counseling skills within the context of the counseling session, and selecting counseling interventions are all relevant examples of potential supervisor/student discussion.

3. The practicum course incorporates two types of supervision— individual supervision (through the John Carroll University Practicum Supervisor) and group supervision (through weekly class meetings with the Practicum Instructor). The student will complete a formal evaluation of his/her John Carroll Practicum Supervisor at the conclusion of the practicum course.

4. The practicum experience requires the development of specific objectives by the student and the demonstration of behavior in accordance with the ethical and professional standards delineated in the American School Counseling Association’s Ethical Standards for School Counselors. These standards can be found on the ASCA website www.schoolcounselor.org.

5. Additional assignments—including student self-evaluations, John Carroll University Practicum Supervisor evaluations, and site supervisor evaluations of student progress—will be addressed at the outset of the practicum course and detailed on the course syllabus. Over the course of the semester, students may be required to complete administrative duties such as listening to recorded counseling sessions, researching particular client populations in order to prepare for counseling sessions, or completing related paperwork.

6. At the completion of the course, students will turn in three evaluations. The Professional Performance Fitness Evaluations (Appendix C), should be completed by
Grading

CR (Credit) is assigned by the Practicum Instructor in a Pass or Fail format. If the Practicum Instructor or the Site Supervisor has concerns regarding a student's progress, the Practicum Instructor will meet with the student and the Site Supervisor during the course of the semester to determine an appropriate course of action. The Practicum Instructor retains the right to administer an "in process" grade for the student, which will stand until the student's performance is deemed satisfactory and deserving of a passing grade.

The Internship Experience

The internship is designed to be an intensive hands-on experience conducted in a setting similar to one in which the student will eventually find employment. The internship experience should incorporate activities specific to the practice of professional school counseling, with consistent and extensive supervision. CG 598A/B Internship in School Counseling should be taken only after a student has successfully completed ED 591 Practicum in School Counseling and its related prerequisites. It is recommended that students complete the Masters Comprehensive Examination prior to registering for ED 598.

Requirements for the Internship Experience

The internship experience program requires a total of 600 clock hours on-site, including a minimum of 240 hours of direct service with clients and a minimum of one hour of direct supervision with the Internship Site Supervisor for every 20 hours on-site. All hours in relation to ED 598 coursework should be recorded on the Internship Log (Appendix B) included in this handbook. ED 598 class meets for 3 hours bi-weekly or 1½ hours weekly. Students are required to present cases (including portions of audio or video recorded material) to the class. In this way, the student will gain further expertise in participating in appropriate case consultation with fellow practitioners. The internship experience provides opportunities for students to gain supervised experience in the use of a variety of professional resources that include print and non-print media, professional literature, research findings, and appropriate referral sources and providers. Additional details regarding requirements for the internship experience are as follows:

1. The minimum of 240 direct service client hours must include work typically with individual clients and groups containing at least 5-9 members. For suggested direct service, categories in the school setting see Page 8.

2. The internship course incorporates two types of supervision—individual supervision (through the Internship Site Supervisor) and group supervision (through weekly or
bi-weekly class meetings with the Internship Instructor). The Site Supervisor will complete a formal evaluation of the intern following the completion of the required 600 on-site hours. This evaluation is kept in a student’s permanent file and is designed to include an opportunity for the intern and Site Supervisor to consult formally regarding the student's performance during the internship. This evaluation will eventually be forwarded to the Internship Instructor for inclusion in an overall evaluation of the student’s work during the semester. A student may not graduate without a completed copy of this form included in his/her permanent file.

3. The internship experience requires the development of specific objectives by the student and the demonstration of behavior in accordance with the ethical and professional standards delineated in the American School Counseling Association’s *Ethical Standards for School Counselors*. These standards can be found on the ASCA website [www.schoolcounselor.org](http://www.schoolcounselor.org).

4. Additional assignments will be addressed at the outset of the internship course and detailed in the course syllabus. By design, CG 598 is focused on the on-site component of the experience, as direct supervision is experienced on-site and students increase their amount of hours on-site. CG 598 A and B are taken for a total of 6 credit hours and broken up over two semesters.

**Grading**

CR (Credit) is assigned by the Internship Instructor as a Pass or Fail grade. If the Internship Instructor or the Site Supervisor has concerns regarding a student's progress, the Internship Instructor will meet with the student and the Site Supervisor during the course of the semester, to determine an appropriate course of action. The Internship Instructor retains the right to administer an "in process" grade for the student, which will stand until the student's performance is deemed satisfactory and deserving of a passing grade. Students who have not completed 600 on-site hours by the end of the semester in question will receive an "in process" grade until they complete the requirements for the internship course.
Instructions for Beginning Practicum and Internship

(All forms can be found in Appendix A; Please keep copies all of a forms you complete throughout practicum and internship)

1. Complete Eligibility Form: The first step of the practicum/internship process is completing the eligibility form. It will assist in clarifying your needs and goals at each phase of your clinical experience. Complete the form before meeting with your faculty advisor. Your advisor’s signature on the form indicates that you are academically ready to begin the practicum/internship experience at the start of the semester you have indicated.

2. Meet with Faculty Advisor: Meeting with your advisor to discuss your Eligibility Form and practicum/internship goals is essential. Contact the advisor to schedule a meeting.

3. Submit Completed Practicum/Internship Eligibility Form to School Counseling Practicum/Internship Coordinator: A copy of the Eligibility Form, with accompanying materials, and the Supplementary Information form, are due to the School Practicum/Internship Coordinator by November 15th for the Spring Semester or April 1st for the Fall Semester.

4. Determine Your Practicum/Internship Site: Students who are not currently employed in a school district where they intend to do their practicum and internship may consult with the School Counseling Practicum/Internship Coordinator who will assist them in developing a list of potential sites. You may also consult with the Practicum/Internship Directory which is available from the Coordinator.

5. Make Contact with Potential Practicum/Internship Site(s): If you are planning to do your clinical field experience at the school where you are teaching, schedule an interview with the school principal and senior school counselor. If you are not currently employed in a school, once you have identified several potential internship sites, it is recommended that you begin making telephone calls and scheduling appointments early in the process. When you call each school, ask to speak directly with the senior ranking school counselor and inquire about the specific services provided by each school that a counseling intern would be able to offer. When possible, request an on-site interview at potential schools of interest. Take copies of this manual and your resume with you. It is recommended that you keep a record of the persons you contact and list their positions at the school.

6. Set Up an Interview: For helpful tips regarding this area, consult the School Counseling Program Practicum/Internship Directory.

7. Securing the Practicum/Internship Site: Upon securing a site, submit to the School Counseling Practicum/Internship Coordinator the following four forms:
(1) the Practicum/Internship Agreement form  
(2) the Assignment of Supervisor form  
(3) the Supervisor Qualifications Form  
(4) a copy of your current Professional Liability Insurance Policy.

These four forms need to be completed and on file before you can begin your clinical field experience. Failure to submit the necessary paperwork by the deadlines specified in the manual may delay the beginning of your experience.

(Please Note: Professional Liability Insurance is available through the American Counseling Association and the American School Counselor Association. Information on ACA insurance can be found on www.acait.com. Information on ASCA insurance can be found on www.schoolcounselor.org.)

8. **Maintain a Record of Your Activities**: Use the report forms in this manual (Appendix ljlj) to document activity during practicum and internship.

9. **Evaluate, Evaluate, Evaluate**: There are forms for the site supervisor and practicum instructor to complete for each school counselor trainee. There are also forms for the school counselor trainee to evaluate his/her clinical field experience. (Appendix ljlkj)

**Suggested Direct Service Categories for Internship**

I. **Individual Counseling**
- One-to-one counseling for any personal, social, academic, career, or developmental concern. The intern may see students on a regular basis if that is possible and required. Some schools may not do as much of this type of counseling while others place greater emphasis in this area. Quality time may only be just a few minutes in the hall before class, during lunch, or may take form of a regular appointment in the Counseling Office. Please try to log as much one-one-one counseling time as possible.

II. **Group Counseling**
- Small groups of children exploring a common theme are popular in most schools. Groups in the elementary setting on Anger Management, Children of Divorce, Socialization Skills, Conflict Resolution, ADHD, and Grief/Loss are just some of the themes interns have worked with in the past. At the middle school level, such themes as Making and Keeping Friends, Self-Esteem, Respecting Rules and Adults, Drug Abuse Prevention, and Test Anxiety are popular. High school interns have developed successful groups on Appearance and Eating Disorders, Healthy Living, Self-Esteem, Sexuality Issues, Stress Management, and Preparing for College. Group counseling should probably address a particular theme, over several sessions, with 5-8 students, should be psycho-educational and provide opportunity for interaction by all members rather than groups where teaching takes place in a classroom setting. (See Below)
III. Group Guidance
- Larger class-sized groups where the intern has an opportunity to present some topic to the group and where some opportunity is provided for questions and comments, from at least a portion of those present, may be counted for some of the intern’s grouped logged time. It is expected, however, that such groups will make up a considerably shorter portion of group time than the above category. While these groups are important and offer an excellent and practical way of addressing real school counseling issues to larger groups, they are typically teaching endeavors. Drug Abuse Prevention, Proficiency Test Preparation, Test Score Interpretation, etc. have been some of the themes reported to be addressed in this fashion by previous school counselor interns.

IV. IEP/IAT Participation
- Interns may count time served on such teams as direct service to children. Those interns whose professional background in Special Education and whose duties require their regular participation on such teams may count some of this time for internship but other experiences should dominate the intern’s log in areas where little or no time has been spent before.

V. Testing and Appraisal
- Interns may administer tests if they are judged qualified to do so by a supervisor. They may count this time as direct service if the testing is also followed by interpretation of student’s scores in some way to them. In some locations, PSAT pre-testing sessions have been held with students to help them with test taking anxiety and test taking strategies. Some interpretation of what the returned scores mean to the individual student may be offered if this time is to count as counseling service.

VI. Parent Consultation
- Time spent working with a parent is considered direct service time. This may be telephone time if it is inconvenient for the parent to come to the school. In some districts, school counselor interns have visited homes of students in their care, and preferably, always in the company of another school supervisor, teacher, or administrator.
Appendix A:

Forms for Starting Practicum & Internship

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Supervisor Qualifications Form .................................................................................................................. 20
John Carroll University  
School Counseling Program  

Practicum/Internship Registration Intent & Eligibility Form  

This form is to be completed and filed with the Practicum/Internship Coordinator no later than November 15th for a Spring Semester practicum/internship experience to start, and no later than April 1st for a Fall semester practicum/internship experience to start.

I. Please provide the following identifying information.

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<tr>
<th>Street Address</th>
<th>City/State/Zip</th>
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<th>Other Number</th>
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Semesters when Internship/Practicum will be undertaken:

- [ ] Fall
- [ ] Spring
- [ ] Year

Date of expected graduation: __________

II. Attach a current transcript available from the Registrar’s Office with all courses completed to this date or meet with your advisor and obtain an audit sheet to attach.

III. Please list school counseling courses currently in progress in which you are enrolled for and which you have not received a final grade. You need to verify completion of two of these three courses: CG 561 (Counseling Theories), CG 562 (Counseling Skills and Methodology) and CG 535 (Group Procedures) before Practicum. The other must be taken concurrently with CG 591 if not completed prior to it. You need to verify completion of CG 591 (Practicum) before you begin your internship experience.

IV. Please list all the remaining school counseling courses you plan to complete before graduation. Students cannot begin the internship experience if more than six (6) credit hours remain (excluding the 6 credit hours in school internship) on their school counseling prospectus.
V. Clinical Field Experience Setting Preference (to be used in discussing possible settings and experiences with your advisor) Rate your 1st, 2nd, and 3rd choices:

☐ Grades K-4  ☐ Grades 5-8  ☐ Grades 9-12

Explain the rationale for your preference.

VI. Attach proof of your professional insurance policy coverage (may be obtained through ASCA or ACA)

VII. This information should be in the form of a separate resume addressing the following areas as they relate to your aspirations in the profession of counseling.

1. Experience relevant to school counseling: describe paid or volunteer activities through which you have gained experience helpful to a counseling career. Consider any experiences that demonstrate your potential to work with people, such as residence hall advisor, crisis hotline volunteer, or other related activities.

2. Post-graduation plans: indicate your employment aspirations, plans for study, or other expectations that have a bearing on your professional future as a counselor.

VIII. Accompany your resume with a description of the knowledge and skill objectives that you hope to accomplish through the clinical field experience. What strengths do you take with you into this experience? What areas are you aware of that need further work? Specify if you are interested in certain client groups or specific counseling approaches.

________________________________________________________________________

Student’s Signature __________________________ Date ______________________

Faculty Advisor’s Signature __________________________ Date ______________________
John Carroll University
School Counseling Program

Supplementary Information for Assignment to Practicum and Internship

In order to expedite your placement for your practicum and internship experiences, please answer the following questions and return this form to the School Counseling Practicum/Internship Coordinator. Your placement will not be finalized until the information below is provided.

| Student’s Name | Social Security # |

The School Counseling Program is a program of professional training designed for those who wish to acquire counseling knowledge and skills to apply in the school setting, K-12. Although applicants for practicum and internship will not necessarily be precluded from admission based on prior criminal conviction, they are advised that the Ohio Department of Education may refuse to issue a license to an individual with a criminal record.

1. Have you ever been convicted of, found guilty of, pled guilty or no contest to any crime other than a minor traffic violation? [ ] Yes [ ] No

If your answer to the question above is yes, please explain fully below, specifying the nature of the offense(s), dates of occurrence, name and location of the court(s), and sentences imposed. This disclosure must be made whether or not you served a sentence and had your civil rights restored, or whether you have had the conviction(s) expunged. (Use additional sheets if necessary.)

2. Are you currently using illegal drugs or substances or abusing alcohol or other legal drugs? [ ] Yes [ ] No

Certification

The information I have provided above is accurate and complete. I understand that falsifying or omitting information is grounds for denial of admission or immediate dismissal from the School Counseling Program and John Carroll University.

Student’s Signature ____________________________ Date ____________
John Carroll University
School Counseling Program

Participatory Agreement
CG 591 - Practicum and CG 598A/B – School Counseling Internship

Dear Principal,

The student identified in Part I, below, is nearing the end of a long, rigorous course of study leading to certification as a school counselor. While John Carroll University believes it has provided required coursework in theory, ethical and legal guidelines for practice, and basic counseling skills and techniques, practical experience is still the best method of learning to become a good school counselor. The student is asking that you consider making your site available for attaining the required number of contact hours of counseling experience with the children in your school.

John Carroll University realizes the time allocated for this experience amounts to valuable release time for the student to meet his/her obligations. We sincerely appreciate your willingness to make this opportunity available. We believe the careful, supervised work of our intern for whatever time you can spare him or her from regular classroom duty, will be a real asset to your school in terms of service to children.

John Carroll University expects the highest of ethical practice from all of its counselor intern/practicum students and we further recognize your right to terminate from internship or practicum any individual who has, upon joint review, adjudged to have abrogated school policy or has otherwise acted in an unprofessional or unethical manner while representing John Carroll on-site. It shall be further understood that no intern or practicum student will expect additional remuneration, compensation, or special consideration for future employment at your site in exchange for his/her service as a counselor intern.

I welcome your joint participation with John Carroll University in providing this opportunity for our student.

Nancy P. Taylor, Ph.D., PCC-S
Department of Education and Allied Studies
School Counselor Practicum/Intern Coordinator
(216) 397-4607
Participatory Agreement

Part One:

☐ Internship  ☐ Practicum

Name: ____________________________________________________________

Address: ____________________________________________________________________________________________

Work Phone: ___________________ Best Time to Call: ___________________

Home Phone: ___________________ Best Time to Call: ___________________

Are you employed at the internship site? Yes____ No____

If yes, how long have you been employed on-site? _______Years

What are your current duties; subjects taught; grade level(s)?

__________________________________________________________________________________________

__________________________________________________________________________________________

Part Two:

Internship/Practicum Site School’s Name: ___________________________________________

Site School’s Address: __________________________________________________________________________

__________________________________________________________________________________________

Site Schools’ Phone Number: ________________________________________________________________

Grade Levels Served: __________________________________________________________________________

Site School’s Principal: ________________________________________________________________

Site School’s Counselor: ________________________________________________________________

Intern’s Supervisory Counselor: _____________________________________________________________

Site Supervisor’s Phone Number: _______________________________________________________________

The John Carroll University school counselor intern or practicum student identified in Part One above, is required to complete ____ semesters of internship or practicum to complete requirements for State of Ohio certification as a school counselor. The intern or practicum student is expected to document ____ total hours of direct service contact with children normally present in the site chosen for internship/practicum. Some examples of direct service contact hours are: individual counseling with children; group counseling with children; service as an I.E.P. team member; direct consultation to a parent of a child. All interns and practica students are required to be supervised by a certified school counselor on-site as well as a licensed or certificated University supervisor off-site. All interns are encouraged to purchase professional counseling liability insurance prior to entering internship. All interns or practica students are required to meet with their on-site supervisor a minimum of one hour for each 20 hours of direct
service contact with children, or more frequently if the on-site supervisor requests. All interns are required to attend CG 598A/B (Practica Students CG 591) classes at John Carroll University as part of their off-site supervision. While it is desirable to audio tape intern sessions with children for effective supervision, such taping may not be in accordance with site school policy. If the site school, its principal, and supervising counselor jointly determine that audio taping of session(s) may occur, a proper consent to tape form shall be secured and signed by the (child’s/children’s) parent or guardian prior to any taping. John Carroll University will provide such a form (See Appendix B if desired by the on-site team. On the following page the responsibilities of the school counselor trainee, the school site, and the University are clearly delineated.

**Participatory Agreement**

This agreement is to promote clarity of understanding between the practicum student/intern identified in Part One, the site principal and counselor supervisor, and John Carroll University’s School Counseling Practicum/Internship Coordinator. It is not a binding, legal contractual agreement.

I, ________________________ (Site School Principal), have reviewed this Participatory Agreement and offer my school’s counselor for supervision of the practicum student or intern identified in Part One above. I agree that the intern may devote the required time in direct contact services with children for the duration of the internship period, in return for services as a school-counselor-in-training.

**ALL PARTIES: PLEASE SIGN AND DATE THIS AGREEMENT**

Practicum Student or Intern: ___________________________ Date: ________________

Site School Principal: ___________________________ Date: ________________

Site Supervisor: ___________________________ Date: ________________

JCU Coordinator: ___________________________ Date: ________________
Responsibilities of the university, the site, and the students are listed below:

John Carroll University agrees:

1. To select a student who has successfully completed all the prerequisite courses.
2. To assign a University faculty liaison to facilitate communication between the University and the practicum/internship experience site.
3. That the faculty liaison shall be available for consultation with both site supervisors and students.
4. That the Practicum Instructor or Internship Instructor will provide class/group supervision sessions the student is required to attend with the purpose of helping students further clarify their work with clients and to assist them in being prepared for clinical supervision. The Instructor is responsible for the assignment of a final grade.
5. To advise students that they must have adequate liability insurance.

The Practicum/Internship Site agrees:

1. To assign a designated Site Supervisor who is licensed school counselor with at least two years of school counseling experience, who has a demonstrated interest in training, and who is willing to provide 1 hour of student supervision for every 20 hours of student work.
2. To provide the student with an overall orientation to the school’s specific services necessary for the effective implementation of the practicum/internship experiences.
3. To provide opportunities for the student to engage in a wide variety of professional activities, over and above the required direct service hours.
4. To allow the student to audio or video tape counseling sessions (with consent of the client and the client’s parents, in the case of a minor) for supervisory purposes.
5. To encourage students to gain experience in the use of a variety of professional resources such as assessment instruments, relevant computer software, print and non-print media, professional literature, research findings, and appropriate referral sources and providers.
6. To evaluate the student's performance at the conclusion of his/her practicum and internship, based upon criteria established by the School Counseling Program at
John Carroll University, and to evaluate the John Carroll University Counseling Program on the form provided.

The Practicum Student/Intern agrees:

1. To abide by existing policies and procedures of the given school and local education agency.

2. To prepare a proposed plan for the practicum/internship experience, this includes individual goals and activities designed to facilitate the achievement of these goals. This plan should be endorsed by the Site Supervisor.

3. To perform functions agreed upon in the proposed plan, as well as additional functions as directed by the Site Supervisor.

4. To inform the Site Supervisor of problems or situations which might affect or change the student's ability to function within the clinical setting.

5. To keep a daily log of overall hours, direct contact hours, and supervisory hours, in accordance with John Carroll University guidelines.

6. To secure appropriate, personally held liability insurance.

7. To demonstrate behavior in accordance with the American School Counseling Association’s Code of Ethics and Standards of Practice, adhering closely to standards regarding the maintaining of client confidentiality.

8. To obtain written consent regarding audio or video taping from all clients in individual and group counseling prior to treatment, while obtaining written parent/guardian consent for all clients under the age of 18.

It is mutually agreed that:

1. Any problems or grievances that occur with students will be handled in cooperation with the school, John Carroll University Instructor and/or their immediate supervisors, and the Practicum Student or Intern.

2. If any involved party deems it necessary to cancel this agreement, notification must be given at least three weeks prior to the intended date of termination.
John Carroll University
School Counseling Program

Assignment of Supervisor

Directions: This form must be completed along with the Practicum/Internship Agreement From and the original submitted to the JCU School Counseling Practicum/Internship Coordinator.

Name of School Counseling Practicum/Internship Student: __________________________
School Name: ______________________________________________________________________

Assigned Supervisor Contact Information:
   Name: _____________________________________________________________________________
   Address: ___________________________________________________________________________
   Phone Number: ( ) ___________________________________________________________________

Certificate(s) and License(s) of Supervisor:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

Practicum will extend for _____hours a week for _____weeks, totaling at least 100 clock hours of service, of which a minimum of 40 hours are devoted to direct service in individual counseling and group guidance or group counseling. One hour of supervision is to be provided weekly.

Internship will extend for _____hours a week for _____weeks, totaling at least 600 clock hours of service, of which a minimum of 240 clock hours are devoted to direct, face to face service. Minimum face-to-face supervision hours to be provided each week = 1 hour of individual supervision for every 20 direct service hours. The field/clinical supervisor will assume full and direct legal responsibility for all clients seen by the student intern.

Please attach a brochure of the school.

Site Supervisor’s Signature: ___________________________ Date:_____________________
Printed Site Supervisor’s Name: ________________________ Date:_____________________
Practicum/Intern Student’s Name: ________________________ Date:_____________________
JCU Internship Coordinator’s Signature: __________________ Date:_____________________
### Supervisor Qualifications Form

**Name of Internship/Practicum Supervisor**: 

**Name of School**: 

**Business Address**: 

**E-mail Address**: 

**Business Telephone Number**: 

**Current Job Title**: 

### Licensure Information

<table>
<thead>
<tr>
<th>Type of License</th>
<th>State &amp; Department Issuing License</th>
<th>License #/ID &amp; Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Certification Information

<table>
<thead>
<tr>
<th>Type of Certification</th>
<th>State &amp; Department Issuing Certification</th>
<th>Certification #/ID &amp; Expiration Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Educational/Academic Information

<table>
<thead>
<tr>
<th>Highest Degree Earned</th>
<th>Major/Program of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B:
Forms for During Practicum & Internship

Practicum Log ................................................................. 22
School Counseling Internship Plan of Action .......................... 23
Weekly Intern Activity Report & Log. .................................. 24
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Parental Consent Form .................................................... 28
Client Consent Form ....................................................... 29
**John Carroll University**
School Counseling Program

**PRACTICUM / INTERNSHIP LOG**

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Hours</th>
<th>Direct Service Hours</th>
<th>Group Hours</th>
<th>Supervision Hours</th>
<th>Non-Direct Admin.</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Totals:</td>
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</tbody>
</table>

Practicum Student ________________________ Practicum Site ________________________
JCU Practicum Supervisor ________________________ Practicum Instructor ________________________
Semester ________________________
________________________________________________________________________
### John Carroll University
#### School Counseling Program
#### School Counseling Internship Plan of Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>How</th>
<th>Anticipated Time Frame</th>
<th>Date Objective Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop this plan</td>
<td></td>
<td>Should be completed prior to beginning internship</td>
<td></td>
</tr>
<tr>
<td>M.Ed. Plan and conduct classroom guidance activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-lead/lead group counseling</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Consultation with parents/teachers</td>
<td></td>
<td></td>
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<tr>
<td>Attend staff meetings</td>
<td></td>
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<tr>
<td>Develop and conduct a teacher/parent workshop</td>
<td></td>
<td></td>
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<tr>
<td>Six additional objectives</td>
<td></td>
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<td>4.</td>
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<td>6.</td>
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</tbody>
</table>
John Carroll University
School Counseling Program

Weekly Intern Activity Report & Log

Directions: This report should be completed weekly and turned into the internship course instructor to be placed in the student’s internship file.

Name of Student: ___________________________ Date: __/__/__ - __/__/__ Week#: ______

Name of School: ____________________________ Site: Supervisor: ____________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Current Week Total</th>
<th>Previous Total</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision</td>
<td></td>
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<td>Counseling</td>
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<td>Consultation</td>
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<tr>
<td>• Parent</td>
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<td>• Administrator</td>
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<td>• Teacher</td>
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<tr>
<td>Staff Meetings</td>
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<td>In-Service Training</td>
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<td>Documentation</td>
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<td>Other:</td>
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<td>Total:</td>
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</table>

*Report in quarter hour increments (.25, .50, .75, 1.00hr)*

______________________________  ________________________
Student’s Signature/Date                Site Supervisor’s Signature/Date
Describe your assignment within the school keeping in mind the following:

- What specifically am I expected to do?

- In what ways is my assignment different from at the time of the last report?

- Mention specific knowledge or skill objectives that you and/or your supervisor have developed for you.

- Describe new areas of growth and development during this report period.

- Are there tasks or assignments that you would like to have added to your workload?

Reflect on your experience:

- Assess your own performance during the past two weeks. Give an example of something that demonstrates your confidence in implementing counseling services.

- Describe something that you learned you would do differently.

Internship Concerns:

- Indicate any internship-related problems that you are experiencing. What steps have you now taken to resolve the problem? Is your supervisor aware of this problem?

- Please indicate any matter that you feel requires the assistance of the internship instructor.
John Carroll University
School Counseling Program

Individual Session Log Sheet

Date ___/___/___

School Counselor Trainee’s Name: ___________________________

Briefly state client’s presenting concern(s) and referral source
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Charting of Session – Include a factual summary of what occurred during your session with this client. You may address the client by his/her first name only. Include changes in appearance or mood since last session, unusual emotional transfer, any progress made on homework or other counseling assignments made in last session.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Client ID (ex. Sem/Yr/00)

Client Gender □ Male □ Female

Age of Client

# of Sessions

# of Minutes
John Carroll University
School Counseling Program

Group Session Log Sheet

<table>
<thead>
<tr>
<th>Date of Session</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people incl. counselor</td>
<td></td>
</tr>
<tr>
<td>Session #</td>
<td></td>
</tr>
<tr>
<td>Length of Session</td>
<td></td>
</tr>
</tbody>
</table>

Was on-site supervisor present in session?  Yes_____  No_____

Group Topic or Theme: __________________________________________________

Charting of Session – Include unusual events that may have happened during session, notes on progress made toward achieving goals, any special techniques attempted, homework assigned for next session, and a seating chart showing positions of participants and counselors. Summarize entire session in a factual, objective narrative. You may use clients’ first names in the narrative.

____________________________________________________________________________
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____________________________________________________________________________
____________________________________________________________________________
John Carroll University
School Counseling Program

PARENTAL CONSENT FORM

Child's Name________________________________________________________

Parent's Name______________________________________________________

Address: ______________________________________________________________________
                                                                                   ______________________________________________________________________
                                                                                   ______________________________________________________________________

Phone: (home) _________________________ (office) _________________________________

I agree that my child may be counseled by a practicum student/intern from the School Counseling Program at John Carroll University. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by ____________________________, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your child's involvement in counseling. Information gathered in the counseling interview is strictly confidential and privileged in accordance with the American School Counseling Association Ethical Standards for School Counselors. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

______________________________________     _______________________
Signature of Parent/Guardian             Date

______________________________________     _______________________
Signature of Counselor Trainee           Date
John Carroll University
School Counseling Program

CLIENT CONSENT FORM

Client's Name__________________________________________________________________

Address: _____________________________________________________________________
_____________________________________________________________________________

Phone: (Home) _________________________ (Office) ________________________________

I agree to be counseled by a practicum student/intern from the School Counseling Program at
John Carroll University. I understand that this counselor trainee has completed advanced course
work in the field of counseling. The counselor trainee will be supervised by
__________________________________, a John Carroll University Practicum Supervisor or
Site Supervisor. I further understand that counseling interviews may be audio or video taped for
purposes of supervision. Recorded information is used only for training, with all tapes erased at
the completion of your involvement in counseling. Information gathered in the counseling
interview is strictly confidential and privileged in accordance with the American School
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oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied
for any reason, you have every right to meet with the counselor trainee and/or the supervisor
named above.

I have read the above and understand the nature of the supervisory procedures. Any related
questions have been answered to my satisfaction.

______________________________________     _______________________
Signature of Client                      Date

______________________________________     _______________________
Signature of Counselor Trainee           Date
Appendix C:

Forms to Complete After Practicum & Internship Completion

Professional Performance Fitness Evaluation .................................31
Site Supervisor Evaluation of School Counseling Intern ..................34
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Statistical Data on Internship Site and Clients Served .....................42
**John Carroll University**  
**School Counseling Program**  

**Professional Performance Fitness Evaluation**

Student ________________________________________________

Semester/Year ________________  Site ______________________

Evaluation completed by

___Self assessment
___ Site supervisor Name ________________________________
___JCU supervisor Name ________________________________
___Instructor Name ________________________________

Please rate the student using the following scale:

N: No opportunity to observe  
1 : Does not meet criteria for program level  
2 : Meets criteria only minimally or inconsistently for program level  
3 : Meets criteria consistently at this program level

**Therapeutic Skills and Abilities**

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<th>3</th>
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</thead>
<tbody>
<tr>
<td>1. The student demonstrates the ability to establish a therapeutic relationship.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. The student demonstrates therapeutic communication skills including:</td>
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</tr>
<tr>
<td>a. Creating appropriate structure: setting and maintaining the boundaries of the therapeutic relationship throughout the work (i.e. setting parameters for meeting time and place, maintaining time limits, etc)</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Understanding content: understanding the primary elements of the client’s story.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Understanding context: understanding the uniqueness of the story elements and their underlying meaning.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Responding to feelings: identifying client affect and addressing those feelings in a therapeutic manner.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Congruence-genuineness: demonstrating external behavior consistent with internal affect.</td>
<td>N</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>f. Establishing and communicating empathy: taking the perspective of the client without over-identification with the client’s experience.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Non-verbal communication: demonstrates effective use of head, eye, hands, feet, posture, voice, attire, etc.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Immediacy: staying in the here and now.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Timing: responding at the optimal moment.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Intentionality: responding with a clear understanding of one’s own therapeutic intention.</td>
<td>N</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k. Self-disclosure: skillful and carefully considered for a</td>
<td>N</td>
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<tr>
<td>3.</td>
<td>The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences therapeutically.</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>The student collaborates with the client to establish clear therapeutic goals.</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>The student facilitates movement toward the client goals.</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>The student demonstrates adequate knowledge of a wide variety of theoretical bases.</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>The student demonstrates the capacity to match appropriate interventions to the presenting clinical profile in a theoretically consistent manner.</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>The student creates a safe clinical environment.</td>
<td>N</td>
<td>1</td>
<td>2</td>
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<tr>
<td>9.</td>
<td>The student demonstrates willingness and ability to articulate analysis and resolution of ethical dilemmas.</td>
<td>N</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>Student demonstrates focus: establishes and maintains concentration on client goals.</td>
<td>N</td>
<td>1</td>
<td>2</td>
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### Professional Responsibility

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>The student conducts self in an ethical manner so as to promote confidence in the counseling profession and school district.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>The student relates to professors, colleagues, supervisors and others in a manner consistent with stated school standards.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>The student demonstrates application of legal requirements relevant to counseling training practice and the school.</td>
<td>N</td>
<td>1</td>
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### Competence

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>The student recognizes the boundaries of her/his particular competencies and the limitations of her/his expertise.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>The student takes responsibility for compensating for her/his deficiencies. Openness to supervision.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>The student takes responsibility for assuring client welfare when encountering the boundaries of her/his expertise.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>The student provides only those services and applies only those techniques for which she/he is qualified by education, training, or experience.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>The student demonstrates basic cognitive, affective, sensory, and motor capacities to respond therapeutically to clients.</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>The student demonstrates knowledge and respect for school policies and procedures.</td>
<td>N</td>
<td>1</td>
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</table>
### Maturity

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with supervisors, colleagues and clients.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>2</td>
<td>The student is honest, fair, and respectful of others.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>3</td>
<td>The student is aware of his/her own belief systems, values, needs, and limitations and the effect of these on his/her work.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>4</td>
<td>The student demonstrates ability to receive, integrate and utilize feedback from colleagues and supervisors.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>5</td>
<td>The student exhibits appropriate levels of self assurance, confidence, and trust in own ability.</td>
<td>N 1 2 3</td>
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<tr>
<td>6</td>
<td>The student follows professionally recognized problem solving processes, seeking to informally solve problems first with the individuals(s) with whom the problem exists.</td>
<td>N 1 2 3</td>
</tr>
</tbody>
</table>

### Integrity

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The student refrains from making statements which are false, misleading or deceptive.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>2</td>
<td>The student avoids improper and potentially harmful dual relationships.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>3</td>
<td>The student respects the fundamental rights, dignity and worth of all people.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>4</td>
<td>The student respects the rights of individual to privacy, confidentiality, and choices regarding self-determination and autonomy.</td>
<td>N 1 2 3</td>
</tr>
<tr>
<td>5</td>
<td>The student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status.</td>
<td>N 1 2 3</td>
</tr>
</tbody>
</table>

**Comments:**

__________________________  _______________________
Signature                                                      Date
### Site Supervisor Evaluation of School Counseling Intern

**School Counselor Intern**

**Name of School/District**

**Site Supervisor**

**Dates of Internship**

Total hours completed by School Counseling Intern: _________

**Instructions:** Please complete the following information regarding the above named student and make additional comments as indicated. Please provide specific comments where ratings are unusually high or low.

### A. General Supervision:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Avg.</th>
<th>Good</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates a personal commitment to the development of professional competencies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Invests time and energy into the process of becoming a counselor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Appropriately receives and utilizes feedback—both positive and negative—from supervisors and professional peers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Engages in open, comfortable, clear communication with peers and supervisors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________

__________________________________________________________

__________________________________________________________

### B. The Counseling Process:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Avg.</th>
<th>Good</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Keeps appointments on time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Explains the nature and objectives of counseling when appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Is relaxed and comfortable in the counseling interview.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
4. Shows appropriate non-verbal skills (eye contact, body language, etc.)
1 2 3 4 5 6 NA

5. Builds therapeutic alliance.
1 2 3 4 5 6 NA

6. Facilitates client expression of concerns and feelings.
1 2 3 4 5 6 NA

7. Uses silence effectively in the counseling interview.
1 2 3 4 5 6 NA

8. Demonstrates awareness of personal feelings in the counseling session.
1 2 3 4 5 6 NA

9. Recognizes and appropriately handles negative affect of the client.
1 2 3 4 5 6 NA

10. Demonstrates sound observation skills.
1 2 3 4 5 6 NA

11. Demonstrates adequate listening skills.
1 2 3 4 5 6 NA

12. Facilitates realistic goal-setting with client.
1 2 3 4 5 6 NA

13. Employs effective judgment in timing and utilization of counseling techniques.
1 2 3 4 5 6 NA

1 2 3 4 5 6 NA

15. Bases interventions on known counseling theory.
1 2 3 4 5 6 NA

16. Conducts appropriate recruiting and screening procedures for groups.
1 2 3 4 5 6 NA

17. Demonstrates competence in providing group leadership.
1 2 3 4 5 6 NA

18. Develops interventions appropriate to group settings.
1 2 3 4 5 6 NA

19. Shows awareness of factors influencing group dynamics.
1 2 3 4 5 6 NA

20. Appropriately handles issues related to termination (referrals, resistance, contacts, timing, etc.)
1 2 3 4 5 6 NA
C. Consultation Services:

1. Provides assistance to teachers and other staff to develop interventions to respond to students’ needs/concerns.  1 2 3 4 5 6 NA
2. Meets with parents to help clarify students’ problems and develop effective interventions.  1 2 3 4 5 6 NA
3. Follows up effectively with parents whose children are having difficulty.  1 2 3 4 5 6 NA
4. Meets with parents and/or staff to make appropriate referrals when necessary.  1 2 3 4 5 6 NA

Comments:

D. Services Coordination:

1. Knowledge of school/district’s programs and policies.  1 2 3 4 5 6 NA
2. Ability to make use of referral source.  1 2 3 4 5 6 NA
3. Ability to maintain accurate and updated records.  1 2 3 4 5 6 NA
4. Ability to advocate for the client.  1 2 3 4 5 6 NA

Comments: ________________________________

E. Professional Behavior:

1. Demonstrates ethical behavior in counseling activity and case management.  1 2 3 4 5 6 NA
2. Adheres to school policies and procedures.  1 2 3 4 5 6 NA
3. Utilizes school resources.  1 2 3 4 5 6 NA

4. Participates in school/district’s staff development.  1 2 3 4 5 6 NA

5. Demonstrates promptness, reliability, and responsibility.  1 2 3 4 5 6 NA

6. Gets along well with staff members.  1 2 3 4 5 6 NA

Comments:____________________________________________________
______________________________________________________________________________
______________________________________________________________________________

F. Additional Questions:

1. Would you recommend this intern for a school counselor’s position in your school if one were available? Please explain.

2. Please provide a short indication of your assessment of the intern as a prospective school counselor. You may wish to signify specific strengths or weaknesses that are not sufficiently detailed in the preceding items.

______________________________________________________________________________

Signature of Site Supervisor                               Date

____________________________________________________

Signature of School Counseling Intern                     Date

Reviewed by                                                                                           

____________________________________________________

Signature of Internship Instructor                       Date
John Carroll University  
School Counseling Program  

Student Practicum/Internship Site Evaluation

*CONFIDENTIAL*

Name__________________________Practicum/Internship Site__________________________
Dates of Placement_______________Practicum/Internship Site Supervisor_________________
Practicum/Internship Instructor____________________________________________________

Rate the following questions about your practicum/internship experience using the following scale:

1. Very unsatisfactory  
2. Moderately unsatisfactory  
3. Moderately satisfactory  
4. Very satisfactory

<table>
<thead>
<tr>
<th>Please check the appropriate box.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of on-site supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality and usefulness of on-site supervision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usefulness and helpfulness of Practicum Instructor and Internship Instructor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance of practicum/internship experience to career goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to and communication of school goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to and communication of school procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to information regarding community resources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Rate all applicable experiences that you had at your site:

<table>
<thead>
<tr>
<th>Please check the appropriate box.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration and interpretation of tests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff presentations/case reviews/ staff in-services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual counseling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group counseling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Classroom group guidance activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family conferences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychoeducational activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Consultation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career counseling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Present an overall rating of your practicum/internship site, using the same scale:

<table>
<thead>
<tr>
<th>Overall evaluation of practicum/internship site.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other: __________________________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide brief answers to the following questions:

1. Did your orientation session at the beginning of your placement give you an adequate overview of the placement site?

2. Were the goals of your placement adequately defined between you and your Site Supervisor?

3. Was your Site Supervisor available for regular consultation?

4. Were you able to use resources from all areas of the school district and community?

5. Were you given feedback regularly and consistently during your practicum/internship experience regarding your progress?

6. Were you given appropriate responsibility? Too little responsibility? Too much responsibility?

7. Did you learn useful, marketable skills during your internship?

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

9. Would you recommend this site to another student? Why or why not?
John Carroll University
School Counseling Program

Program Evaluation

The purpose of this survey is to determine your perception of the School Counseling Program at John Carroll University. Please answer each question honestly, as your responses will be kept confidential. This feedback is very useful to us.

Please indicate your status (both may apply):
___ Current/past employer of a JCU Graduate(s)
___ Current/ past intern site of a JCU Student(s)
___ JCU Alumni

Name of School District

School Site

Based upon your experience with John Carroll University school counseling interns, and school counselor employees indicate to what extent the counseling program prepares students to perform each activity using the following scale:

N/A= Not Applicable  1= Don’t know  2= Never  3= Sometimes  4= Mostly  5= Always

1. Individual Counseling
   N/A 1……..2……..3……..4……..5 Always

2. Group Counseling
   N/A 1……..2……..3……..4……..5 Always

3. Group Activities in the Classroom
   N/A 1……..2……..3……..4……..5 Always

4. Career/Lifestyle Counseling
   N/A 1……..2……..3……..4……..5 Always

5. Professional/Ethical Behavior
   N/A 1……..2……..3……..4……..5 Always

6. Consultation Services
   N/A 1……..2……..3……..4……..5 Always

7. Conference/Case Presentations with Parents and Staff
   N/A 1……..2……..3……..4……..5 Always

8. Evaluation and Planning Services
   N/A 1……..2……..3……..4……..5 Always

9. Diversity/Cultural Competence
   N/A 1……..2……..3……..4……..5 Always

10. Knowledge Base in the Field
    N/A 1……..2……..3……..4……..5 Always

11. Other: __________________________________________________________________

How would you rate this program in comparison to similar programs?

Significantly inferior 1……..2……..3……..4……..5 Significantly superior

Additional comments are appreciated:
John Carroll University
School Counseling Program

Client Satisfaction Survey

Number of counseling sessions you have participated in with this counselor? _____

Indicate the extent to which you AGREE or DISAGREE with each of the statements below.

   Strongly agree (1)   Disagree (2)   Neither agree or disagree (3)   Agree (4)   Strongly Agree (5)

1. I would rate my overall counseling experience positively. _____
2. The counseling services I am receiving meet my needs. _____
3. My counselor is interested in and accepting of me. _____

How much have you benefited so far from being in counseling?
Check one

_____ I’ve gotten much worse.
_____ I’ve gotten worse.
_____ I’m about the same.
_____ I’m better.
_____ I’m much better.

Please rate the overall level of distress that brought you counseling.
High  5___  4___  3___  2___  1___  Low

Please rate the overall level of that same distress now.
High  5___  4___  3___  2___  1___  Low

Please rate the overall service provided by my counselor.
High  5___  4___  3___  2___  1___  Low

Student Name _____________________________________________
Semester/year _____________________________________________
John Carroll University  
School Counseling Program  
Statistical Data on Internship Site and Clients Served

<table>
<thead>
<tr>
<th>Name of Internship Site</th>
<th>________________________________</th>
</tr>
</thead>
</table>

**Data on Internship Site**

<table>
<thead>
<tr>
<th>Data on Internship Site</th>
<th>Approximate number of clients/students served per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on Internship Site</td>
<td>Approximate percentage of female clients/students served</td>
</tr>
<tr>
<td>Data on Internship Site</td>
<td>Approximate percentage of male clients/students served</td>
</tr>
<tr>
<td>Data on Internship Site</td>
<td>Mean age of clients/students served</td>
</tr>
<tr>
<td>Data on Internship Site</td>
<td>Percentage of clients/students who are African American</td>
</tr>
<tr>
<td>Data on Internship Site</td>
<td>Percentage of clients/students who are Hispanic/Latino</td>
</tr>
<tr>
<td>Data on Internship Site</td>
<td>Percentage of clients/students with racial background not stated above</td>
</tr>
</tbody>
</table>

**Data on clients served by Counselor trainee**

<table>
<thead>
<tr>
<th>Data on clients served by Counselor trainee</th>
<th>Approximate number of clients/students served during internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on clients served by Counselor trainee</td>
<td>Approximate percentage of female clients/students served</td>
</tr>
<tr>
<td>Data on clients served by Counselor trainee</td>
<td>Approximate percentage of male clients/students served</td>
</tr>
<tr>
<td>Data on clients served by Counselor trainee</td>
<td>Mean age of clients/students served</td>
</tr>
<tr>
<td>Data on clients served by Counselor trainee</td>
<td>Percentage of clients/students who are African American</td>
</tr>
<tr>
<td>Data on clients served by Counselor trainee</td>
<td>Percentage of clients/students who are Hispanic/Latino</td>
</tr>
<tr>
<td>Data on clients served by Counselor trainee</td>
<td>Percentage of clients/students with racial background not stated above</td>
</tr>
</tbody>
</table>
Glossary

In order to promote a clear understanding of the meanings intended in this handbook, a number of specific terms are defined here.

**School Counseling Practicum Student** – A student in training to be a school counselor who is enrolled in ED 591 School Counseling Practicum. The practicum course is an entry-level experience, less intensive than the internship course.

**School Counseling Intern** – A student in training to be a school counselor who is enrolled in a specific internship course, ED 598A/B School Counseling Internship. By previously completing the academic and experiential requirements of the practicum course, this student has satisfied the prerequisites necessary to enroll in the internship component of the program.

**School Counselor Trainee** – An individual who is seeking licensure as a professional School Counselor and who is currently enrolled in either a practicum or internship within a counselor education program approved by the Ohio Department of Education. By definition, this term includes both practicum students and interns. This term should be used by both practicum students and interns, to designate properly and legally a training status within the profession.

**Practicum/Internship Site** – The location where the practicum/internship experience occurs. This site must meet John Carroll University training program standards for the practicum/internship experiences. A significant portion of the practicum/internship experience must involve direct client contact in this regard. This site must also provide the practicum student or intern with opportunities to perform all activities that a regular employed staff member is expected to perform. These activities must be within the scope of counselor training as delineated by the CACREP Standards for School Counselors mandated by the Ohio Department of Education. All sites must be approved by JCU. The practicum and internship experiences are typically completed at the same location.

**Clinical Coordinator** – This individual is responsible for discussing specific requirements for the practicum/internship experience with the practicum student or intern. Dr. Nancy Taylor currently occupies this position within the School Counseling Program. Dr. Taylor may be reached directly at (216)397-4607.

**Practicum Instructor** or **Internship Instructor**—This individual instructs a weekly or bi-weekly course, during which individual student progress is monitored and individual case studies are presented. In this way, group supervision of students is provided. In some instances, instructors may provide student supervision on an individual basis. The instructor maintains communication with on-site supervisors as indicated, making on-site visits if necessary. Any dialogue regarding significant problems occurring on-site will be initiated with the assistance of this instructor. At the conclusion of the practicum/internship experience, the instructor secures confidential site evaluations from students, delivers these site evaluations to the School Counselor Practicum/Internship Coordinator and assigns credit for the practicum or internship course.
**John Carroll University Practicum Supervisor**—This individual meets with practicum students on a weekly basis, providing personalized supervision and a weekly review of specific on-site cases encountered by the practicum student. Utilized during the practicum experience only, this supervisor is typically a John Carroll University faculty member or a part-time faculty member working under the supervision of John Carroll University faculty. During weekly meetings with the John Carroll University Practicum Supervisor, individual cases are reviewed and counselor trainee progress and performance is critiqued and evaluated. At the conclusion of the semester, this supervisor provides the practicum instructor with a completed Professional Performance Fitness Evaluation, which summarizes the student’s progress over the course of the semester. Concurrently, this supervisor is also evaluated by each student, through use of the John Carroll University Practicum Supervisor Evaluation Form.

**Practicum/Internship Site Supervisor**—This individual is a School Counselor with at least three years experience and a professional staff member at the practicum or internship site who is directly responsible for providing systematic, intensive supervision of the student's professional training activities and performance. This supervisor must make appropriate provisions for the student’s orientation to the practicum or internship site (procedures for assigning clients, emergency procedures, site-specific limits to confidentiality, etc.), providing whatever on-site student working space is feasible. Student goals are developed with the assistance of this supervisor, who maintains responsibility for on-site continuity throughout the practicum/internship experience. This supervisor assists in the evaluation of student performance relative to the stated objectives of the practicum/internship experience, by completing the Professional Performance Fitness Evaluation at the conclusion of practicum and the Site Supervisor Evaluation of Counselor Trainee form at the conclusion of the internship experience. At this same time, this supervisor completes the John Carroll University Counseling Program Evaluation form. *It is the intern’s responsibility to return these completed forms to the instructor.*