COUNSELING PSYCHOLOGY PROGRAM PRACTICUM/INTERNSHIP HANDBOOK

Psychology & Counseling Program
Alabama A&M University
Normal, Alabama
Summer 2016
Revised Spring 2016
This handbook has been prepared to facilitate the counseling psychology internship within the Master’s program at Alabama A&M University. The handbook has been developed and revised to provide the counseling psychology student, the university faculty, and the site supervisor a more complete understanding of the role each individual has in this program. Overall, this handbook is the student’s guide to successful completion of his or her internship experience in Clinical, Rehabilitation or School Counseling.

We encourage you to offer suggestions for improving this handbook. Please communicate your reactions to its content so that your internship experiences can be meaningful to the counseling and clinical students and beneficial to the community agencies.

If you have comments or suggestions, please send them to the

Director of Clinical Training
Psychology & Counseling Program
Alabama A&M University
CCN 219A

and/or

Program Coordinator
Psychology & Counseling Program
Alabama A&M University
CCN 219

TERMS TO KNOW

**Practicum (100 hours)** the goal of practicum is to provide students with a supervised counseling experience in individual group counseling. Emphasis will be placed on basic counseling skills and application of knowledge. (40-direct and 60-indirect)

**Internship I and II (300 hours each not to be combined)** is defined as an advanced supervised experience in counseling. Internship is designed to provide either an in-depth or breadth experience in practical work settings. Internship is a post practicum experience in which the student gains practical and professional experience in the work setting. (120-direct and 180-indirect)

**Site** refers to any setting in which the student is working in order to complete training requirements. (Examples are community mental health center, University counseling center, hospital, school, student affairs offices, private agencies, etc.)

Students with a rehabilitation concentration will be assigned to a setting which provides a program of services designed to help individuals with disabilities function at the optimal level at which they are capable. This includes settings such as vocational rehabilitation agencies; mental health centers, correctional facilities; hospital settings, family service centers; comprehensive rehabilitation centers; state social service agencies; adolescent treatment centers; substance abuse treatment centers; and other rehabilitation facilities.
**Site Supervisor** refers to the staff member at each Site to whom the student is directly accountable while working at the Site. Students must receive supervision from a professional counselor with a minimum of Master's degree and is a licensed professional counselor, licensed psychologist, certified rehabilitation counselor, or certified school counselor. The site supervisor oversees the total learning process of the student in the internship setting. The onsite supervisor’s evaluation of the student provides the University with important information used to measure the student’s level of performance as a developing practitioner.

Students with a rehabilitation concentration will be placed in a setting where the student is supervised by an employee who has been appropriately trained and is a Certified Rehabilitation Counselor and/or appropriately identified to supervise in rehabilitation compactly.

**Director of Clinical Training** refers to the faculty member who provides group supervision, instruction and administrative coordination. This individual acts as the liaison for the University and is the contact person for the on-Site Supervisor.

**Clinical Coordinator for Rehabilitation Counseling** refers to the faculty member who works directly with the Director of Clinical Training. This individual provides group supervision, instruction and administrative coordination. In addition this individual acts as the liaison for the University and is the contact person for the on-Site Supervisor.

**Faculty Supervisor** refers to the faculty member who provides group supervision, instruction and administrative coordination. This individual may acts as the liaison for the University and the contact person for the practicum and /or internship site.

**About the Program**

The Master's in Counseling Psychology is a terminal master's program that provides students with the skills necessary to become Master's level practitioners and prepares them for doctoral-level training in Psychology and Counseling. Students must select one of four concentrations: clinical, counseling, rehabilitation, and school counseling. Each program curriculum, with the exception of School Counseling, requires 48 credit hours, a 100-hour practicum, and two (2) 300-hour internship experiences in a setting appropriate for the concentration chosen, and a comprehensive examination or thesis. The Psychology and Counseling Program requirements align with CACREP and CORE requirements for counseling.

Students must undergo a nationwide background check before assignment to an internship. A criminal record may significantly hinder or stop your success at being placed at an internship site. Additionally, a criminal record may interrupt your matriculation toward graduation and future job opportunities as a professional counselor or counselor educator. Please note that school districts may deny an internship based on a misdemeanor or felony conviction. Students must undergo 10-panel drug test, and a tuberculosis screening.

The Master’s program generally takes about two years to complete. Students’ core course work include approaches to individual and group counseling; ethical and professional issues in counseling; professional and ethical issues in counseling; intelligence and personality assessment; lifespan and career development; research in counseling; and, multicultural issues.
Currently, most graduates of the program are eligible for licensure as a Licensed Professional Counselor or as a Psychological Technician in the State of Alabama.

The School Counseling concentration prepares students for licensure by the Alabama State Department of Education as a School Counselor. Most schools require that counselors are licensed or certified as school counselors by the state in which they are employed.

Counseling Psychology Program Coordinator: 
Dr. Leatha Bennett

Director of Clinical Training 
Dr. Janelle R. Carter

Program Secretary: 
Mrs. Janice Donegan

Program Faculty: 
Dr. Daniel Upchurch
Dr. Karen Ethridge
Dr. Everton McIntosh
Dr. Ritalinda Lee
Dr. Jetaun Bailey

Rehabilitation Counseling Program Coordinator 
Dr. Sharon Brown, CRC

Clinical Coordinator for Rehabilitation Counseling 
Dr. Tina Marie Glover, CRC, CADC II, NCAC II

Rehabilitation Program Secretary: 
Mrs. Ja’Cobie D. Kelsey
INTRODUCTION TO SUPERVISED PRACTICUM/INTERNSHIP

The supervised practicum/internship is a critical component of the student's educational experience. The practicum/internship experience is designed to refine and enhance the basic counseling or student developmental skills and integrate professional knowledge and skills appropriate to the student's concentration. It is expected that each student will be able to incorporate and utilize individual and group counseling skills in accord with the theories of counseling in providing direct services to clients who represent the ethnic and demographic diversity of their community. The student is expected to demonstrate professional and ethical behavior at the internship placement. Students who violate this code of conduct may risk being terminated from his or her internship site.

As you enter the field component of the graduate program, it is essential that you recognize that you must actively seek out experiences to expand your knowledge and skills. You cannot sit back to wait on your Site Supervisor or the Internship instructor to do it for you.

Objectives of the Practicum/Internship

1. Provide appropriate settings and other learning activities for ensuring interns direct contact with patients/clients, bureaucratic structure, professionals in the field, and problems related to the delivery of counseling/psychological services in the desired concentration.

2. Provide the interns with practical experience in settings appropriate to their graduate area of specialization (psychology, counseling, rehabilitation or school) under the supervision of licensed psychologists for clinical interns, a licensed professional counselor (LPC) for counseling students, if possible a certified rehabilitation counselor (CRC) for rehabilitation concentration students.

3. Provide an opportunity for interns to enhance, “sharpen,” and broaden specific skills and competencies necessary in the delivery of counseling or psychological services.

4. Provide and encourage professional development.

5. Create an awareness of professional ethics and values in the delivery of counseling and psychological services.

Objectives of the Practicum/Internship for Rehabilitation Counseling Students

1. Strengthen the understanding surrounding the history and philosophy of rehabilitation counseling and the role of legislation affecting persons with disabilities. This may include current trends and issues around current law, ethical tenets and the practice of rehabilitation counseling.
2. Strengthen the understanding of the organizational structure of the vocational rehabilitation system, including public, private, for profit and not-for-profit service delivery.

3. Provide a platform for the study of the case management process, including case-finding, service coordination and placement to vocational and non-vocational resources, referral and follow-up of service utilization, client advocacy and the attainment of knowledge of community resource and services.

4. Strengthen the understanding of theories, methods and practice of career development, vocational assessment, planning, evaluation and work adjustment while working with clients with disabilities in a variety of settings.

5. Strengthen the understanding of psychological and medical aspects of disabilities, and personal, social, cultural and functional limitations that impact disabilities.

6. Provide a setting for utilization of occupational information, labor market trends while developing a working knowledge and understanding of occupational requirements; job analysis, and job modification.

7. Provide a setting for the study of rehabilitation research literature, research methods, and analysis.

**Intern Objectives**

1. Obtain adequate orientation to the agency, its organization and relationship to the University and other agencies in the system.

2. Demonstrate appropriate organizational behavior and effectiveness in working in the agency system.

3. Demonstrate the ability to work well under supervision, in collaboration with, and autonomously (and know how to display each role).

4. Demonstrate the ability to identify problems, assess situations, and make appropriate diagnoses and utilize appropriate intervention strategies and approaches.

5. Be able to observe, test, and otherwise, evaluate adequately as well as be able to interpret these data appropriately and objectively.

6. Be able to provide input to the treatment concerning diagnosis and intervention.
7. Objectively and accurately collect data and record data in charts, consultation reports or other appropriate places specified by the intern site supervisor.

8. Effectively use data from colleagues, observation, tests, charts, interviews, in interpreting, diagnosing, and providing input.

9. Make sound decisions in selecting and using appropriate intervention method (i.e., the appropriate type therapy/counseling and placements).

10. Know when to suggest referrals.

11. Demonstrate effectiveness in the therapeutic/counseling process.


13. Demonstrate knowledge of professional ethics.

**NOTE:** Students will not be permitted to accrue internship hours prior to the start of the semester and/or prior to having all necessary paperwork completed.

**POLICIES AND PROCEDURES**

1. Students will complete application for practicum and/or internship by the set due dates for placement in the impending semester.

2. Students will notify the program of desired placement from the approved sites through completion of the application for practicum/internship. **Students will not make contact prior to approval from approved faculty members.**

3. Students will notify the Director of Clinical Training and/or the Clinical Coordinator for desires placement with a non approved site through the application for practicum and/or internship. **Students will only provide location and contact information if available. Students will not make contact for placement without prior to approval from approved faculty members.**

4. Students will be placed in non-profit agencies or organizations, if possible.

5. Students will be placed in settings that do not create dual affiliations.
Expectations of the Intern

1. Students must complete an application and register for the practicum or internship the semester prior to the placement.

2. Students are required to obtain Professional Liability Insurance prior to placement and is required to maintain this insurance throughout the internship experience.

3. Student must submit all other required documents before she or he will be assigned to a practicum/internship site including the 10-panel drug test, the nationwide background check, the TB skin test, etc. No student will be placed in an internship site until all required paperwork has been submitted. Students are expected to be registered in the appropriate practicum/internship class.

4. Students in internship must complete 300 total clock hours for Internship I and 300 total clock hours for Internship II for the counseling and clinical concentrations. Practicum students will complete 100 clock hours.

5. The internship student is expected to follow the agency calendar rather than the University calendar for holidays and semester breaks. Inform the site supervisor if it is necessary to be absent from the internship for any reason.

6. The student is expected to arrange for reliable and regular transportation to and from the assigned agency for the internship.

7. The intern will provide the supervisor with a copy of the Internship Handbook, including the contract form to be completed by the site supervisor and intern.

8. The intern is expected to log all activities of the internship using the approved log forms. The intern is expected to meet with both the Site Supervisor on a regular basis. The meeting with the Site Supervisor should be on a weekly basis for a minimum of one hour.

9. The intern is also required to attend group supervision sessions with the faculty supervisor throughout the semester.

10. The intern is expected to provide an evaluation of the experience and all other required paperwork from the Site Supervisor in the time framed provided by the faculty supervisor.

11. Interns are expected to gain knowledge of the policies and procedure of the site placement and adhere to the policies and procedure while demonstrating ethical and professional behavior.

12. Interns are expected to gain a working knowledge of community resources necessary for the coordination of services or referral of individuals to best meet their needs.
Practicum/internship is a tutorial form of instruction consisting of common requirements yet vastly individualized. This process should symbolize the culmination of the psychology and counseling program. It will provide students with the opportunity to utilize their knowledge and course work by putting their education into practical application. The emphasis will be on being a helper who can provide the necessary conditions, skills, and knowledge to bring about better adjustment and functioning of those who are served. This will require a considerable amount of time and a serious commitment by each student. It is desirable that each student will participate not just on “tasks to be performed for a grade”, but as a part of learning experiences, which will help students in evaluating, exploring, and developing personally and professionally.

PRACTICUM COURSE – PSY 597

INTERNSHIP COURSES – PSY 620/621 AND PSY 622/623

These courses provide counseling experience in an agency or school setting. Students will be carefully supervised and receive practice in counseling, interviewing, in-service training, orientation procedures, and data collection. These courses will provide a safe forum where students can discuss issues, concerns, and learning outcomes.

Course Objectives

As these courses represents one of your first experiences in working with clients, there are several important objectives relative to your professional development. After taking these courses, students should be able to:

1. Knowledge of the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, and physical and mental status, and equity issues in community counseling settings;

2. Understand the roles of counselors in various practice settings and the relationships between counselors and other professionals in these settings;

3. Demonstrate and understanding of ethical and legal considerations specifically related to the practice of counseling (e.g., the ACA Code of Ethics) and engage in appropriate ethical behavior in clinical situations;

4. Understand and demonstrate basic and advanced helping skills with a variety of clients with diverse presenting problems;

5. Understanding of how to apply appropriate individual, couples and/or family, group, and systems modalities for initiating, maintaining, and terminating counseling. This includes the use of crisis intervention, and brief, intermediate, and long-term approaches to
counseling that demonstrates a collaborative endeavor between counselor and client;

6. General principles of assessment and an understanding of symptoms to look for when conducting a thorough bio-psychosocial assessment in all counseling settings;

7. Knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current edition of the Diagnostic and Statistical Manual;

8. Evaluate effectiveness of intervention(s) provided;

9. Prepare and maintain records required by the site where placed;

10. Learn to use individual and group supervision effectively; and

11. Complete the Psychology & Counseling Program, Alabama Board of Examiners in Counseling (ABEC), and the Alabama Board of Examiners in Psychology (ABEP)’s requirements for the internship experience including client contact time, on site hours, and supervision hours, and fulfill additional requirements as specified in the internship handbook.

Course Requirements

In order to meet the Psychology & Counseling Program requirements as approved by the Alabama Board of Examiners in Counseling (ABEC) and the Alabama Board of Examiners in Psychology (ABEP), the following is required of each intern:

1) Internship students will accumulate 300 clock hours of two-course internship experience at the internship site during each semester (for a total of 600 hours for the internship year). Practicum students will accumulate 100 clock hours at the practicum site.
   Course Objectives Met: 11

2) A minimum of 120 hours will be spent each semester in direct service for internship students and a minimum of 40 direct service hours for students in enrolled in practicum.
   Course Objectives Met: 11

3) A minimum of one hour per week for both practicum and internship students, will be spent in individual and/or triadic supervision with the field or university supervisor.
   Course Objectives Met: 10, 11

4) One hour individual supervision meetings with the instructor may be required at the request of either the student or university supervisor.
   Course Objectives Met: 10, 11

5) A minimum of 1.5 hours will be spent in group supervision per week with the university supervisor.
6) The intern will be available for at least one site visit by the university supervisor. It is recommended that the site supervisor also be available. 
Course Objectives Met: 10, 11

7) Mid-semester review – The intern will obtain from the site supervisor a mid-semester review of his or her performance. The intern is responsible for arranging a meeting with the site supervisor for the purposes of getting feedback on the review. Both the site supervisor and intern will sign review forms indicating a face-to-face meeting. The review will be forwarded to the Director of Clinical Training. 
Course Objectives Met: 11

8) Interns will participate in a variety of professional activities other than direct service, and use a variety of professional resources such as assessment instruments, computers, print and non-print media, professional literature, and research. The intern will pay special attention to diversity issues in all of these activities and will identify resources for working with diverse client populations. 
Course Objectives Met: 1, 2, 3, 6, 7, 9

9) Agency Agreement. The Psychology & Counseling Program is required to submit an agency agreement between the intern and the agency where the internship is to be conducted. You cannot see clients at your agency until this agreement is completed. Interns will not be permitted to accrue internship hours prior to the start of the semester and/or prior to having all necessary paperwork completed. 
Course Objectives Met: 9, 11

10) Memorandum of Understanding (MOU). Each intern is required to submit MOU signed by the university instructor, intern, and field supervisor. You cannot see clients at your agency until this agreement is completed. Interns will not be permitted to accrue internship hours prior to the start of the semester and/or prior to having all necessary paperwork completed. You should also specify in your contract how you will manage your case load during university semester breaks. This must be worked out between you and your site supervisor.

11) Evaluations. Site supervisors will complete evaluations of student progress and student will complete an evaluation of the site. 
Course Objectives Met: 9, 11

12) Weekly Logs. Each week you will hand in a log documenting your hours for the week. You should document both direct and indirect service hours. You should keep a running total of your hours. At the end of each log report your hours for the week, and total hours for the semester. Your site supervisor must initial this log before you hand it in. 
Bring 2 copies - your instructor will initial the copy that you keep. The logs will be included in your portfolio for the class. 
Course Objectives Met: 1, 3, 4, 5, 6, 7, 8

13) Attendance. Attendance is a requirement of the course. After one unexcused absence your grade will be lowered by one full letter grade; subsequent unexcused absences may result in the failure of the course. 
Course Objectives Met: 11
14) Liability Insurance. Each intern is expected to have professional liability coverage for his or her practicum and internship. This can be purchased through the American Counseling Association and other professional organizations. The Program secretary can provide you with a list of licensing organizations. You should hand in a complete copy of your liability insurance policy. You will not be permitted to see clients until you provide proof of liability insurance.

Other required documents. Students must submit a 10-panel drug test, a recent TB Skin Test, etc. must be completed before review and placement.

Course Objectives Met: 11

APPLICATION DEADLINES

The following dates are tentative and are subject to change. Students are responsible for checking with program for updates dates.

June 30th for Fall placement.

September 30th for Spring placement.

February 28th for Summer placement.

APPLICATION PROCESS

When to apply for the field experience (practicum/internship)?

When you have fulfilled your prerequisite requirements, the next steps are:

1. Submit an application to begin the field experience. Your application must be submitted by the deadline, if you do not submit a complete application you will have to wait until the following semester to enroll in practicum or internship. If you have questions about the application process, please call the Program Secretary, Mrs. Donegan at 256.372.4764.

2. Each intern is responsible for finding his or her own site from the approved site list. The list of sites will be provided to the student from the DCT. Each student will be responsible for completing the Application for Clinical site (located at the end of this handbook). When reviewing the sites the student should visit the website of the possible site to ensure that is the population he or she would like to work with. If needed, student can meet with the DCT/CC rehab to discuss possible sites. The application of clinical site must be submitted by the deadline.

(The Director of Clinical Training maintains a list of current sites where students are placed. If you are interested in a particular site for your internship, please talk with the DCT as early as possible. You should begin your discussion with the DCT at least 16 weeks prior to your internship experience and meet with the DCT regularly during this process. You are encouraged to talk with 2nd-year or former Psychology & Counseling Program students about the various sites. You will learn valuable information about their internship experiences as well as their thoughts about a particular site’s strengths and weaknesses).

Factors to consider when choosing a site.

1. Type of work you want to do after completing your Master’s degree.
2. Client population that interest you most.

3. Number of hours and days you will work.

4. Credentials of the Site Supervisor. The Site Supervisor must be licensed as a LPC or Licensed Psychologist and/or have the required experience. If you are completing an internship in another state, the Director of Clinical Training will verify that the Site Supervisor has the appropriate license in that state as well as appropriate experience. **Students will not be allowed to complete an internship experience without an approved licensed supervisor present on site.** Site’s ability to provide enough contact hours to fulfill internship requirements.

5. Opportunity to lead or co-lead a group at least once a week.

6. Availability of in-service training opportunities and other agency activities required of interns.

7. Provision of weekly and/or triadic supervision by the Site Supervisor.

**INTERNSHIP STAFFING INFORMATION**

Dr. Janelle R. Carter (256-372-8127) is the Director of Clinical Training (DCT) and Dr. Tina Marie Glover (256-372-8623) is the Clinical Coordinator for Rehabilitation Counseling (CC). If you need information about practicum/internship, feel free to contact them for any information you might need about internship issues or concerns.

The DCT/CC assists students in securing appropriate field placements for practicum and internship. Students should contact the DCT/CC in the beginning of the semester PRIOR to the semester that you will begin your internship. There is tremendous competition in the greater Huntsville area for sites. To avoid the possibility of no placement, begin four to five months in advance of your placement semester. If you have a site in mind that does not appear on the DCT/CC’s site list, please contact the DCT/CC to secure the appropriate approval for your site.

The DCT/CC must verify that Site Supervisors have appropriate licenses, degrees, and experience. If a student arranges an internship site with his/her university supervisor’s approval, the DCT/CC must verify the Site Supervisor’s credentials.

**THE ROLE OF THE DIRECTOR OF CLINICAL TRAINING and CLINICAL COORDINATOR FOR REHABILITATION COUNSELING**

Both the Director of Clinical Training and the Clinical Coordinator are responsible for the coordination between the University and the agency providing the internship experience. The Director evaluates the educational experience offered in the agency. Additionally, the Director advises the Department faculty on the strengths and weaknesses of the agency’s placement, with emphasis on the quality of the learning experiences available. The Director, Clinical Coordinator and the intern’s supervisor make an ongoing appraisal of the student’s performance before
reporting the final grade. Open communication between the university, the agency, and intern supervisor(s) is extremely important. The Clinical Coordinator works with the Director of Clinical Training in discussing and sharing in curriculum development, program policies, and other information about the University, and receives feedback on developments at the agency and in practice.

In order to effectively function, the Director and Clinical Coordinator develop relationships and engage in activities with the Site Supervisor(s), the intern, and the University. The Director is responsible for making himself or herself available for additional meetings with the intern and site supervisor throughout the semester. The Director and Clinical Coordinator are responsible for evaluating the intern’s overall performance and growth, and will meet occasionally with the intern. The Site Supervisor shares the evaluation that is submitted with the intern. The evaluation is placed in the student’s permanent record after the conference.

The Director and Clinical Coordinator will:

1. Interact/confer with each agency at least once per semester (and more often as may be required) with the intern’s site supervisor. These conferences include discussions regarding student assignments, ability to become involved in agency situations, problems and reactions to agency settings, suggestions as to obtaining greater experience though other agencies, and the relation of classroom learning to the field instruction settings.

2. Cooperate in solving problems resulting from student placement.
3. Respect agency rules and regulations.
4. Explain the Internship Program objectives to the intern, Site Supervisor(s).
5. Ensure students obtain the broadest experience from their internship.

**Responsibilities of the Director of Clinical Training and Clinical Coordinator**

The Director of Clinical Training (DCT) and Clinical Coordinator (CC) are core faculty members with knowledge of the Psychology & Counseling Program and the greater Huntsville community. This faculty member is responsible for confirming the placement of the intern and monitoring the clinical experience of interns. The DCT & CC answers inquiries regarding clinical experiences and has clearly defined responsibilities as the Director of Clinical Training.

**Primary Responsibilities**

1. Encourage students to become fully aware of internship requirements.

2. Encourage students to make appropriate and timely contacts with the Director of Clinical Training and/or the Clinical Coordinator.

3. Ensure those internship courses sections do not exceed 15 students and monitor enrollment so that the appropriate number of course sections are offered.

4. Remind faculty to enter the summary sheet on student hours acquired to the permanent file of students. (The Summary Sheet will be instituted in summer 2016). Currently...
students submit weekly logs signed by the site supervisor, the student, and internship instructor as a part of the student’s permanent record in Psychology & Counseling.

5. Verify the credentials of Site Supervisors.

6. Remind faculty to facilitate students working in as diverse a field placement as possible.

7. Arrange, as needed, orientation/training activities for site supervisors.

8. Assist faculty, students, and site supervisors, at their request, with problems arising from internship activities.

9. Selection of the agencies to be used for field instruction.

10. Screening of the students to be placed in selected agencies.

11. Selection and assignment of learning experiences.

12. Developing the evaluation instruments.

13. Jointly determine student’s final grade each semester. If a student is terminated for just cause, the student will receive a failing grade for the semester.

14. Write a letter of introduction for each intern.

15. Promptly attending to and providing consultation in regard to problem situations.

16. Development of or make interns aware of field seminars, programs, and workshops related to field instruction.

17. Coordination of class and field responsibilities.

**SITE SUPERVISOR REQUIREMENTS**

The internship 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/or licenses, i.e., License Professional Counselor (LPC), Licensed Psychologist, Certified Rehabilitation Counselor or Certified School Counselor.

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

RESPONSIBILITIES OF THE SITE SUPERVISOR

The faculty and staff of the Psychology & Counseling’s Internship Program at Alabama A&M University are appreciative of the agencies that are willing and able to invest their resources in the development of our students. We owe those agencies a great debt of gratitude.

PRIMARY SITE SUPERVISOR RESPONSIBILITIES

1. Become familiar with the objectives of the Internship Program.

2. Prepare other staff, in advance to the student’s arrival, and involve them in contributing to the intern’s learning process, so they too will understand the goals and objectives of the Internship Program.

3. Be familiar with the information provided by the University on the intern by the time of his or her arrival at the agency.

4. Orientation of the intern to the agency.

5. Designation of a work space for the intern.

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

7. 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.

8. Initial close supervision of the intern and gradually allowing some independence and autonomy.

9. Selection of the tasks and experiences planned for the intern in the agency.

10. Immediate contact with the Director of Clinical Training/Clinical Coordinator when there are problems in the intern adjustment.

11. Evaluation of the student’s counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship.

12. Cooperate and make possible for students to carry out assignments in connection with the Internship class and/or the required tasks or the evaluation form.

13. Add or subtract certain pertinent assignments in connection with work in the internship with consultation of the Director.
14. Meet with the Director of Clinical Training/Clinical Coordinator at appropriate intervals to discuss the existence of problems during the internship.

15. Strive toward establishing and maintaining a professional relationship with the Psychology & Counseling Program and the student involved in the Internship Program.

16. The agency shall retain the right to require the removal from and/or deny access to any student or faculty member whose opinion of the agency’s administration is disruptive, disreputable, or otherwise, destructive of the agencies established practices.

SITE SUPERVISOR REQUIRED REPORTS

It is expected that the Site Supervisor will submit the following reports:

1. Acceptance letter or email for students accepted to intern at your agency.
2. Submission of Midterm Evaluation by the required date
3. Submission of the Final Evaluation by the required date

It is extremely important that the agency dedicate and commit itself to following through with the intern until the expiration of the time period agreed upon. Therefore, an articulation agreement between the agency and the University is signed prior to requesting placement of student. The Articulation Agreement must be on file in the Psychology & Counseling Program.

RESPONSIBILITIES OF THE STUDENT

During the field experience, the students have responsibilities and specific criteria that must be met. Students must have completed all academic requirements with at least a “B” average and approval of their advisor to begin field instruction. For example, 39 semester hours in course work is a requirement for clinical psychology students. Counseling techniques (559) must be successfully completed prior to the beginning of practicum. Practicum (PSY 597) must be successfully completed prior to beginning internship. NO EXCEPTIONS!

The University and the site setting make a joint effort to provide the student with an appropriate educational and practical field experience. In obtaining this goal, the Director of Clinical training and the agency’s site supervisor(s) collaborate on basic expectations of the student in performance of his or her duties, not unlike those of others working in the agency.

When students are placed in agencies, they become part of the working structure with work and task assignments originating from the agency intern site supervisor(s) during the practicum/internship period. Therefore, as a regular staff member, you will follow the agency’s protocol for its employees.

PRIMARY STUDENT RESPONSIBILITIES
1. Maintain confidentiality with all agency affairs, records, and case materials. (*Interns who violate this ethical standard may be terminated from the internship site and receive a failing grade for the Internship class.*)

2. Continually evaluate professional growth and development through assessment of practice behavior and skills.

3. Embrace and uphold the standards and ethics of the profession. 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.

4. Use professional standards and ethics as a guide when functioning in agencies.

5. Promote the effective and humane operation of systems that provide people with services, resources, and opportunities.

6. Observe agency policy regarding service delivery and professional behavior.

7. Provide information and support appropriately.

8. Use appropriate interpersonal skills and develop meaningful relationships.

9. Observe the agency’s holidays. In addition, students will observe University holidays and special convocations. If there is a conflict, an official excuse must be granted.

10. Attendance: **Do not miss days at your internship.** If you must miss due to an emergency, **immediately** discuss the matter with your Site Supervisor. See *Attendance Policies* for more details.

11. Know the internship site’s emergency procedures and follow them. Interns must notify their supervisor immediately with any emergencies.

12. Be prepared for supervision. You will need to listen to your tapes (if any), identify your strengths, weaknesses, and be prepared to request specific help from your Site Supervisor.

**ATTENDANCE POLICIES**

**Hours**

Students are responsible for observing regular agency working days and working hours (which may not coincide with the University schedule). Your practicum class requires you to perform 100 clock hours and your internship class requires you to perform 300 clock hours.

**Extra time**

Extra time may be required, or permitted by the internship agencies for educational
purposes, i.e., night meetings, workshops, programs, field trips, etc. At any rate, extra time should be worked out with the Site Supervisor and/or agency.

Holidays
Students are allowed only those holidays observed and allowed by the agency. If students choose to observe special religious holidays, they are treated as absences to be made up.

Absences
Students are expected to telephone the agency’s Site Supervisor not later than 8:30 a.m. to report illness, transportation problems, death in the family, or any emergency requiring your being absent during internship time. The student must also telephone the Director of Clinical Training/Clinical Coordinator. If the DCT is not available, leave a message with the Program Secretary at 256.372.4764. It is the intern’s responsibility to make arrangements for the makeup of missed time by special arrangement with the Site Supervisor. Interns who abuse this policy may risk termination from the internship site.

Transportation policy
Students are responsible for their transportation to and from the agency. However, unless prevented by agency policy, it is expected that the agency assumes the expenses for all agency delegated activities that involve travel.

Time and days at practicum/internship site
Interns must set their schedule in consultation with the Site Supervisor. After a schedule is set, interns are expected to adhere to it. In some instances, interns may be asked to be available for evening assignments. The arrangement for evening hours is made by the agency intern supervisor with the intern.

RESOLUTION OF GRIEVANCES AND PROBLEMS
A. The following procedure is used for resolving an intern’s grievance:

1. Intern and Site Supervisor  
2. Intern, Site supervisor, and Director of Clinical Training/Clinical Coordinator  
3. Coordinator of Psychology & Counseling  

If the problem is not resolved with the Psychology & Counseling’s Internship Program, the following procedure is used:

4. Chair of the Department of Psychology & Counseling  
5. Dean of the College of Education, Humanities and Behavioral Sciences  
6. Provost and Vice President of Academic Affairs  
7. President of the University

B. The following procedure will be followed in the event of a problem in internship:

1. The intern and Site Supervisor are to attempt to resolve the problem together. If this is not successful, they are to inform each other of their intention to seek additional help.
2. The student is to discuss the problem with the Director of Clinical Training and/or Clinical Coordinator.
3. The Site Supervisor is to seek the assistance first from the Director of Clinical Training and/or Clinical Coordinator.
4. The Site supervisor can seek additional help, once the above steps have been taken.

In this process, it is crucial that open communication is maintained. The student and the Site supervisor share the responsibility for identifying and dealing with problems as soon as they become evident. If necessary, the problem will be reviewed by the process described earlier.

**EVALUATION OF GRADING PROCEDURES**

Based on a clear understanding of objectives and purpose of the internship, the Site Supervisor is responsible for evaluation of interns at midterm and one week before the University semester ends. The evaluation forms used by the Site Supervisor include narrative indicating the interns’ strengths, weaknesses, knowledge, skill techniques, and potential for counseling practice. The evaluation is to be discussed in detail with the interns. Both the midterm and final evaluation should be signed by the intern and the Site Supervisor. These signatures are intended to confirm that both parties have reviewed the evaluation. The responsibility for the interns’ grades rest totally with the Internship course instructor and the intern supervisor. The final grade is based on the quality of the intern’s work (i.e., meeting competencies listed in syllabus and work performed at the internship site) and quantity of the intern’s work (i.e., completion of appropriate number of hours of direct and indirect client contact hours).

The evaluation of a student is an almost daily process and inherent in the nature of the intern field experience. Each conference between a student and instructor should offer help to the student in appraising performance, progress, and learning needs.

The evaluation process is an ongoing component of practicum/internship experience involving the intern and the Site Supervisor in a supervisory-modeling, teaching-learning interaction. The Site Supervisor must take responsibility for proving these roles and evaluating student performance. Interns must take responsibility for their learning and must develop the ability as a professional to critically examine their own performance.

The purpose of the practicum/internship process is to provide a more precise basis for evaluation. The application of psychology, counseling, etc., theories and knowledge, evaluating competencies and skills employed in the practice of psychology, and evaluating the potential for becoming an effective person in the helping profession.

**PREMATURE TERMINATION FROM SITE**

Your premature termination from your site may occur for one of the following three reasons:

1. **Placement ends due to the site supervisor or site’s responsibility**
   a. Site placement ends due to inappropriate management by the site supervisor/site in accordance with AAMU Psychology & Counseling’s Internship Program policies
2. Placement ends due to intern’s responsibility

   a. Intern is terminated from the site for not complying with site policies and procedures or for displaying unethical conduct in interactions with clients, supervisor, or other site personnel
   b. Intern is unable to complete or fulfill obligations to the site

RESOLUTION: The student will be required to present a professional development plan outlining the reasons for the premature termination. A potential outcome or consequence of this premature termination may be a “Failing” grade for the Internship course.

3. Placement ends with no fault or responsibility of the site or the intern

   a. Placement ends due to the site being closed

If the intern is terminated from the site he or she will be responsible for finding another approved site the DCT will assist in this process. It is imperative that intern attend the practicum/internship class to keep DCT abreast of any issues or challenges regarding site.
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<td>Session Recording Verification</td>
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<td>Mid Term Evaluation</td>
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<td>Evaluation of the Student by the On-Site Supervisor (Due at the end of</td>
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<td>Evaluation of the Student by the On-Site Supervisor: Rehabilitation</td>
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<td>concentration only (Due at the end of the term)</td>
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Evaluation of On-Site Supervisor by the Student *(Due at the end of the term)*

Application for Continuation of Clinical Site

Supervision Log

Consent to Audio or Videotape

Hours Log

Site Visit form
College of Education, Humanities, and Behavioral Sciences

Graduate Acknowledgement

Instructions: This form is to be completed during Graduate Orientation and returned for filing in the student’s permanent file.

I hereby attest that I have read this Handbook and I agree to abide by the Policies contained herein. I understand that from time-to-time policies may be reviewed and revised. I further understand that it is my responsibility to remain informed of policy changes as they are published.

I understand the following:

- That feedback provided while enrolled in the program will be comprehensive in nature, not only relating to academic progress, but also to a variety of variables including professional and emotional “fit” for the profession of counseling.

- That if areas are noted by the graduate faculty which could be reasonably predicted to adversely impact my professional development or effectiveness, recommendations will be made to aid in remediation of areas identified. These recommendations may include personal counseling, tutoring, stress management techniques, or other appropriate measures.

- That in some cases, it may be necessary to reduce or suspend graduate work while remediation is attempted. I have also been informed that, in rare cases, it may be determined that a student is not an appropriate fit for the program which may be due to factors other than academic functioning.

- If I have questions regarding any feedback provided to me, I should speak with my faculty advisor.

Student Signature: ____________________________ Date: _____________________

Witness Signature ____________________________ Date: ______________________
## PRE APPROVED CLINICAL SITES

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<tr>
<td>305 8&lt;sup&gt;th&lt;/sup&gt; Street</td>
<td>Lifestyle Therapy &amp; Coaching</td>
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<td>Ability Plus</td>
<td>Little Orange Fish Counseling</td>
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<td>Alabama A&amp;M University Disability Services</td>
<td>Longwood Psychological Center</td>
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<tr>
<td>Alabama Department of Rehabilitation Services</td>
<td>Mental Health of Cullman</td>
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<td>Alabama Goodwill Industries (Site for students residing in Birmingham, Alabama)</td>
<td>Mountain Lakes Behavioral Healthcare</td>
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<td>Alabama Institute for the Deaf and Blind</td>
<td>Operation Making A Difference (OPMAD)</td>
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<td>AlethEia House</td>
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<td>Alliance Counseling &amp; Consulting</td>
<td>Paragon Assessment &amp; Counseling</td>
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<td>Bradford Health Services/Huntsville AL</td>
<td>Phoenix Industries of Huntsville aka Phoenix Vocational Service</td>
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<td>Bradford Health Services/Nashville, TN</td>
<td>Phoenix Vocational Service (Milestones Program)</td>
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<td>Choice One Counseling</td>
<td>Psychological &amp; Counseling Services</td>
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<td>Crestwood Behavioral Health Services</td>
<td>Riahrose Home for Children (A maternity Home for Pregnant Teens)</td>
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<td>Crisis Services of North Alabama</td>
<td>Riley (The) Behavioral &amp; Educational Center</td>
</tr>
<tr>
<td>Family Services</td>
<td>Sequel Youth &amp; Family Services/Courtland, AL</td>
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<td>First Stop</td>
<td>Sequel Youth &amp; Family Services/Madison, AL</td>
</tr>
<tr>
<td>Georgia Mental Health Services</td>
<td>Sequel Youth &amp; Family Services/Owens Crossroads, AL</td>
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<tr>
<td>Attachment and Bonding Center of Atlanta</td>
<td>The ARC of Madison County</td>
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<tr>
<td>Glenwood Autism &amp; Behavioral Health Center</td>
<td>THRIVE Alabama</td>
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<tr>
<td>Harris Home for Children</td>
<td>Veterans of North Alabama Services Assistance Program, Inc.</td>
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<td>Huntsville City Schools Chapman</td>
<td>Wellstone Behavioral Health</td>
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<td>Elementary and Middle school</td>
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<tr>
<td>Huntsville Hospital</td>
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<tr>
<td>JBS Mental Health Services</td>
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DIRECT AND INDIRECT HOURS

DIRECT HOURS:

1. Counseling Observation.
2. Individual/Group/Family Counseling.
3. Psychoeducational activities workshops facilitated or co-facilitated by the intern.
4. Consultation with other professionals about YOUR client. This does NOT include supervision meetings.
5. Staffing and team meetings ONLY for the amount of time that the intern’s client is being discussed.
6. Testing procedures which require the intern to be present and administer/co-administer a standardized test.
7. Program implementation.
8. Community education.
9. Classroom presentations.
10. Parent or family consultations (including parent-teacher conferences)

INDIRECT HOURS:

1. Attending staff meetings
2. Writing case notes (SOAP/DAP notes)
3. Performing clerical duties
4. Reviewing case files or researching site resources
5. Schools – attending IEP meetings
6. Supervision – 1 hour of on-site weekly supervision with site supervisor
7. Group supervision – 1.5 hours of weekly class time counts as group supervision if student is in attendance
8. Triadic supervision – 12 hours of triadic supervision with a faculty member or doctoral level Teaching Assistant (TA)
9. Training – attending initial training at site or trainings provided off-site or on campus
10. Program planning
11. Career fairs
CODE OF ETHICS

Students are required to review the code of ethics for American Counseling Association (ACA) and any/all code of ethics and/or the code of conduct for their desired concentration.

1. **American Counseling Association (ACA) Code of Ethics**
   
   https://www.counseling.org/resources/aca-code-of-ethics.pdf

2. **American School Counselor Association (ASCA)**
   
   https://www.schoolcounselor.org/school-counselors-members/legal-ethical

3. **American Psychological Association (APA) Ethical Principles and Code of Conduct**
   

4. **National Board for Certified Counselors (NBCC) Code of Ethics**
   
   http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf

5. **Certification for Rehabilitation Counselors Code of Ethics (CRC)**
   
Ethics Agreement

I __________________________________________________________________________, the undersigned, affirm that I have read program handbook and hereby agree to follow and abide by these procedures.

As stated in the American Counseling Association Code of Ethics, “Supervisees have a responsibility to understand and follow the ACA Code of Ethics.” The ACA Code of Ethics can be found at the following website:

http://www.counseling.org/knowledge-center/ethics

I hereby attest that I have read and understood the American Counseling Association Code of Ethics and will practice my counseling work in accordance with these standards.

1. I understand that I may be required to become familiar with additional codes of ethics from related professional disciplines and/or state laws.
2. I understand I am practicing under the professional license of my supervisor(s). Therefore, I agree to conduct myself in an ethical and professional manner in all situations.
3. I understand that I will identify myself to clients as a Graduate Student working toward the completion of a master’s degree and also provide the name of my licensed supervisor.
4. I understand that my responsibilities include keeping my supervisors well-informed of my counseling work and maintaining client confidentiality throughout my clinical training experiences.
5. I understand that any breach of the Clinical Training Handbook procedures or unethical behavior on my part may result in my removal from the clinical training site, removal from the Practicum/Internship course, and/or a failing course grade. Furthermore, I also understand that violations of these procedures or ethical standards, consistent with the procedures outlined in the Graduate Handbook, may result in “disciplinary action up to and including suspension from the College.”
6. I understand that I will not be issued a passing grade in Practicum or Internship unless I demonstrate a minimal level of counseling skill, knowledge, and competence along with completing the course requirements.

_______________________________________________  ______________________
Student Signature Date

_______________________________________________  ______________________
Clinical Supervisor Date
Alabama A & M

College of Education, Humanities, and Behavioral Sciences

HIPAA Training Agreement

I, _____________________________________ the undersigned, affirm that I have read the Alabama A & M College of Education, Humanities, and Behavioral Sciences, hereinafter called the Social Work, Psychology and Counseling Department Counseling Handbook and hereby agree to follow and abide by these procedures.

HIPAA Training Documentation: My signature below indicates that I have completed the required training at the following website: http://www.prohipaa.com/en/training. I have been informed about the related privacy practices, had the opportunity to raise any questions, and have had my questions answered. I believe that I understand the issues and concerns about confidentiality and related issues and will ask when any questions or concerns arise for me, which may include consultation with the Clinical Supervisor. If a breach of this agreement or the confidentiality of any records should occur, then I agree to notify the Clinical Supervisor immediately and within no more than 24 hours of its discovery.

Graduate Students: I also understand that violations of these Counseling Services procedures, consistent with the procedures outlined in the Program Handbook and the Practicum and Internship Handbook, may result in “disciplinary action up to and including suspension from the College/Program.” Furthermore, based on the procedures in the program handbook, I understand that any professional counseling services conducted must be under a License Professional Counselor (LPC), Licensed Psychologist, Certified Rehabilitation Counselor or Certified School Counselor. In addition I must maintain professional liability insurance.
Alabama A & M

College of Education, Humanities, and Behavioral Sciences

Checklist: Application for Clinical Training

Select one:  ☐ Practicum   ☐ Internship I   ☐ Internship II

Semester: ______________________  Year: ________________

Graduate Student: ____________________________________________

All documentation should be submitted to the Clinical Supervisor for approval as a single application packet in the following order, and then submitted to the Program Secretary for inclusion in the student’s record.

☐ Checklist: Application for Clinical Training

☐ A National Background Check (internship only)

☐ A Drug Test which shows Negative Results (10 Panel Rapid Urine) (internship only)

☐ A Tuberculosis Screening Test (internship only)

☐ Resume and Cover Letter

☐ Professional Disclosure Statement

☐ Copy of active Liability Insurance Policy

☐ HIPPA Agreement

☐ Ethic Agreement

☐ Documentation of active membership in a professional organization (e.g. American Counseling Association (ACA), recommended)

☐ Student has made copies of all items submitted for their personal records.

________________________________________  ______________________
Graduate Student’s Signature                                Date
ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
DEPARTMENT OF PSYCHOLOGY AND COUNSELING

INTERNSHIP AND PRACTICUM APPLICATION
(Form Must Be Typed)

☐ Practicum ☐ Internship I ☐ Internship II

Please select the semester and year in which you plan to enroll in Practicum/Internship

TERM: ☐ Fall ☐ Spring ☐ Summer

CONCENTRATION: ☐ Clinical ☐ Counseling ☐ Rehabilitation ☐ School

PERSONAL DATA:

Name: ___________________________ A#: ___________________________

Address: ___________________________ ___________________________ ___________________________

Street City State Zip

Home Phone: ___________________________ Work Phone: ___________________________

AAMU Email: ___________________________

Secondary Email: ___________________________

What is your major? ☐ Clinical ☐ Counseling ☐ Rehabilitation ☐ School
ACADEMIC DATA:

Major: ____________________________ Electives:

1. ____________________________ 1. ____________________________
2. ____________________________ 2. ____________________________
3. ____________________________ 3. ____________________________
4. ____________________________ 4. ____________________________

Elective Courses Currently in Progress:

5. ____________________________ 1. ____________________________
6. ____________________________ 2. ____________________________
7. ____________________________ 3. ____________________________
8. ____________________________

Major Courses Currently in Progress:

1. ____________________________
2. ____________________________
3. ____________________________

Expected Date of Graduation: ____________________________

Will you have completed all coursework by the end of this semester or by the time of internship placement? □ YES □ NO

How many courses are lacking?

Note: Please submit a copy of your transcript with application.
WORK EXPERIENCE:

Paid: ________________________________________________

Where do you work now? ________________________________________________

Where did you work prior to your current job? ____________________________

Where did you do your Practicum? _______________________________________

Volunteer: Places where you have done volunteer work: ______________________

_____________________________________________________________________

_____________________________________________________________________

Preference for Internship Experience (not place of internship):

Clinical Areas of Interest                      Counseling Majors

☐ Elderly/aged/gerontology                      ☐ School (Mental Health Center)

☐ Mental Retarded                               ☐ University/College Counseling

☐ Mental Health/Illness                         ☐ Career/Vocation Counseling

☐ Personal Growth & Adjust                      ☐ Vocational Rehabilitation

☐ Family Counseling                             ☐ Employment Agency

☐ Corrections

☐ Psychiatry

☐ Vocational Rehabilitation (Neuropsych & Rehab Medicine)

☐ Alcoholic & Substance Abuse:  ☐ Residential  ☐ Outpatient

Desired Locations from Pre-Approved List: __________________________________________

Desired Locations not Listed on Pre-Approved sites: _________________________________

Placement is not guaranteed; we will do our best to place students in a desired location.
Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DO NOT WRITE IN THE SPACE BELOW.

Internship Placement:_____________________________________________________

Semester of Placement:_____________________________________________________

Completion Date:_________________________________________ Grade:__________

Please submit the following along with your application for internship:
Checklist: Application for Clinical Training Site and/or On-Site Supervisor

Select one:  □ Practicum  □ Internship I  □ Internship II

Semester:  ___________________________  Year:  ________________

Graduate Student:  __________________________________________

Training Site: _________________________________________________

Proposed On-Site Supervisor Name: _______________________________

All documentation should be submitted to the Clinical Supervisor for approval as a single application packet in the following order, and then submitted to the Program Secretary for inclusion in the student’s record.

☐ Checklist: Application for a Pre-Approved or New Clinical Training Site and/or On-Site Supervisor

☐ Memorandum of Understanding between AAMU and Affiliating Agency (Agency MOU)

☐ Session Recording Verification

☐ Student has made copies of all items submitted for their personal records.

_________________________________________  _______________________
Graduate Student’s Signature  Date

_________________________________________  _______________________
Clinical Supervisor’s Signature  Date
Application for Pre-Approved Clinical Site Approval

Select one:  □ Practicum  □ Internship I  □ Internship II

Semester: ___________________________  Year: ________________

Graduate Student: ____________________________

Proposed Training Site: ____________________________

Proposed Training Site Address: ____________________________

Proposed Training Site Phone Number: ____________________________

Proposed On-Site Supervisor Name: ____________________________

Proposed Site Supervisor’s Work Phone: ____________________________

Proposed Site Supervisor’s Email: ____________________________

On-Site Supervisor’s Degree and Major: ____________________________

Minimum of a master's degree in a related profession

License/Certification Title: ____________________________

Must be licensed in the state where the counseling services will be conducted

License/Certification Number: ____________________________

On-Site Supervisor Position/Title: ____________________________

Total Years of On-Site Supervisors Professional Experience: ____________________________

A minimum of 2 years of pertinent professional experience in the field

Graduate Student’s Signature ___________________________  Date ___________________________

On-Site Supervisor’s Signature ___________________________  Date ___________________________

Clinical Supervisor’s Signature ___________________________  Date ___________________________
Alabama A & M

College of Education, Humanities, and Behavioral Sciences

Application for New Clinical Site Approval

Select one:  □ Practicum  □ Internship I  □ Internship II

Semester: _____________________ Year: ____________________

Graduate Student: _____________________________________________________________

Proposed Training Site: _______________________________________________________

Proposed Training Site Address: ________________________________________________

Proposed Training Site Phone Number: __________________________________________

Proposed Site Supervisor Name: ________________________________________________

Proposed Supervisor’s Degree and Major: _______________________________________

License/Certification Title: _____________________________________________________

License/Certification Number: _________________________________________________

Proposed Site Supervisor Position/Title: _________________________________________

Total Years of Proposed Site Supervisors Professional Experience: __________________

Proposed Site Supervisor’s Work Phone: ____________________________

On-Site Supervisor’s Work Phone: _____________________________________________

On-Site Supervisor’s Email: ____________________________________________________

_________________________ ______________________
Graduate Student’s Signature Date

_________________________ ______________________
On-Site Supervisor’s Signature Date

_________________________ ______________________
Clinical Supervisor’s Signature Date
Memorandum of Understanding between Alabama A & M and the Affiliating Agency

This agreement is between Mr. /Ms. _____________________________, hereinafter called the internship student, Alabama A & M College of Education, Humanities, and Behavioral Sciences, hereinafter called the Social Work, Psychology and Counseling Department, and _____________________________, hereinafter referred to as the affiliating agency.

The internship student, the Social Work, Psychology and Counseling Department, and the affiliating agency do hereby make and agree to the following terms:

I. TERM

The term of this agreement shall be for the period beginning on ____________________ and ending _______________________. The agreement can be terminated, however, by any party with written notification.

II. ON-SITE SUPERVISOR QUALIFICATIONS:

The On-Site Supervisor acknowledges that they possess all of the following criteria for providing supervision:

- A minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses in the state where the professional counseling services are to be conducted with clients.
- A minimum of two years of pertinent professional experience in mental health counseling.
- Knowledge of the program’s expectations, requirements, and evaluation procedures for students.

III. THE ON-SITE SUPERVISOR AGREES TO:

1. Weekly interaction that averages to one hour per week of individual and/or triadic supervision throughout the practicum/internship.
2. The completion of a brief form on alternating weeks (Bi-Weekly Supervision Consultation Form) concerning the Graduate Student’s progress. The Graduate Student is responsible for having these forms returned to their Group Supervisor.
3. The completion of an evaluation of the Graduate Student (Evaluation of the Student by
4. The completion of a short evaluation of the graduate program at the end of the semester.
5. During Practicum, a meeting with the Clinical Coordinator at least once during the semester at the On-Site Supervisor’s convenience. Additionally, anytime the On-Site Supervisor has any concerns about the Graduate Student, the On-Site Supervisor will contact the Clinical Coordinator as soon as possible.
6. Monitor all cases seen by the Graduate Student. a. Co-sign all clinical chart documentation completed by the Graduate Student.
7. Refrain from charging Graduate Students for On-Site Supervision

IV. THE GRADUATE STUDENT AGREES TO:

1. Obtain malpractice insurance before beginning any clinical training course (i.e., Practicum or Internship).
2. Perform all duties in accordance with state laws and the Ethical Standards of the American Counseling Association.
3. Orient himself or herself to all of the agency policies and procedures.
4. Complete a minimum of 40 Direct Client Service hours when enrolled in Practicum.
5. Complete a minimum of 120 Direct Client Service hours when enrolled in Internship I and/or II.
6. Provide program-appropriate audio/video recordings for use in supervision or participate in live supervision.
7. Notify the On-Site Supervisor and the Clinical Coordinator immediately if any problems arise.

V. DUTIES AND RESPONSIBILITIES

At the start of the internship, the internship student and the affiliating agency should cooperate in determining the most appropriate experiences for the student, including but not limited to assignment of duties and arrangement of supervision. The majority of duties for the student should be similar to those that he/she will perform upon licensure. Please indicate which duties the internship student can expect to perform:

Any of the following would be considered direct client contact hours:

- Individual Counseling
- Group Counseling
- Marital Counseling
- Career Counseling
- Substance Abuse Counseling
- Child/Adolescent Counseling
- Crisis Counseling
- Family Therapy
- Grief Counseling
- Intake Interviews & Referrals
- Assessments & Diagnosing
- Wellness & Prevention
- Deaf and/or Blindness Focus
- Other: ________________________
Any of the following would be considered indirect hours:

☐ Supervision
☐ Team or staff meetings
☐ Writing case notes
☐ Client related paperwork
☐ Outreach
☐ Continuing Education
☐ Preparation for clients
☐ Reviewing sessions
☐ Reviewing & Interpreting Assessments
☐ Diagnosing
☐ Staffings
☐ Other: ________________________

A. Internship Student. The internship student agrees to perform the duties and responsibilities specified in a reliable, professional, and conscientious manner observing all the ethical and legal codes of the profession. The internship student agrees to maintain regular contact with the on-site supervisor and the faculty supervisor. The student is expected to comply with all the policies and procedures of the agency and agrees to secure and maintain professional liability insurance for the duration of the internship placement.

B. Affiliating Agency. The affiliating agency will serve as a field experience where the internship student can provide bona fide mental health counseling under supervision. The affiliating agency will provide suitable resources for the provision of counseling services. The agency supervisor agrees to provide a minimum of 1 hour per week of individual supervision for the student. The agency supervisor agrees to complete the evaluation of the student based on some form of observation of the student’s competency, (i.e., observing a session, watching a videotape of a session, or listening to an audiotape of a session), that is provided by the student. The affiliating agency may also grant internship students, if given written permission by the client, permission to audio or video tape a session to be reviewed by the Social Work, Psychology and Counseling Department faculty. It is understood by all parties that written consent to tape will be obtained from clients prior to taping and that session tapes may be reviewed in confidence with the site supervisor, university supervisor, and possibly with other internship students in the context of group supervision. Tapes will be erased or destroyed no later than the end of the semester. In some cases, brief transcripts may be made of segments of the sessions for training purposes. In no case will the client be identifiable from these transcripts.

Further, clients will be informed of the status of the “student intern” as a student in internship, and a treatment consent form will be signed by all clients of the student.

C. Social Work, Psychology and Counseling Department. The Social Work, Psychology and Counseling Department will be actively involved in overseeing the student's experiences and will also participate in the supervision of the internship student. The Social Work, Psychology and Counseling Department will maintain contact with the student and the site to ensure that duties and responsibilities are followed. As such, The Social Work, Psychology and Counseling Department and its designated representative will be involved in any problems that may arise.
between the internship student and the site. The Social Work, Psychology and Counseling Department shall be notified immediately when a problem occurs.

III. TIME

Students are expected to spend a minimum of 100 hours for practicum and 300 hours for internship, students will engaged in practicum and internship activities. Of those 40 hours in practicum and 120 hours in internship are to be direct client contact hours; examples of which are listed in the above table. The remaining hours may or may not be accrued at the site.

IV. LIABILITY INSURANCE

Students enrolled in any clinical experience with the Social Work, Psychology and Counseling Department have malpractice insurance coverage of $1,000,000 per each incident and $3,000,000 in aggregate.

V. EVALUATION

At the end of the internship, the on-site supervisor will be asked to complete an evaluation form provided by the Social Work, Psychology and Counseling Department. Before mailing this evaluation, the on-site supervisor should review the completed evaluation with the student. The student will likewise complete an internship site evaluation form.

VI. COPIES OF THIS AGREEMENT

One copy of this contract will be provided for the student, and one copy will be provided for the affiliating agency. The Social Work, Psychology and Counseling Department will also maintain one copy in the student's folder. Additional copies may be requested as needed.

VII. SIGNATURES

_______________________________________________  _______________________
Student Signature                                    Date

_______________________________________________  _______________________
Agency Site Supervisor                                Date

_______________________________________________  _______________________
Clinical Supervisor                                    Date
Session Recording Verification

Select one:  □ Practicum    □ Internship I    □ Internship II

Semester: ___________________________ Year: ________________

The master’s degree program at Alabama A & M College of Education, Humanities, and Behavioral Sciences, hereinafter called the Social Work, Psychology and Counseling Department Counseling follows the Council for Accreditation of Counseling & Related Educational Programs (CACREP) and Council on Rehabilitation Education (CORE). One of the accreditation standards for graduate student Practicum and Internship training includes “the development of program-appropriate audio/video recordings for use in supervision” of the student’s interactions with clients.

Therefore, students are expected to present session recordings to their Practicum/Internship Supervisor during Practicum/Internship group supervision. Several considerations support the protection of client confidentiality:

1. Signed informed consent documentation obtained from individual clients for session recordings. a. This signed informed consent documentation achieves compliance with HIPAA regulations.

2. Signed agreements from Graduate Students to maintain client confidentiality.

3. Procedure that all recordings will be erased or destroyed no later than the end of each semester to further protect client confidentiality. However, on rare occasions, a particular agency will have a documented agency policy that prohibits audio/video recording of clients. Such policies:
   - Prohibit client session recordings to be used for educational, professional, training purposes and review by licensed/certified mental health professionals;
   - Prohibit client session recordings to be made by Graduate Students under structured and licensed supervision who are in the process of completing master’s degrees in mental health counseling;
• Prohibit clients from completing informed consent documentation to participate in recorded sessions; or
• Provide On-Site Supervisors with the understanding that the policy has been uniformly adopted and is currently binding at the agency.

☐ Yes  ☐ No  The Graduate Student will be able to record sessions at this site.

Please contact the Clinical Supervisor if there are any questions or concerns about If Graduate Students are not able to record at this site, then they will have to find an alternative site for the purpose of recording sessions for clinical supervision. If this is the case, then the proposed alternative site is:

_____________________________________________________, under the licensed supervision of: _____________________________________________________.

Alternative/additional clinical training sites will need to be approved by submitting a separate Application for a New Clinical Training Site to the Clinical Supervisor at Alabama A & M.

_______________________________________________  ______________________
Student Signature                                  Date

_______________________________________________  ______________________
Agency Site Supervisor                              Date

_______________________________________________  ______________________
Clinical Supervisor                                Date
Mid-Term Evaluation of Student

Graduate Student: __________________________________________________________

Site: ________________________________________________________________

On-Site Supervisor: ______________________________________________________

Evaluation Date: ________________________________________________________

Student Strengths: ________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Growth Area: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervision Concerns: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

Other Feedback: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

______________________________        _________________________________
Graduate Student’s Signature             Date

______________________________        _________________________________
Faculty Supervisor’s Signature           Date
Alabama A & M

College of Education, Humanities, and Behavioral Sciences

Checklist: End of Clinical Training Site and/or On-Site Supervisor

Select one:  □ Practicum    □ Internship I    □ Internship II

Semester:  ___________________________  Year:  ________________

Graduate Student:  _______________________________________

Training Site:  ___________________________________________

Proposed On-Site Supervisor Name:  _______________________________________

All documentation should be submitted to the Clinical Supervisor for approval as a single application packet in the following order, and then submitted to the Program Secretary for inclusion in the student’s record.

☐ Checklist: End of Clinical Training Site check list

☐ Evaluation of the Student by the On-Site Supervisor

☐ Evaluation of On-Site Supervisor by student

☐ Hours Log

☐ Supervision Log

☐ Copies of Recording Releases by client (If applicable)

☐ Application for Continuation of Clinical Site (If applicable)

☐ Student has made copies of all items submitted for their personal records.

_________________________________________  Date

Graduate Student’s Signature

_________________________________________  Date

Clinical Supervisor’s Signature
PRACTICUM/INTERNSHIP HANDBOOK

Alabama A & M

College of Education, Humanities, and Behavioral Sciences

Evaluation of the Student by the On-Site Supervisor

Select one:  ☐ Practicum  ☐ Internship I  ☐ Internship II

Semester: ____________________________  Year: ________________

Graduate Student: ____________________________

Campus: ____________________________

Site: ____________________________

On-Site Supervisor: ____________________________

Supervisee Preparation

Please rate your agreement with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Agree nor Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>No Opinion</td>
</tr>
</tbody>
</table>

1. The supervisee demonstrated a high level of interest in learning and developing his/her clinical skills.

2. The supervisee made a contribution to the professional environment.

3. The supervisee had an adequate base of knowledge regarding ethical and legal issues.

4. The supervisee had an adequate base of knowledge regarding the profession of counseling.

5. The supervisee had a strong work ethic.

6. The supervisee had professional/clinical skills appropriate to his/her level of training.

7. The supervisee demonstrated the ability to meet deadlines.

8. The supervisee had excellent communication skills.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>The supervisee demonstrated a professional attitude.</td>
</tr>
<tr>
<td>10.</td>
<td>The supervisee demonstrated leadership abilities.</td>
</tr>
<tr>
<td>11.</td>
<td>The supervisee demonstrated maturity.</td>
</tr>
<tr>
<td>12.</td>
<td>The supervisee demonstrated self-confidence.</td>
</tr>
<tr>
<td>13.</td>
<td>The supervisee demonstrated enthusiasm.</td>
</tr>
<tr>
<td>14.</td>
<td>The supervisee demonstrated a cooperative attitude.</td>
</tr>
<tr>
<td>15.</td>
<td>The supervisee was willing to accept appropriate responsibility.</td>
</tr>
<tr>
<td>16.</td>
<td>The supervisee followed the agency’s policies and procedures.</td>
</tr>
<tr>
<td>17.</td>
<td>The supervisee was able to establish rapport with other professionals.</td>
</tr>
<tr>
<td>18.</td>
<td>The supervisee was able to establish rapport and a strong working alliance with his/her clients.</td>
</tr>
<tr>
<td>19.</td>
<td>Based on the supervisee’s performance, I would be willing to employ them if an appropriate opening were available.</td>
</tr>
</tbody>
</table>

Please respond to the following items. Provide examples where possible. Feel free to continue writing beyond the provided lines for additional comments.

20. General Comments about the Supervisee:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank you for your willingness to work with our graduate program and provide professional training to our Graduate Students.

_________________________________________  __________________________
On-Site Supervisor’s Signature                      Date

_________________________________________  __________________________
Graduate Student’s Signature                      Date
Alabama A & M

College of Education, Humanities, and Behavioral Sciences

Evaluation of the Student by the On-Site Supervisor

Rehabilitation Counseling Concentration

Select one:  □ Practicum  □ Internship I  □ Internship II

Semester: ___________________________  Year: ___________________________

Graduate Student: ___________________________

Campus: ___________________________

Site: ___________________________

On-Site Supervisor: ___________________________

Supervisee Preparation

Please rate your agreement with the following statements.

<table>
<thead>
<tr>
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<th>4</th>
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<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Agree nor Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>No Opinion</td>
</tr>
</tbody>
</table>

1. The supervisee demonstrated a high level of interest in learning and developing his/her clinical skills.

2. The supervisee made a contribution to the professional environment.

3. The supervisee had an adequate base of knowledge regarding ethical and legal issues.

4. The supervisee had an adequate base of knowledge regarding the profession of counseling.

5. The supervisee had a strong work ethic.

6. The supervisee had professional/clinical skills appropriate to his/her level of training.

7. The supervisee demonstrated the ability to meet deadlines.
8. The supervisee had excellent communication skills.
9. The supervisee demonstrated a professional attitude.
10. The supervisee demonstrated leadership abilities.
11. The supervisee demonstrated maturity.
12. The supervisee demonstrated self-confidence.
13. The supervisee demonstrated enthusiasm.
14. The supervisee demonstrated a cooperative attitude.
15. The supervisee was willing to accept appropriate responsibility.
16. The supervisee followed the agency’s policies and procedures.
17. The supervisee was able to establish rapport with other professionals.
18. The supervisee was able to establish rapport and a strong working alliance with his/her clients.
19. Based on the supervisee’s performance, I would be willing to employ them if an appropriate opening were available.

| 20. Knowledge and Understanding of rehabilitation principles, problems and goals |
| 21. Knowledge and Understanding of human behavior |
| 22. Knowledge and Understanding of psychological aspects of rehabilitation |
| 23. Knowledge and Understanding of case work principles and practice |
| 24. Knowledge and Understanding of accepted standards of ethical conduct |
| 25. Specific knowledge of medical aspects of rehabilitation |
| 26. Specific knowledge of occupational information |
| 27. Specific knowledge of community resources |
| 28. Specific knowledge of job placement |

**Please respond to the following questions reflecting on Rehabilitation Counseling Techniques**

29. Skill in evolving a rehabilitation plan: establishes and maintains an effective counseling relationship; obtains pertinent diagnostic information, properly interprets information in diagnosing problems.
30. Skill in effectively coordinating and implementing a rehabilitation plan; helps consumer identify strengths and weaknesses; formulates sound and realistic rehabilitation plans; makes optimal use of available rehabilitation plans; operates effectively in job placement activities; follows up adequate before ending services with consumers.
31. Overall Evaluation regarding Rehabilitation Counseling:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

32. General Comments about the Supervisee:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank you for your willingness to work with our graduate program and provide professional training to our Graduate Students.

On-Site Supervisor’s Signature ____________________________ Date __________

Graduate Student’s Signature ____________________________ Date __________
Evaluation of On-Site Supervisor by the Student

Select one:  □ Practicum    □ Internship I    □ Internship II

Semester: ___________________________ Year: ______________

Graduate Student: __________________________________________

Practicum/Internship Instructor: __________________________________________

Site: ___________________________ Phone#: ___________________________

On-Site Supervisor: __________________________________________

Address: __________________________________________

City: ___________________________ State: ___________________________ Zip________________

Supervisee Preparation

Please rate your agreement with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<td>Disagree</td>
<td>Neither Agree nor Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>No Opinion</td>
</tr>
</tbody>
</table>

1. The supervisor was available and demonstrated involvement and seriousness about being a supervisor.

2. My supervisor used personal experience with clients to further my development.

3. My supervisor made it easy for me to initiate communication with him/her.

4. My supervisor treated me fairly and with respect.

5. I would rate my supervisor’s overall clinical/professional skills as excellent.

6. My supervisor and I worked well together in resolving any problems that arose.

7. Expectations related to the placement were clearly communicated to me.
<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>8.</td>
<td>My supervisor provided effective feedback in critiquing my strengths and weaknesses.</td>
</tr>
<tr>
<td>9.</td>
<td>My supervisor was active in observing client sessions, co-leading sessions, reviewing tapes, or otherwise sampling the level of my clinical skills.</td>
</tr>
<tr>
<td>10.</td>
<td>My supervisor demonstrated confidence in me by allowing appropriate autonomy.</td>
</tr>
<tr>
<td>11.</td>
<td>I consistently felt supported and affirmed by my supervisor.</td>
</tr>
<tr>
<td>12.</td>
<td>Overall, I believe this placement has been a good opportunity to learn and grow as a clinician and counseling professional.</td>
</tr>
<tr>
<td>13.</td>
<td>During my placement, my supervisor has served in a mentoring capacity.</td>
</tr>
<tr>
<td>14.</td>
<td>At the beginning of my placement, I received orientation to my responsibilities, agency policies, and procedures.</td>
</tr>
<tr>
<td>15.</td>
<td>I would rate my overall experience in this placement as excellent.</td>
</tr>
<tr>
<td>16.</td>
<td>I would recommend this site for future graduate placements without reservation.</td>
</tr>
</tbody>
</table>

**Please respond to the following items. Provide examples where possible. Feel free to use the back of this form for additional comments.**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>17.</td>
<td>The Supervisor responses that facilitated the most growth were:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>The Supervisor responses that facilitated the least growth were:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Thank you for your willingness to work with our graduate program and provide professional training to our Graduate Students.**

---

Graduate Student’s Signature ___________________________ Date ___________

Clinical Supervisor’s Signature ___________________________ Date ___________
Alabama A & M

College of Education, Humanities, and Behavioral Sciences

Application for Continuation of Clinical Site

Select one:  □ Practicum  □ Internship I  □ Internship II

Semester:  __________________________  Year:  __________________________

Graduate Student:  __________________________________________

Current Practicum/Internship Site: __________________________________

On-Site Supervisor Printed Name: __________________________________

License/Certification Title:  _______________________________________

Must be licensed in the state where the counseling services will be conducted

On-Site Supervisor Position/Title: _________________________________

On-Site Supervisor’s Work Address: _________________________________

_______________________________________________________________

On-Site Supervisor’s Work Phone: __________________________________

On-Site Supervisor’s Email: _______________________________________

_______________________________________________________________

Graduate Student’s Signature  Date

_______________________________________________________________

On-Site Supervisor’s Signature  Date

_______________________________________________________________

Clinical Supervisor’s Signature  Date
Supervision Log

Trainee ___________________________ Supervisor ___________________________

Document all incidents of supervision received, including regularly-scheduled individual and group supervision as well as unscheduled supervision contacts.

<table>
<thead>
<tr>
<th>Date</th>
<th>Length of Super.</th>
<th>Type</th>
<th>General Description of Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(no client Personal Health Information)</td>
</tr>
</tbody>
</table>
Consent to Audio or Videotape

This form is only necessary if required by the affiliating agency

I, _____________________________ (print name) consent to the audio or videotape of my counseling session with a graduate student _____________________________ (print name) enrolled in the Alabama A & M College of Education, Humanities, and Behavioral Sciences, Social Work, Psychology and Counseling Department Counseling. I understand that the audio or videotape is solely for educational purposes and may only be heard and/or viewed by the graduate student’s course instructor _____________________________ (phone #_____________________), onsite supervisor _____________________________, and other graduate students in the supervision course. I understand that all efforts will be taken to keep information confidential and that the tape will be destroyed upon completion of counseling. Lastly, I understand that I may withdraw my permission during or after the recording session without it affecting the services I am provided.

______________________________  _____________________
Client Signature        Date

______________________________  _____________________
Parent/Guardian Signature (if client is a minor)   Date

______________________________  _____________________
Graduate Student Signature      Date

______________________________  _____________________
Onsite Supervisor Signature     Date
Practicum and Internship

Below is an example of what the form looks like. This form is to be used to log hours at each clinical training site across each semester.
Site Visit
Site Visits are required (1) during Practicum and Internship, (2) after changing to a new training site, or (3) after changing On-Site Supervisors.

Graduate Student: ____________________________
Faculty Supervisor: ____________________________
Site: _________________________________________
On-Site Supervisor: ____________________________
Site Visit Date: ________________________________

Student Strengths:

Student Growth Areas:

Other Feedback:

Supervision Concerns:

Other Feedback:

__________________________________________  ____________________________
Graduate Student’s Signature               Date

__________________________________________  ____________________________
Faculty Supervisor’s Signature              Date