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HANDBOOK FOR CLINICAL MENTAL HEALTH COUNSELING
PRACTICUM AND INTERNSHIP

Introduction

Your Practicum and Internship experience represent opportunities for you to apply theory, develop and enhance skills for client assessment, evaluating and planning through professional practice. As such, it represents the “real world” of counseling more closely than any other aspect of your program.

This is your chance to practice and hone your skills while under the protection of ample supervision, both on site and in the university. These experiences allow you to counsel clients who represent a diverse demographic in your community. We hope you will take every advantage of this opportunity. All placement sites include counseling as one of the primary professional activities and will be supervised by a master’s level professional with a minimum of 2 years of post-master’s experience.

This handbook is designed to provide you with the basic information you need to successfully complete your practicum (COUN 5170) and internship (COUN 5720) field placement experience. Please refer to the course descriptions listed below for a summary of practicum and internship requirements.

COUN 5170: Practicum in Mental Health Counseling:
The Practicum in Mental Health Counseling constitutes the initial comprehensive field experience for students in the Mental Health Counseling track. Students will spend at least 100 clock hours in a mental health agency; of these hours, at least 40 will be direct client contact (this includes individuals, couples, families, co-facilitation or groups). The clinical standards for Practicum and Internship specify that observing others provide counseling or related services, record keeping, administrative duties, and clinical and/or administrative supervision would not be considered direct service. The remaining 60 hours will be spent in consultation with peers and the site supervisor, attendance at staffings, case conferences, or professional education workshops. Students will meet individually or in triadic supervision with their site supervisor and in a seminar with the APSU supervisor throughout the semester for supervision and instruction on various topics related to the practicum. The CACREP practicum standard requires that the duration of student’s supervised practicum experience to extend across a full academic term to facilitate the development of basic counseling skills and the integration of knowledge. CACREP standards do not allow for extra hours obtained during the practicum to be counted toward the 600 clock hour internship requirements. Practicum supervision involves 1.5 hours of weekly group supervision with your university supervisor and 1-hour weekly supervision with your site supervisor.

COUN 5720: Mental Health Counseling Internship:
Students in the mental health counseling concentration will complete a total of 600 clock hours working in a mental health counseling setting. Of the 600 hours to be completed by mental health counseling interns, at least 240 hours must be spent in direct contact (this includes but is not limited to individual counseling sessions, assessments, intakes, etc.). The intern is primarily responsible to the agency supervisor but reports to the university supervisor at specified intervals. The internship will be the culminating experience of the student’s master’s degree program. Internship supervision involves 1.5 hours of weekly group supervision with your university supervisor and 1-hour weekly supervision with your site supervisor.
### Timetable for Practicum (P) or Internship (I) Activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Activity</th>
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| **Spring Semester or Semester Prior to Practicum/Internship** | Student submits application for P/I to APSU supervisor  
Student interviews potential site supervisors  
Student & site supervisor agree on placement  
Student obtains professional liability insurance |
| **Prior to Beginning Practicum or Internship** | APSU Supervisor conducts P/I orientation for students  
Student and site supervisor sign *Agreement* form  
Student and site supervisor sign *Statement of Understanding*  
Student must have professional liability insurance  
Student performs background check and pre-orientation activities |
| **Beginning of Term** | Student submits above forms to APSU supervisor  
Site supervisor conducts orientation for student at site  
Student and site supervisor establish individual objectives  
Student and site supervisor establish work schedule APSU supervisor reviews individual objectives  
Student begins work at site |
| **Throughout Term** | Student meets regularly with site supervisor for individual supervision  
Student meets with APSU supervisor for group supervision and seminar  
Student continues work at site  
Student maintains weekly log of activities (weekly initials) |
| **Middle of Term** | Site supervisor completes mid-term evaluation  
Student submits mid-term evaluation to APSU supervisor APSU supervisor confers with site supervisor regarding student progress |
| **End of Term** | Student completes *Report of Time Distribution*  
Site supervisor signs *Report of Time Distribution*  
Student submits *Report of Time Distribution*  
Site Supervisor completes final evaluation of student  
Student completes evaluation of APSU supervisor  
Student completes evaluation of site/supervisor  

**APSU supervisor assigns grade**

**Site Supervisor completes W-9 Form for stipend (if applicable)**
I. PRACTICUM

Practicum is designed to provide you with practical experience in the counseling field. At this stage in your education, you will have had some experience in counseling through your courses as well as opportunities to learn about the work of counselors in different settings. During your practicum, you will focus primarily on the following:

A. learning good counseling practices by observing and participating in joint experiences;

B. developing your skills by counseling in groups and individually under close supervision;

C. becoming familiar with various types of educational and/or mental health agencies, services, referral sources, professional orientation, staff development, organizational development, etc.; and,

During your practicum, you will be working in an agency for one semester, accumulating at least 100 hours of experience. Although your responsibilities will vary according to the requirements of the site supervisor and the nature of the clientele served, you will spend the first part of your practicum observing, or “shadowing” your supervisor and/or other counseling professionals. Through observation, you will become familiar with the responsibilities of counselors and the organizational structure of the facility. You will begin working with clients, either in conjunction with your supervisor, other practicum students, or alone. The expectation is that your licensed supervisor or an appropriate clinical consultant is always present in the building during your time at the site and has a written emergency plan in place if the approved clinical mental health service providers are unavailable. Additionally, you will have opportunities to participate in ancillary responsibilities at your practicum site, such as staff meetings, in-service training sessions, and record-keeping.

Of the 100 hours required in your practicum, at least 40 must be direct client or student contact. This refers to individual, group, and family counseling; and/or intake and exit interviews with clients. Of the 40 required hours, no more than 15 hours can be spent co-facilitating with another professional. At least 10 of your 40 hours of direct contact should be in a group experience.

II. INTERNSHIP

The Internship must be completed over the last two (2) semesters of graduate study.

Final Two (2) Semesters:

Term 1: 300 hours (3 credit hours)
Approximately 20 hours per week

Term 2: 300 hours (3 credit hours)
Approximately 20 hours per week
The following courses must have been completed prior to the beginning of the internship:

COUN 5000 Research Methods and Evaluation in Counseling (3)
COUN 5080 Diagnosis and Psychopathology (3)
COUN 5110 Lifespan Development (3)
COUN 5170 Practicum in Mental Health Counseling (3)
COUN 5180 Theory and Practice in Clinical Supervision (3)*
COUN 5190 Psychological Assessment and Appraisal (3)
COUN 5200 Foundations of Clinical Mental Health Counseling (3)
COUN 5400 Theories of Counseling (3)
COUN 5410 Counseling Techniques (3)
COUN 5420 Advanced Counseling Techniques (3)
COUN 5430 Group Theories and Techniques (3)*
COUN 5440 Diversity Issues in Counseling (3)*
COUN 5600 Theories and Counseling in Career Development (3)
COUN 5993 Addictions Counseling (3)
COUN 6010 Ethical, Legal and Professional Issues in Counseling (3)

*Classes may also be taken concurrently with the first semester of Internship.

When you enter your internship, you will be close to the completion of your master’s program. You will have had significant counseling experience in the classroom, as well as opportunities to counsel with others and on your own during your practicum. The internship is designed to be an experience where you can refine your skills in counseling others, while having the benefit of supervision by more experienced professionals. Your primary tasks in your internship will be to:

a. become comfortable with a counseling model and thoroughly develop your skills;
b. counsel people with difficult issues while under supervision;
c. explore areas of personal interest such as grief counseling, counseling children, or counseling people with eating disorders; and
d. become involved in the professional community through membership in professional associations; attendance at workshops, conferences and other staff development activities; and by participation in informal networking groups.

In your Internship, you will gain much experience working on your own, or as a colleague with other counselors at your internship site. Although you may begin by observing and shadowing, you should eventually have your own clients and should be given responsibilities similar to those held by other staff members at the site. The expectation is that your licensed supervisor or an appropriate clinical consultant is always present in the building during your time at the site and has a written emergency plan in place if the approved clinical mental health service providers are unavailable. Of the 600 hours to be completed by mental health counseling interns, at least 240 hours must be spent in direct contact (individual
counseling sessions, assessments, intakes, etc.). Students are strongly encouraged to devote hours to group and/or family counseling. In the event a total of 600 hours is not obtained by deadline to apply for graduation, you must have completed at least 500 hours by graduation, with a completion plan collaborated with site supervisor to complete the remaining 100 hours within 30 days of commencement.

III. THE APPLICATION PROCESS

A. DEADLINES

You must apply for Practicum/Internship at least one semester prior to the term in which you intend to enroll. Deadlines for the application are as follows:

Deadline for Fall Practicum/Internship: April 15
Deadline for Spring Practicum/Internship: September 15
Deadline for Summer Practicum/Internship: March 1

You must apply for practicum/internship for each term in which you intend to enroll. You may obtain the application form from the Coordinator and return by the aforementioned deadline.

A meeting for all beginning practicum/internship students is held each spring, approximately one month after the application deadline. At this meeting, the requirements of the field experience will be reviewed, particular sites discussed and questions answered.

B. SELECTING A PRACTICUM/INTERNSHIP SITE

There are many things to consider when choosing a site to do your practicum or internship. Some are:

Clientele: What type of population do you want to work with: Young children? Inner city students? Hospitalized adults? People with specific issues such as addictions or eating disorders?

Locale: What type of agency are you most interested in? Hospital? Private practice? University?

Service: Are you more interested in crisis counseling or developmental counseling? An emphasis on family interventions?

Supervision: Do you want to do your practicum or internship in an agency with extensive supervision (10+ hours per week)? Or do you feel more comfortable with more freedom and less supervision?

After you have determined the type of agency and work that you want to pursue in your
practicum/internship, the next step will be to interview with potential supervisors at several comparable agencies.

When you interview, be sure to obtain information about the following:

1. Is an orientation to the agency provided? If so, when and how extensive is it?

2. Who will be your direct supervisor? What are the credentials of that person? What type of supervision will you receive? How often? Will audio taping or videotaping be allowed? What are your supervisor’s expectations of you in terms of service, hours, and skills?

3. What will be your hours and days of the week? Are you expected to work weekends or nights?

4. Can the agency guarantee you enough contact hours to meet the University requirements? Can your supervisor help you obtain clients?

5. What will be the general format of the practicum or internship? Is there a period of observation or shadowing? Will you be able to co-lead groups or do individual counseling with a co-therapist prior to seeing clients on your own?

6. Will there be opportunities to participate in staff development activities while doing your practicum or internship?

7. What are the formal and informal rules of the organization as they pertain to dress, lunch hours, etc.?

8. Exactly what types of work will you be able to do during the practicum or internship? Will you be restricted to a particular type or mode of delivery (such as individual counseling on a short-term basis) or will you have opportunities to experience a variety of services (such as testing, group work, etc.)?

9. What are the agency’s expectations of your skills at the beginning of your practicum or internship? Will you need to be able to write treatment plans or to diagnose clients? Will you be required to have knowledge of particular disorders or problems such as addictions?

C. COMPLETING INTERNSHIP HOURS AT YOUR JOB SITE

Occasionally, internship students will request to complete their field experience at their place of employment. In these situations, students must receive prior approval from their APSU supervisor. They may count their hours of direct client contact toward the internship requirements. Students must, however, establish a specialized learning contract describing specific projects (e.g. grant-writing, needs assessment, program development and evaluation) which are beyond the scope of their current employment responsibilities. Consult with your APSU supervisor to plan specialized learning contract.

D. MULTIPLE SITES
Most students elect to complete their internship in one site. Occasionally, students are permitted to complete their internship hours in more than one setting. If this is the case, students need to secure a site supervisor in each site who meets the necessary qualifications and can provide a minimum of one hour of documented supervision per week, per site.

E. FINALIZING THE PRACTICUM/INTERNSHIP PLACEMENT

Students must have scheduled a site and met with their site supervisor to finalize details of their placement prior to the first week of the semester. Faculty reserve the right to de-register or administratively withdraw students who do not comply with this requirement. During your planning meeting with your site supervisor for practicum or internship placement, you will need to complete several forms to turn in to your APSU supervisor at the first meeting of the term. These forms, which are in the Appendix, include the following:

1. **Practicum/Internship Agreement Form.** This form includes the name and address of the agency and requires the signatures of your site supervisor and your supervisor’s director or head of the agency.

2. **Practicum/Internship Statement of Understanding.** This form is a reminder that your supervisors are ultimately responsible for safeguarding your clients and therefore have the option of removing you from practicum or internship when necessary.

3. **Practicum/Internship Information Sheet.** This form includes information which your APSU supervisor will use to reach you both at home, work, and at your practicum or internship site.

4. **Practicum/Internship Learning Contract.** With assistance from your site supervisor, you should describe, in behavioral terms, specific objectives that you intend to accomplish during your practicum or internship. Your site supervisor should review these objectives with you since he or she will be responsible for evaluating your completion of them. Your APSU supervisor will review the objectives, as well, and return the form to you following the first or second meeting of the term.

IV. RESPONSIBILITIES OF SITE SUPERVISORS

Your site supervisor will be given guidelines for his or her responsibilities for practicum and internship supervision. Most site supervisors have worked with many counselor education students over the years and are extremely comfortable with the process. It is important for you to be aware of what the supervisor will be expected to do, and what he or she will be expecting of you. Your licensed supervisor or an appropriate clinical consultant should always be present in the building during your time at the site and have a written emergency plan in place if the approved clinical mental health service providers are unavailable.

A. QUALIFICATIONS

Your supervisor must have a master’s degree in counseling or a closely related field; appropriate licensure (LPC, LPC-MHSP, LMFT, LMHC, Licensed Social Worker or Licensed Psychologist) and/or certifications; and, must have at least two years’ experience as a
professional counselor beyond the master’s. In addition, supervisors must have completed formal training in supervision skills and techniques.

B. SUPERVISION

Your supervisor will be expected to participate in supervision with you for at least 1 hour per week throughout your experience. The primary supervision should be conducted on an individual basis, although it is appropriate for a supervisor to meet with two students at one time. Additionally, you may participate in group supervision with 3 or more practicum students or interns. It will be important for your supervisor to review your counseling skills throughout the internship, through video, audio, or direct observation. (See Appendices for a sample “Permission to Record and Consult” form). Students are also required to document their site supervision each week by completing the Documented Supervision form (See Appendices). Failure to attend site supervision with your site supervisor will result in no face-to-face contact with clients that week. Work with clients will resume once you have completed appropriate supervision.

C. EVALUATION

Your supervisor will be responsible for evaluating your performance in a written format to be submitted to your APSU practicum/internship supervisor at the mid-term and at the end of the semester. A sample of the mental health evaluation form is provided in the Appendices.

D. COMMUNICATION

During the practicum and internship experience, the APSU supervisor of the course will email/phone the site supervisor at the beginning of the semester, then arrange a site visit at the convenience of the site supervisor and APSU supervisor (as needed). Additionally, the APSU supervisor will consult with the site supervisor during mid-semester and at the end of the semester to further discuss student progress. Please note: ongoing consultation will occur throughout the semester as appropriate for the student, site supervisor, and university supervisor.

V. RESPONSIBILITIES OF APSU SUPERVISORS

A. PRACTICUM/INTERNSHIP MEETINGS

During your internship you will meet individually and in groups of no more than ten with your APSU internship supervisor. During these sessions, the focus will be on individual and group supervision of your counseling skills, discussion of current topics in counseling, and in developing your skills in counseling-related areas. You will have opportunities to work with your supervisor or another faculty member on special activities such as supervision, research, training, writing, or making presentations at conferences and workshops. If you do not attend supervision with your APSU supervisor, you will be unable to engage in face-to-face contact with clients that week. Work with clients will resume once you have completed appropriate supervision.
B. EVALUATION

Your APSU supervisor will evaluate your performance as shown in your participation in group supervision and the seminar. Additionally, with recommendation from your site supervisor, your APSU supervisor will assign your final grade in practicum/internship.

C. COMMUNICATION

During the practicum and internship experience, the APSU supervisor of the course will email/phone the site supervisor at the beginning of the semester, then arrange a site visit at the convenience of the site supervisor and APSU supervisor (as needed). Additionally, the APSU supervisor will consult with the site supervisor during mid-semester and at the end of the semester to further discuss student progress. Please note: ongoing consultation will occur throughout the semester as appropriate for the student, site supervisor, and university supervisor.

VI. THE INTERNSHIP EXPERIENCE

A. LIABILITY INSURANCE

Regardless of your practicum or internship setting, you are required to be covered by professional liability insurance. You can obtain insurance through one of several professional organizations. The American Counseling Association and The American Mental Health Counselors Association provide insurance at reasonable rates for their student members. Information about the organizations and the purchase of insurance is presented at Practicum/Internship Orientation meetings. Additionally, you can obtain copies of applications from your program sponsor or from your APSU supervisor. It is important you take-action on this item as soon as you have selected a site; you cannot begin practicum or internship client contact until your insurance is in effect.

B. ESTABLISHING A SCHEDULE

Whether in your practicum or internship, it is important that you work closely with your site supervisor to establish a reliable schedule. It is recommended that you plan to work at your site at least one full day per week and several partial days. Learn about agency meetings or other events that your supervisor thinks are important for you to attend and make special efforts to participate, even if they occur on a “non-practicum/internship” day. Stay with your schedule as closely as possible and always give advance notice if you have to rearrange it. In cases where it is necessary to continue working at your site over interim breaks (winter or May term), your number of hours should not exceed 20 and you should continue weekly supervision with your site supervisor throughout this period. Completion of the Waiver of Supervision Form is required for interim breaks.

C. MAINTAINING A LOG

It will be important for you to keep a record, on a daily basis, of your activities and the time spent on each, throughout your practicum or internship. Most students find that a small notebook is
convenient to carry and use for this purpose. The daily log will be helpful when you meet with your site or university supervisor to discuss your counseling cases and related activities. Additionally, at the conclusion of your practicum or internship, you will use the log to summarize the various activities on the Report of Time Distribution.

D. INDIVIDUAL COUNSELING

In most agency settings, counseling with individuals is the backbone of the work. Do what you can to ensure that you have clients or students that you see over a period of time, rather than concentrating on crisis intervention. You will find that counseling experiences are more challenging when you see the same individual a number of times. Ask your supervisor for advice on issues such as scheduling appointments, intake interviews, consent forms, reminder calls to clients, etc.

When you are counseling individuals, concentrate on following a theory or model that you have learned and relish. Don’t let yourself drift into conversation just because you may not be observed at the moment. Understand that your practicum and internship are meant to be learning and practice situations, so don’t be afraid to experiment with techniques that you have practiced in class. Your site supervisor will be there to support your efforts as well as to give helpful feedback.

E. GROUP OR FAMILY COUNSELING

You should plan to spend some of your counseling time working with groups or with families. It is important that you spend time observing and co-leading groups before working on your own, since different agencies may follow specific formats when working with multiple clients or families. Consider developing a structured group built on a specific topic as part of your experience. You may find that the structured atmosphere and the emphasis on a single topic will help you stay focused and will help to build your confidence in working with groups.

F. RELATED RESPONSIBILITIES

You will undoubtedly find that your practicum or internship will consist of much more than individual and group counseling. You may find that much time is spent on tasks such as developing treatment plans, writing comprehensive case notes, and consulting with counselors in other agencies. Additionally, you may be expected to make case presentations, join on-going discussion groups, or do outside reading in specific areas.

G. PROFESSIONAL ASSOCIATION AND MEMBERSHIPS

If you have not done so already, you should plan to join local, state, and national professional associations now. While you are in your practicum and internship, you will have many opportunities to practice some of the suggestions offered by experienced professionals through newsletters, journals, workshops, and conferences. You will also notice that professional articles on serious topics take on new meaning when you are counseling people who have the same issues being addressed in the literature. Local counseling organizations are an excellent way to meet professional counselors, learn about job opportunities, and form lasting professional bonds. At the state and national level, you will have opportunities to become
involved in issues that are important to the welfare of counselors and their clients.

**Professional Counseling Organizations**

- American Counseling Association (ACA) - [https://www.counseling.org](https://www.counseling.org)
- American Mental Health Counseling Association (AMHCA) - [http://www.amhca.org](http://www.amhca.org)
- Association for Counselor Education & Supervision (ACES) - [http://www.acesonline.net](http://www.acesonline.net)
- Tennessee Counseling Association (TCA) - [http://www.tncounselors.org](http://www.tncounselors.org)
- Tennessee Mental Health Counseling Association (TMCHA) - [http://www.tncounselors.org/tmhca](http://www.tncounselors.org/tmhca)
- Tennessee Licensed Professional Counseling Association (TLPCA) - [http://www.tlpca.net](http://www.tlpca.net)

**H. PROFESSIONAL DEVELOPMENT OPPORTUNITIES**

As you become more involved in your practicum or internship, you will become increasingly aware that your professional education is just beginning, and that it is likely to continue. Luckily, every year, dozens of interesting and helpful workshops are presented in Clarksville (mainly Nashville) or the surrounding area. Your supervisors will probably be familiar with many of the workshops and can advise you on training that will be particularly helpful in your present experience. You can usually get significant discounts on the registration fees while still in a student status. Participation in professional development activities can be included in your non-contact practicum or internship hours.

**I. EVALUATION OF PRACTICUM OR INTERNSHIP**

Your site supervisor and your APSU supervisor are responsible for evaluating your performance, as discussed earlier. At the end of each semester, you will have an opportunity to evaluate your supervisors, as well. The *Student Evaluation of APSU Practicum/Internship Supervisor* is shown in the Appendices; The *Student Evaluation of Practicum/Internship Site* also appears in the Appendices.

**J. SUPERVISOR STIPEND**

As a way of thanking site supervisors for their service, Austin Peay State University provides a small stipend of $50 for every 300 clock hours that an individual supervises. In order to receive this gift, the supervisor must complete the *Mental Health Counselor Supervisor Substitute W-9 Form* found in the appendices and fax the form to Cissy Mandrell, the Academic Assistant to the Chair at (931) 221-6267, or mail it to: PO Box 4537, Clarksville, TN 37044.

Please note that any personal information the supervisor provides will be kept confidential.
CHECKLIST OF CLINICAL MENTAL HEALTH COUNSELING PRACTICUM/INTERNSHIP

Counselor Trainee: ________________________________  Semester/Year: _______
Agency: ________________________________  Site Supervisor: _______

The following items will be placed in the student’s permanent file:

Initialed by:  
Professor  Candidate
______  1. Checklist for Mental Health Counseling Field Experience
______  2. Practicum/Internship Agreement
______  3. Proof of Liability Insurance
______  4. Practicum/Internship: Understanding & Ethics Agreement
______  5. Report of Time Distribution
______  6. Practicum/Internship Information Sheet
______  7. Practicum/Internship Learning Contract
______  8. Documented Supervision
______  9. Field Site Supervisor’s Midterm Evaluation
______  10. Field Site Supervisor’s Final Evaluation
______  11. Practicum/Internship Weekly Log
______  12. Student Evaluation of Practicum & Internship Supervisor
______  13. Student Evaluation of Field Site & Supervisor
______  14. Encourage Mental Health Counseling Supervisor to complete and submit W9 Form to instructor.

NOTE: These documents will verify your field experience hours. This is necessary when applying for licensure as a professional counselor. It is recommended that you keep copies of all these documents and submit your original work to the P/I Coordinator with this checklist.
PRACTICUM AGREEMENT

The purpose of this document is to specify the terms of the agreement that will exist between the Mental Health Counseling Master of Science Program at Austin Peay State University (APSU) and ______________________________ (site). The terms of the agreement will be subject to modification and/or amendment only if all parties are of one accord. The specific contract will exist between ______, On-Site Supervisor, _____________, Clinical Mental Health Counseling Program Coordinator, and _________________________, MS intern.

THE PRACTICUM PROGRAM

The practicum program is to consist of a minimum of 100 hours to be completed between ______________ and ______________ for a total of 3 hours of graduate credit. This program is intended to fulfill the practicum requirement for the Master of Science degree in Counseling, Clinical Mental Health Counseling concentration.

RESPONSIBILITIES OF THE PRACTICUM STUDENT

The practicum student shall be responsible for:

1. Completing a minimum of **100 hours** between _____________ and __________ with **40 of the 100 hours** in **direct client service**;
2. Receiving supervision and instruction in the programs and procedures of ________________________;
3. Maintaining an accurate record of activities and timely completion of all appropriate documentation as required by the On-Site Supervisor, ________________________________, and the Clinical Mental Health Counseling Program at Austin Peay State University;
4. A log will be maintained of time spent and all practicum activities which will be reviewed on a weekly basis and verified by the On-Site Supervisor’s signature;
5. Maintaining professional liability insurance;
6. Performing specific duties as assigned by the On-Site Supervisor to include the following: Conducting Intake Assessments, Individual Counseling, Group Counseling, Family Counseling, and other duties as assigned.
7. Adhering to any dress and/or behavioral codes established by the host agency;
8. Adhering to the attendance policies of____________________ and the agreed upon schedule;
9. Compliance with all legal and ethical regulations.

RESPONSIBILITIES OF THE ON-SITE SUPERVISOR
The On-Site supervisor will serve as consultant and supervisor for the practicum student while the student is on-site. Regular weekly, face-to-face planning, evaluation or consultation sessions between the On-Site Supervisor and the student are recommended. The On-Site supervisor is expected to be present in the building during the time the student is at the site and has a written emergency plan in place if the approved clinical mental health service providers are unavailable. Additionally, the On-Site Supervisor will complete a Midterm and Final Evaluation of the student.

RESPONSIBILITIES OF THE UNIVERSITY SUPERVISOR
The University Supervisor shall meet with the student on a regular basis in an individual or group format for the purpose of:

1. Discussing the timely concerns and issues of the student enrolled in the Practicum course;
2. Being available as a faculty consultant to provide feedback and guidance related to students’ placement concerns;
3. Making a site visit during the course of the semester to meet with the On-Site Supervisor.
4. The university supervisor of the practicum course will email/phone the site supervisor at the beginning of the semester (if needed). New agencies are required to meet with the university supervisor at the site at the beginning of the semester.
5. The university supervisor of the practicum course will also consult with site supervisor during mid-semester and at the end of the semester to further discuss student progress.
In the unlikely event that a problematic situation occurs between the On-Site Supervisor and the Practicum, which is difficult to resolve, either the On-Site Supervisor or the Intern may contact the student’s University Supervisor, ________________________________
(office number: ________________________; email: ________________________________).
INTERNERSHIP AGREEMENT

The purpose of this document is to specify the terms of the agreement that will exist between the Mental Health Counseling Master of Science Program at Austin Peay State University (APSU) and ____________________________ (site). The terms of the agreement will be subject to modification and/or amendment only if all parties are of one accord. The specific contract will exist between ______, On-Site Supervisor, _____________, Clinical Mental Health Counseling Program Coordinator, and _________________________, MS intern.

THE INTERNSHIP PROGRAM

The internship program is to consist of a minimum of 600 hours to be completed between _______________ and _______________ for a total of 6 hours of graduate credit. This program is intended to fulfill the internship requirement for the Master of Science degree in Counseling, Clinical Mental Health Counseling concentration.

RESPONSIBILITIES OF THE INTERN

The practicum student shall be responsible for:

1. Completing a minimum of 600 hours between _____________ and _________ with 240 of the 600 hours in direct client service;
2. Receiving supervision and instruction in the programs and procedures of ________________________.
3. Maintaining an accurate record of activities and timely completion of all appropriate documentation as required by the On-Site Supervisor, ________________________________,
and the Clinical Mental Health Counseling Program at Austin Peay State University;

4. A log will be maintained of time spent and all internship activities which will be reviewed on a weekly basis and verified by the On-Site Supervisor’s signature;

5. Maintaining professional liability insurance;

6. Performing specific duties as assigned by the On-Site Supervisor to include the following: Conducting Intake Assessments, Individual Counseling, Group Counseling, Family Counseling, and other duties as assigned.

7. Adhering to any dress and/or behavioral codes established by the host agency;

8. Adhering to the attendance policies of ______________ and the agreed upon schedule;

9. Compliance with all legal and ethical regulations.

**RESPONSIBILITIES OF THE ON-SITE SUPERVISOR**

The On-Site supervisor will serve as consultant and supervisor for the Intern while the student is on-site. Regular weekly, face-to-face planning, evaluation or consultation sessions between the On-Site Supervisor and the student are recommended. The On-Site supervisor is expected to be present in the building during the time the student is at the site and has a written emergency plan in place if the approved clinical mental health service providers are unavailable. Additionally, the On-Site Supervisor will complete a Midterm and Final Evaluation of the student.

**RESPONSIBILITIES OF THE UNIVERSITY SUPERVISOR**

The University Supervisor shall meet with the student on a regular basis in an individual or group format for the purpose of:

1. Discussing the timely concerns and issues of the student enrolled in the Practicum course;

2. Being available as a faculty consultant to provide feedback and guidance related to students’ placement concerns;

3. Making a site visit during the course of the semester to meet with the On-Site Supervisor (if needed). New agencies are required to meet with the university supervisor at the site at the beginning of the semester.

4. The university supervisor of the internship course will call/phone the site supervisor at the beginning of the semester.

5. The university supervisor of the internship courses will also consult with the site supervisor during the mid-semester and at the end of the semester to further discuss student progress.

6. Ongoing consultation occurs throughout the semester as appropriate for the student, site supervisor, and faculty member.
In the unlikely event that a problematic situation occurs between the On-Site Supervisor and the Intern, which is difficult to resolve, either the On-Site Supervisor or the Intern may contact the student’s University Supervisor, ________________________________ (office number: ____________________; email: ________________________________).

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site Supervisor Signature</td>
<td>Degree/License/Certification</td>
</tr>
<tr>
<td>University Supervisor, Clinical Mental Health Counseling Program</td>
<td>Date</td>
</tr>
</tbody>
</table>
Practicum/Internship in Clinical Mental Health Counseling Statement of Understanding and Ethics Agreement

Semester: ___________________________ Year: _______

Trainees should read and sign this form for every practicum and internship class. The original is to be returned to the instructor, and the student should retain a copy.

I acknowledge that my primary obligation, as an internship student, is to do no harm to my clients or students. I therefore agree to maintain ethical behavior at all times during this field experience. I further acknowledge that my APSU and site supervisors are legally and ethically obligated to protect my clients from potential harm as much as possible through their supervision and review of my performance. In the event that any of my supervisors have reason to believe that I may harm my client through unethical or incompetent behavior, they have the right and responsibility to take immediate action. Such action may include removing me, temporarily or permanently, from the practicum or internship.

1. I hereby attest that I have read and understood the current Code of Ethics of the American Counseling Association and will practice my counseling in accordance with these standards. 
   **NOTE: the ACA Code of Ethics is posted on the Department website; trainees should download this for review and keep it with their Internship Handbook.**

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

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

4. I understand that I will not be issued a passing grade in counseling skills classes and internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence.
and complete course requirements as outlined by my faculty instructor.

5. I understand that I may be required to become familiar with additional codes of ethics from related professional disciplines.

<table>
<thead>
<tr>
<th>Counselor Trainee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Supervisor</td>
<td>Date</td>
</tr>
<tr>
<td>APSU Supervisor</td>
<td>Date</td>
</tr>
</tbody>
</table>
PRACTICUM/INTERNSHIP INFORMATION SHEET

Name: ________________________________
Date: ________________________________

Address: ________________________________
Home or Mobile Number: ____________________ Work Number: __________

Name of Agency: ________________________________
Address: ________________________________
Phone: ________________________________
Supervisor: ________________________________

ANTICIPATED DAYS AND TIMES AT PRACTICUM/INTERNSHIP SITE:

MONDAY ________________________________
TUESDAY ________________________________
WEDNESDAY ________________________________
THURSDAY ________________________________
FRIDAY ________________________________
WEEKEND ________________________________
PRACTICUM/INTERNSHIP LEARNING CONTRACT

Directions: Students, in consultation with site and/or APSU supervisors, will choose projects or activities to complete during practicum or internship. Describe the projects or activities in terms of measurable objectives below. The APSU supervisor will review and approve the objectives at the beginning of the semester. The site supervisor will describe the degree of accomplishment of the objective, will sign below, and return this form to the APSU supervisor at the conclusion of internship with the students’ final evaluation.

<table>
<thead>
<tr>
<th>STUDENT OBJECTIVES</th>
<th>SITE SUPERVISOR EVALUATION</th>
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</thead>
<tbody>
<tr>
<td>1. ___________________</td>
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<td>2. ___________________</td>
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<td>4. ___________________</td>
<td>4. ___________________</td>
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<tr>
<td>5. ___________________</td>
<td>5. ___________________</td>
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</tbody>
</table>

Student Signature ___________________________  Date: _______________________

Site Supervisor ___________________________  Date: _______________________

Department of Psychological Science and Counseling
Austin Peay State University
PO Box 4537
Clarksville, TN 37044
(931) 221-7233
PERMISSION TO RECORD AND CONSULT

I, the client (or parent or guardian), consent to the recording of my counseling sessions for purposes of professional consultation with the goal of helping improve the counselor’s effectiveness. This recording may be done by video and/or audiotaping.

This consent is being given in regard to the professional services provided by the counselor named below. I understand that I will be given counseling even if I choose not to sign this authorization. I understand that even if I sign this authorization, I may ask for the recording to be turned off or erased at any time during my sessions. All audio and videotapes will be kept in a safe location and will be destroyed at the end of the semester.

I further understand that to improve counseling techniques, my counselor may be consulting with the supervisor of this agency as well as my APSU faculty supervisor. She/He may also select a portion of the videotape to be viewed by other counselor graduate trainees during group supervision. I therefore authorize any of the supervisors and graduate trainees to observe or have access to information relating to my treatment. It is understood that these professionals and their students are bound by state laws and by professional rules about client’s privacy.

Printed Name

Signature (Client or Parent/Guardian)

Date

I, the counselor, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person’s behavior and responses give me reason to believe that this person is fully competent to give informed and willing consent.

Signature (Counselor)

Date
Suggestions for Audio and Video Recording

It is the responsibility of counselor trainees enrolled in practicum and internship to supply appropriate equipment for recording counseling sessions. In most cases this means audiotapes or videotapes. DVD’s are acceptable if your instructor/supervisor agrees to that format. These recordings are the basis of individual supervision, group supervision, and evaluation leading to the final course grade. Some field site placements will have recording equipment, especially videotaping equipment, but many will not. Videotape is always preferable since it allows for visual review; however, some field placement sites will only allow audiotaping. Whatever format you use, remember that all tapes must be clearly audible.

There are some steps you can take to insure you have the best recordings possible:

1. DO NOT use the handheld, mini-recorders since they do not have the power and range necessary. Video recorders that utilize DVDs, videotape, or other media are acceptable as long as your instructor or supervisors is willing to accept them.

2. Use an audio or video recorder that will accept a separate microphone plug and purchase the separate microphone. The microphone embedded in the audio or video recorder usually cannot pick up all the voices and/or allows too much interference (e.g., recording itself, recording the air conditioner). An “omni-directional” microphone is highly recommended since it picks up sounds coming from different directions. These microphones are available from various businesses, such as Radio Shack.

3. Always check your equipment before a session to be sure it is working adequately. Place the microphone away from air conditioning/ heating vents, clocks, and fluorescent lights. Sometimes it helps to place the recorder on a book or towel to reduce table vibrations that can impair sound quality. Video cameras should be aimed so as to include both counselor trainee and the client, not just the client. Remember that the further away a video camera is the less effective the microphone mounted in the camera will be (therefore, it is best to attach an external microphone).

4. All consent forms for taping must be signed before you ever turn on a recorder. Never tape a session if you do not have signed permission to do so. Provide copies of the consent forms to your supervisor/instructor when they receive a tape from you.

5. Label and store tapes/disks securely. Never use a client name to label a tape; instead use some sort of code. The only people who should ever hear/see counseling session tapes are: you, your course instructor, your site supervisor, your class. Do not review tapes where family members or friends can hear or see them. Do not carry your tapes around everywhere you go – keep them secure.

You MUST dispose of all tapes and recordings by the end of the semester. There is no reason to save audio and video recordings. Once you have reviewed them or used them for supervision/grade, record over them or dispose of them.

Remember: You are required to dispose/record over them by the end of the semester.
WEEKLY DOCUMENTED SUPERVISION

STUDENT NAME: ___________________________ DATE: ____________________________

BEGINNING TIME: __________
ENDING TIME: __________

FUNCTIONS REVIEWED:

__ client screening  __ client assessment
__ client intake  __ client orientation
__ treatment planning  __ individual counseling
__ evaluation  __ family counseling
__ group counseling  __ referral
__ crisis intervention  __ outreach
__ consultation  __ client education
__ reports/record keeping  __ case management
__ case review  __ written communication
__ community education
__ other __________

Specific Issues Discussed and/or Reviewed
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Specific Suggestions for Student
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
MIDTERM OR FINAL (circle one)
SUPERVISOR EVALUATION FORM

If this is the Final Evaluation, please attach the student’s Learning Contract to this form

Practicum: __________  Internship: __________

Intern Name: ________________________________________________________________
Date of Evaluation: ____________
Supervisor: _________________________________________________________________
Practicum/Internship Site: _____________________________________________________

Instructions
This form is designed to help supervisors provide feedback about the performance of practicum and internship students. I know you are probably busy, but the form usually takes just five or ten minutes to complete and your answers and comments will be much appreciated. This form will become part of the intern’s record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. Space is provided following each category group for specific comments. There is also a space at the end of this form for general comments. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below.

Initial Comments:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Answer Code for Evaluation Items and Questions

NA – Not Applicable or not enough information to form a judgment
1 - Far Below Expectations – needs much improvement, a concern
2 - Below Expectations – needs some improvement to meet standards
3 - Acceptable – meets standards at an average level for practicum/internship students
4 - Above Expectations – performs at above average level for practicum/internship student
5 - Far Above Expectations – a definite strength, performs well beyond average levels for practicum/internship students

I. Basic Work Requirements
   _____ Arrives on time consistently
   _____ Uses time effectively
   _____ Informs supervisor and makes arrangements for absences
   _____ Reliably completes requested or assigned tasks on time
   _____ Completes required total number of hours or days on-site
   _____ Is responsive to norms about clothing, language, etc., while on-site

   Comments:
   ____________________________________________________________________________
   ____________________________________________________________________________

   Suggested areas for further study:
   ____________________________________________________________________________

II. Ethical Awareness and Conduct
   _____ Knowledge of general ethical guidelines
   _____ Knowledge of ethical guidelines of practicum/internship placement
   _____ Demonstrates awareness and sensitivity to ethical issues
   _____ Personal behavior is consistent with ethical guidelines
   _____ Consults with others about ethical issues if necessary

   Comments:
   ____________________________________________________________________________
   ____________________________________________________________________________

   Suggested areas for further study:
   ____________________________________________________________________________

III. Knowledge and Learning
   _____ Knowledge level of client population at beginning of practicum/internship
   _____ Knowledge level of client population at end of practicum/internship
   _____ Knowledge of treatment approach at the beginning of practicum/internship
   _____ Knowledge of treatment approach at the end of practicum/internship
   _____ Knowledge of treatment setting at beginning of practicum/internship
   _____ Knowledge of treatment setting at the end of practicum/internship
   _____ Receptive to learning when new information is offered
   _____ Actively seeks new information from staff or supervisor
   _____ Ability to learn and understand new information
_____ Understanding of concepts, theories, and information
_____ Ability to apply new information in clinical setting

Comments:
__________________________________________________________________________
__________________________________________________________________________

Suggested areas for further study:
__________________________________________________________________________
__________________________________________________________________________

IV. Response to Supervision
_____ Actively seeks supervision when necessary
_____ Receptive to feedback and suggestions from supervisor
_____ Understands information communicated in supervision
_____ Successfully implements suggestions from supervisor
_____ Aware of areas that need improvement
_____ Willingness to explore personal strengths and weaknesses

Comments:
__________________________________________________________________________
__________________________________________________________________________

Suggested areas for further study:
__________________________________________________________________________
__________________________________________________________________________

V. Interactions with Clients
_____ Appears comfortable interacting with clients
_____ Initiates interactions with clients
_____ Communicates effectively with clients
_____ Builds rapport and respect with clients
_____ Is sensitive and responsive to client’s needs
_____ Is sensitive to cultural differences
_____ Is sensitive to issues of gender differences

Comments:
__________________________________________________________________________
__________________________________________________________________________

Suggested areas for further study:
__________________________________________________________________________
__________________________________________________________________________

VI. Interactions with Coworkers
_____ Appears comfortable interacting with other staff members
_____ Initiates interactions with staff
Communicates effectively with staff
Effectively conveys information and expresses own opinion
Effectively receives information and opinions from others

Comments:

Suggested areas for further study:

VII. Work Products
Reliably and accurately keeps records
Written or verbal reports are accurate and factually correct
Written or verbal reports are presented in professional manner
Reports are clinically or administratively useful

Comments:

Suggested areas for further study:

Overall, what would you identify as this student’s strong points?

What would you identify as areas in which this intern could improve?

Would you recommend this intern for employment at his or her present level? Please Explain:

Would you recommend this intern for continued graduate studies? Please Explain:

Supervisor’s Signature: ____________________________  Date: ________________
REPORT OF TIME DISTRIBUTION

Practicum: _________  Internship: _________

An exact report of the number of hours the student spent in his or her Counseling Practicum or Internship experience is required for the student’s record as well as for the site supervisor’s record.

Students are to return the original of this report at the close of the Practicum/Internship to the APSU Supervisor.

Name of Student: ____________________________________________

Site: __________________________________________________________________

Number of hours spent by the student in:

Observation: __________________________  Intake Interviews: __________________________
Individual Counseling: __________________________  *Group Counseling: __________________________
Family Counseling: __________________________  Case Staffings: __________________________
Research: __________________________  Professional Development: __________________________
Documentation/Record Keeping: __________________________  Outreach/Advocacy: __________________________

Supervision:
  Individual (Site): __________________________
  Group (Site): __________________________
  Individual (Campus): __________________________
  Group (Campus): __________________________

Other (specify): __________________________

Total Hours: __________________________  From: ___________ To: ___________
Typed or Printed Name of Site Supervisor

Signature

Degree, License, or Certification

Date Signed

*One-hour credit is assigned for group sessions consisting of 10 or fewer members; an additional 15-minutes credit is assigned for each additional client group member.
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assisted me in evaluating my readiness for practicum/internship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Assisted me in selecting a practicum or internship site</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Provided me with information regarding expectations and requirements of practicum or internship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
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<tr>
<td>4.</td>
<td>Provided me with opportunities to consult, on an individual basis, regarding problems or issues concerning practicum/internship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Allowed students to contribute input regarding the emphasis and direction of class discussion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Comments:</td>
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<tr>
<td>6.</td>
<td>Led small group discussions of issues relevant to all practicum or internship students</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Comments:</td>
<td></td>
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<tr>
<td>7.</td>
<td>Provided structure for student-led case presentations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>Comments:</td>
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<tr>
<td>8.</td>
<td>Provided relevant literature and/or other resources relative to current topics of interest to all practicum/internship students</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td></td>
<td>Comments:</td>
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<tr>
<td>9.</td>
<td>Provided information related to licensure, certification, exams, continuing education, graduation, and professional organizations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td></td>
<td>Comments:</td>
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</tbody>
</table>
10. Provided information about opportunities to participate in community, agency, or school professional development activities

Comments:

Additional Comments:
### Student Evaluation of APSU Practicum/Internship Field Site

Note: The information you provide may be shared in general terms with the site supervisor.

**Site/Agency/School Name:**

**Address:**

**Student Evaluator:**

**Directions:** On the rating scale to the right of each item, please circle the number which best describes your practicum/internship experience.

1 = poor  
2 = adequate  
3 = good  
4 = very good  
5 = superior

#### Orientation:

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<tr>
<th>Time provided for orientation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensiveness of orientation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall quality of orientation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

#### Comments:

#### Supervision:

<table>
<thead>
<tr>
<th>Supervision was regularly scheduled</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision was appropriate for my needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feedback from my supervisor was helpful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Supervisor was accessible (beyond regularly scheduled times)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Supportiveness of supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall quality of supervision</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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</table>

#### Comments:

#### Learning Experiences:

<table>
<thead>
<tr>
<th>Availability of clients</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Appropriateness of clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Suitability of tasks/duties</td>
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<tr>
<td>Number of tasks/duties</td>
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<tr>
<td>Overall quality of learning experiences</td>
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</table>

**Comments:**

**Professionalism:**

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<tbody>
<tr>
<td>Treatment as a professional</td>
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<tr>
<td>Opportunities for input</td>
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<td>Inclusion/reception by staff persons</td>
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<tr>
<td>Overall sense of professionalism</td>
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**Comments:**

**Global Assessment of Internship**

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<tbody>
<tr>
<td>Would you recommend this site to others?</td>
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Yes: __________  No: __________

Why? Why not? Please explain below:

**Additional Comments:**
COUNSELING PROGRAM WEEKLY LOG OF CLINICAL ACTIVITY FOR PRACTICUM OR INTERNSHIP (circle one)

<table>
<thead>
<tr>
<th>Date</th>
<th>DIRECT HOURS</th>
<th>WEEKLY SUPERVISION</th>
<th>INDIRECT HOURS</th>
<th>INITIALS</th>
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<td>Individual</td>
<td>Group</td>
<td>University</td>
<td>Observation</td>
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<td>Group</td>
<td>Couples and Families</td>
<td>Assessment and Treatment Planning</td>
<td>Individual</td>
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<td>Total Direct Hours</td>
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<td>Total Direct Hours</td>
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</tbody>
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Student Signature: _______________________________  Date: ___________

Site Supervisor Signature: ________________________  Date: ___________

Faculty Signature: _______________________________  Date: ___________
AUSTIN PEAY STATE UNIVERSITY
Mental Health Counselor Supervisor Substitute W-9 Form

APSU Vendor #
APSU Office Use Only

The following information is necessary for us to meet reporting requirements of Tennessee law. Contracts and vendor registrations are incomplete until the Contractor or Vendor has provided this information to the university in writing. Upon completion of the student counselor’s assignment, this information will be provided to APSU Accounts Payable with the stipend request.

Please return completed form directly to APSU’s Coordinator of Clinical Mental Health Counseling via fax to (931) 221-6267 or by mail to PO Box 4537, Clarksville, TN 37044.

Please call (931) 221-7233 or (931) 221-7238 if you have additional questions

Taxpayer Identification: _______________________________________________________
Counselor’s Legal Name: ________________________ Phone Number: ______________

Home Address: __________________________________________________________________

Agency Name: _________________________________________________________________

Agency Address: __________________________________________________________________

Account Type/IRS Reporting Classification

___ 1. Individual, US taxpayer (personal income, not an actual business)
   Social Security Number: _____ - ___ - _____

___ 2. Foreign Individual
___ 3. Joint Venture (provide applicable SS#/name)
___ 4. Sole Proprietor (with no other employees, SS#)
5. Sole Proprietor (with one or more employees, EIN#)
6. Partnership
7. Sub-chapter S
8. Medical/Health Care Corporation
9. Corporation (LLC, choose correct filing status above)
   Employer Identification Number: _____ - _______________________
10. Association, club, religious, charitable, educational, or other tax-exempt organization
11. Not-for-profit Corporation
12. Real Estate
13. Broker or registered nominee (agent)

Certification:
Under penalties of perjury, I certify that the information which I have provided on this form is correct.

Signature: _______________________________ Date: _________________