**North Carolina State University**

**Counselor Education Program**

**Practicum/Internship Contract**

**This contract outlines the primary expectations for the Practicum/Internship Masters counseling student, the Site Supervisor, and the University Supervisor (Faculty Advisor). Please read to make sure all individuals involved understand the basic process and requirements for the clinical portion of the Counselor Education program. The Contract contains 4 parts: Part I- An Overview of the Process; Part II- Site Supervisor Information; Part III- Faculty Advisor Information, Part IV. Doctoral Student Supervisor Information, and Part V. Student Information. After reviewing all items, if you agree to the contract, please sign and date where a signature is requested at the end of the document. The Student will complete his/her part, take the paperwork to the Site Supervisor, bring it to his/her Faculty Advisor and Doctoral Student Supervisor, and ultimately all paperwork will end up with the Clinical Coordinator who will file the contract in the student’s clinical file.**

**Part I- An Overview of the Process**

**1. Hours**

**For practicum**: The total site experience should equal 100 hours with a minimum of 40 hours of direct client contact/service which will include 10 hours of group counseling.

**For internship**: The total experience for one semester should equal 600 hours with a minimum of 240 hours of direct client contact/service.

**Direct client contact**/hours is defined by CACREP as interaction with clients that includes the application of counseling, consultation, or human development skills. In general, the term is used to refer to time spent by Practicum or Internship students working directly with clients. Examples of direct client contact are a.) individual counseling, b.) group counseling, c.)psycho-education groups or classroom guidance, and d.) parent or family meetings/counseling. All activities that are not applications of counseling, consultation, or human development skills will be counted as **in-direct or non-direct contact hours/service.**

The Masters Practicum is in the Fall semester from August to December and the Masters Internship is during the Spring semester from January to May.

**2.Setting goals and Orienting the student at the Practicum/Internship Site**

\*As a Practicum or Internship site for the Counselor Education Masters Program at North Carolina State University, the Site Supervisor will collaborate with the student in developing **goals for the clinical experience**.

\*The Site Supervisor will provide an **orientation** of the site to the counseling student. This will involve general information, an understanding of the structure and roles of the counseling office, and an introduction of the student to staff and others whom he/she will work with.

**3.Supervision**

\***As a Practicum site**, the site supervisor may provide optional supervision in addition to serving as a “host” for the site. The Practicum students will receive ongoing group and individual supervision by **Counselor Education Doctoral Student Supervisors** who in turn will be supervised by a faulty member in the Counselor Education Program. The Masters Practicum students will need to videotape clients which will be viewed as part of their university individual and group supervision.

\***As an Internship site**, the Site Supervisor will need to spend a minimum of one hour a week in direct supervision of the Masters Internship student. As the clinical experience progresses, the supervisor will consult with the student on his/her caseload and any professional concerns that may arise. The student will receive constructive feedback on his/her performance. At the university, the student interns will receive group supervision in a class for which they are registered, typically facilitated by their faculty advisor who coordinates their track (school counseling; community agency counseling; college counseling).

**4.Professionalism and Ethical behavior**

The site and university supervisor will model professional and ethical behavior (e.g. confidentiality and limits to confidentiality, recognition of qualifications and limitations, record keeping , dual relationships, self awareness and monitoring etc.) Students need to be aware and behave in accordance with the American Counseling Association Code of Ethics and discuss with their site supervisor any ethical guidelines/codes specific to their site. Students are expected to exhibit professional behavior at their site.

Note: All masters student interns need to purchase Liability Insurance that covers them during Practicum and Internship experiences. (Insurance can be purchased through the American Counseling Association)

**5.Taping**

\*As part of students’ requirements, a minimum of 10 tapes are required during Practicum and additional taping may be required for Internship. Taping must begin within the first three weeks of the semester. Supervisors can be very helpful to students in identifying clients that may be agreeable to taping sessions for training and university supervision purposes. Students have a **Client Taping Release** form for any clients who will be taped, to review and sign. However, students may use release forms and Informed Consent forms that are particular to a specific site. During Internship, taping is optional. Site Supervisors are asked to review student video tapes as is needed during the weekly one hour supervision sessions.

**6.Practicum and Internship Training Sessions and University-Site Contacts:**

Two trainings will be held for site supervisors and masters students who will be doing their Practicum and Internship. It is important that all site supervisors and the masters student interns attend. The first session will be in late **August/early September** and the second in **December**. Both trainings will be conducted by the Counselor Education Program. At the first training, the Site Supervisors will receive an orientation about Practicum as well as a continuing education component where Continuing Education Units (CEUs) will be earned. Site Supervisors, University Supervisors, and masters student interns will meet at this time. After the training, continuing supervision will be provided by the University (Counselor Education Program) in conjunction with supervision received on site by the Site Supervisor. The second training in December will prepare the Site Supervisors and student Interns for the Internship process. A continuing education component will be provided here as well with CEU credits.

**University Supervision for Practicum**: As was mentioned briefly in the previous section on “Supervision”:, for Practicum, the Masters student will receive individual and group supervision from a Counselor Education Doctoral Student Supervisor who in turn is supervised by a full-time faculty supervisor. The Practicum student’s Faculty Advisor is also involved in monitoring the Practicum student’s progress. The student’s Faculty Advisor will be available to the Site Supervisor during the semester to review student performance and for any concerns as well as the Counselor Education program’s Clinical Coordinator. The Doctoral Student Supervisor will also contact the Site Supervisor to introduce him/herself in case the Site Supervisor needs to contact him/her for any reason and to help monitor student progress.

**University Supervision for Internship**: For Internship, the Masters Internship student will receive 1 hour weekly structured individual supervision from the Site Supervisor. At the University, the student intern will receive weekly group supervision from the Internship class which may or may be taught by the student’s faculty advisor. The University Supervisor will keep in contact with the Site Supervisor to review student performance and any concerns by phone, e-mail, and/or visit. (The Doctoral Student Supervisor will not be involved during Internship/Spring Semester.)

7**.Evaluation**:

The Site Supervisor will provide ongoing feedback to the student concerning his/her performance at the Practicum or Internship site. The students will also get ongoing feedback from their University Supervisors (Practicum- from their Doctoral Student Supervisors and Internship- from their Faculty Supervisors).

The Site Supervisor and University Supervisor will evaluate the Practicum or Internship student at mid semester and end of the semester. During Practicum the doctoral student supervisor will complete the evaluations while soliciting feedback from the site supervisor and go over the feedback with the students. The site supervisor is welcome to complete a separate evaluation during Practicum but that is optional. During Internship, the primary responsibility of evaluation will come from the Site Supervisor who will complete the mid and end of the semester evaluations and go over the feedback with the student interns. They will then send the evaluation to the internship instructors. The Counselor Education Program’s student evaluation form for Practicum is called The Evaluation of Masters Practicum Student and for internship it is the Site Supervisor’s Evaluation of Masters (concentration name) Intern. There is a specific internship evaluation form for each of the three concentrations.

**Part II. -Site Supervisor Information**

To be completed by Site Supervisor

1. Name of North Carolina State University Counselor Education Program Practicum/Internship Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Site Supervisor Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name of Site (Institution or Agency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Site Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Site Supervisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Site Supervisor’s Address (at site): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Site Supervisor’s Highest Degree Completed (MA, MS, EdS, PhD, MD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does Site Supervisor have a masters degree in counseling or counseling related field?\_\_\_\_\_\_\_\_\_\_\_\_(If a School Counselor, must have a NC school counseling license.)

10. Does Site Supervisor have a minimum of two years of pertinent professional experience in the program area in which the student is completing clinical field experience (e.g. school, college, community agency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Credentials of Site Supervisor: Please spell out acronyms

* Licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Certification(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Years of Post-Master’s Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Years of Counseling Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Site Supervisor: Educational Background (chronological order beginning with most recent training.)

Name of Institution Degree/Year Title of Program

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

15. Professional Experience (chronological order beginning with most recent experience)

Job Titles/Duties Year/Dates

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

16. Does the Site Supervisor verify that the NCSU Counselor Education student will be able to complete the following:

* 10 videotapes of individual counseling session for Fall Semester?\_\_\_\_\_\_
* 30 hours of individual counseling for Fall Semester?\_\_\_\_\_\_
* 10 hours of group counseling for Fall Semester?\_\_\_\_\_\_\_
* 240 hours of direct (individual/group) counseling experience for Spring Semester?\_\_\_\_\_
* 600 hours of total direct and indirect counseling and related experience for Spring Semester?\_\_\_\_\_\_\_\_
* Site Supervisor will provide one hour of scheduled weekly individual supervision to the Counselor Education student during Spring Semester?\_\_\_\_\_\_\_\_
* Site Supervisor will make every effort to participate in both the Practicum and Internship Training sessions?\_\_\_\_\_\_\_
* Site Supervisor will evaluate the student at mid-term and the end of each semester?\_\_\_\_\_\_\_

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

Site Supervisor Signature Date

**Part III- Faculty Advisor Information**

To be completed by Faculty Advisor

1.Faculty Advisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Faculty Advisor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Faculty Advisor E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Faculy Advisor University Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Faculty Advisor Signature: The faculty advisor must read the following and initial and sign at the end if in agreement.

* The student’s Faculty Advisor has approved the above stated Practicum/Internship Site.\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial signifying agreement)
* The Faculty Advisor approves the Site Supervisor credentials as being in Counseling or Counseling related preparation \_\_\_\_\_\_\_\_(initial) or is comprised of sufficient Counseling coursework\_\_\_\_\_\_\_\_\_\_\_\_(initial).(If so, please describe.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The NCSU Counselor Education Faculty Advisor agrees to contact the Site Supervisor during the Fall and Spring semesters by phone, e-mails, and/or visit/s to assist in monitoring student progress.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

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

Faculty Advisor Signature Date

**Part IV. Doctoral Student Supervisor Information**

To be completed by Doctoral Student Supervisor

1.Doctoral Student Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Doctoral Student Supervisor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Doctoral Student Supervisor E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.The Doctoral Student Supervisor must read the following and initial and sign at the end if in agreement.

\*Agree to the expectations and requirements outlined in this contract.\_\_\_\_\_\_\_\_(initial)

\*Purchase professional insurance to cover the supervision experience\_\_\_\_\_\_\_\_\_

\*Conduct weekly individual and group supervision for masters interns.\_\_\_\_\_\_\_

\*Attend/participate in the Practicum and Internship orientations.\_\_\_\_\_\_\_\_\_

\*Contact site supervisors during the semester through phone, e-mails, and a visit.\_\_\_\_\_\_\_

\*Conduct mid and end of term evaluations for student interns.\_\_\_\_\_\_\_\_\_\_\_\_

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

Doctoral Student Supervisor Signature Date

**Part V.- Student Information**

To be completed by Student

1.Masters Practicum/Internship Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Student E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Student Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Good Standing:

Place a check on the line for each statement that is true; write an explanation for items that are not checked.

\_\_\_\_\_As a student, I have never had a formal disciplinary charge against me by NCSU or any college or university, and there are no pending student misconduct charges against me. (If yes, please provide full details on a separate sheet. A disciplinary history does not necessarily disqualify an applicant.)

\_\_\_\_\_I have never been diagnosed or treated for a physical or emotional problem that would interfere with my roles and duties as a counselor. (If yes, please provide full details on a separate sheet.)

\_\_\_\_To the best of my knowledge, I have no attitudes that would interfere with my ability to work with or cause me to discriminate against clients upon the basis of race, color, religion, creed, sex, national origin, age, disability, veteran status, sexual orientation, or socioeconomic status.

\_\_\_\_I have never been convicted of a felony in a court of law (NOTE: You may be required to complete and pay for a criminal background check at the request of the school system or other site in which you work (as a paid or unpaid employee). If yes, please provide full details on a separate sheet.)

\_\_\_\_\_I am neither under the influence of illegal drugs nor participating in the distribution/sale of illegal drugs; and will not, while I am a Masters student in the Counselor Education Program, use illegal drugs or participate in the distribution/sale of illegal drugs.

\_\_\_\_\_I agree to inform the Counselor Education Program if, while I am a Masters student in the Counselor Education Program, I am charged with any violations of the NCSU Code of Student Conduct; charged by any university representative with a violation of any disciplinary code; or charged with any violations of federal, state, or local law.

\_\_\_\_I agree to inform the Counselor Education Program if I am dealing with a mental health concern that would put myself or my clients at my Practicum or Internship site at risk.

Note: The Counselor Education Program as part of the application process checks with other University programs (i.e .the Office of Student Conduct) regarding applicant behavior/conduct on campus.

Ethical Guidelines:

Place a check on the line to indicate you plan to adhere to each guideline.

\_\_\_\_\_I plan to uphold client confidentiality as well as the limits to confidentiality.

\_\_\_\_\_I am aware of the limits to my training and abilities and plan to see assistance with supervisors when a clinical situation is beyond my abilities and training.

\_\_\_\_\_I will identify myself as a counselor-in-training and not misrepresent myself.

\_\_\_\_\_I will accurately and reliably maintain written and other records require by my site.

\_\_\_\_\_I will refrain from counseling people with whom I have other types of relationships. (I will avoid dual relationships.)

\_\_\_\_\_Under no circumstances will I become involved in a sexual or romantic relationship with clients at my site and I will not engage in sexual harassment.

\_\_\_\_\_I will monitor my own emotional and physical status and practice self awareness to avoid any adverse impact on my clients.

\_\_\_\_\_I will discuss ethical standards with my supervisors.

**By signing below I affirm that I have provided full and truthful details on this document as well as agreeing that I will adhere to all of the ethical guidelines listed above and in the Practicum/Internship Handbook. I understand this contract and will uphold this contract to the best of my ability. I also agree to that I have purchased liability insurance which will cover the time span of my clinical experience.**

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctoral Student Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**