Student Clinical Handbook
Master of Arts in Counseling 2020-2021
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INTRODUCTION

Pre-practicum, Practicum and Internship are an important part of counselor training. They make demands on both your time and on you as a person that you may not have encountered before. Therefore, this handbook outlines the goals and expectations of clinical training for counselors.

On a fundamental level, students must be involved in the provision of direct clinical service. This might be manifested in individual, family and group counseling as well as intake and crisis intervention. The specific number of hours required to meet minimum requirements is outlined in this manual. Students are expected to follow professional and ethical guidelines established by the University and counseling profession.

Congratulations to you on reaching this milestone in your education and training. The graduate faculty looks forward to making the clinical courses a stimulating and rewarding experience.
MISSION STATEMENT FOR COUNSELING GRADUATE PROGRAM

The Counseling Program of Chicago State University is located on the south side of Chicago, primarily serving residents who both live and work within the Chicago urban area. The students within the program are diverse and representative of the largely minority population within this region. The mission of the program is to produce highly qualified graduates equipped to serve the complex counseling demands in urban settings with a specific emphasis on addressing the needs of urban youth and their families. This mission is generated from a belief that counselors equipped to deal with the more difficult problems within large cities, will also be effective in other, less challenging settings. To accomplish its mission, the program is committed to:

- recruiting, retaining and graduating culturally and economically diverse students;
- employing a dedicated, caring, and culturally diverse faculty whose teaching is informed by research and clinical expertise;
- providing a curriculum that is infused with theory and applications related to diverse, urban populations;
- providing students with a strong preparation in counseling interventions and models of prevention directed toward meeting the complex counseling needs within urban and other settings;
- providing opportunities for practical counseling experiences within urban schools and communities;
- teaching students how to access resources, advocate for their clients and their profession, and serve as community activists when needed; and
- working in partnership with local institutions and agencies in the region to assist in the development of socially and economically viable and sustainable communities.

I. TRAINING GOALS AND OBJECTIVES

TRAINING

It is strongly believed that counselors-in-training need the opportunity to combine their didactic learning with actual experience in settings similar to ones in which they will be employed after graduation. The clinical component of the program helps the counselor-in-training acquire proficiency and gain confidence by applying their emerging skills under the supervision of experienced counselors.

The clinical courses are designed to ensure skill development along with a strong knowledge base. The goals of this experience are typically:

1. To stimulate the formation of a professional role and identity as a counselor

2. To develop the ability to accept individual differences in clients
3. To develop a knowledge of ethical standards

4. To articulate a personal theory of counseling which guides the intentionality of clinical practice and applies it under supervision

5. To intentionally apply microcounseling skills effectively while establishing interpersonal relationships within the clinical setting

6. To acquire a feeling for the counselor-client relationship and the role of self-understanding in the development of this relationship

7. To develop and articulate a case conceptualization formulated through theory, which guides the counselor-in-training practice

8. To learn to formally present a case in a concise and professional manner

9. To develop the ability to write succinct and accurate case reports and progress notes that include case conceptualization, goals of treatment, treatment interventions, and progress toward goals

III. Ethical Guidelines

All Counseling Graduate students must comply with the American Counseling Association Ethical Standards. Supervisors of the clinical courses will explain the ethical standards relative to counseling practice within each applied setting. Students must be informed of the rights of clients and critical legal decisions relevant to issues such as the right to confidentiality, the limits of confidentiality, informed consent, parental consent for the treatment of minors, etc. Students are responsible for knowing and appropriately following the ACA Ethical Standards and should consult with a supervisor in any situations in which appropriate ethical practice is unclear or compromised.

All students should download and print a copy of the current ACA ethics (2014 Version) for personal review and reference prior to enrolling in clinical courses. This document is available at:

http://www.counseling.org/resources/aca-code-of-ethics.pdf

IV. Clinical Courses

A. Pre-practicum Clinical Laboratory

The pre-practicum clinical laboratory is the student’s first direct contact with volunteer clients. Students are closely supervised during this initial experience. The class includes a didactic component which addresses issues such as case conceptualization, developing
a therapeutic relationship, ethical concerns, clinical report writing, brief clinical interventions, and counseling diverse populations including children and adolescents. Students are eligible to enroll in the pre-practicum clinical laboratory (COUN 5790) after taking all of the pre-candidacy courses (COUN 5600/5611, 5640, 5650, 5660, 5670). Students in this class will have sessions with actual clients, which are supervised live by faculty in the Counseling Laboratory. Both the University Supervisor and other counselors-in-training continuously give feedback to the counselors-in-training. Students will learn and apply a brief model of counseling with two separate clients during the semester. They will also observe other students’ sessions and review audio and videotapes of sessions, as well as completing case reports on their experiences with the clients.

NOTE: All Endorsement-only students must take or have taken COUN 5790 (Pre-Practicum Clinical Laboratory) at Chicago State University prior to enrolling in either Practicum (COUN 5950) or Internship (COUN 5990).

B. Practicum

After students have successfully completed the laboratory course, they can enroll in the first field experience, Practicum. Students are eligible to enroll in the practicum course (COUN 5950) after completing COUN 5790 with a grade of at least a B. Students should apply for practicum the semester before they enroll and attend a mandatory Practicum/Internship Orientation, which more specifically outlines the application requirements (e.g., background and fingerprint checks, Tuberculosis tests) and deadlines for various sites.

The practicum course requires the student to serve 100 hours in an actual counseling setting in the community or school. Of these hours, forty must be in direct individual and/or group client contact. Students may negotiate with the university supervisor to set up an appropriate site for their practicum. To be eligible for consideration as an appropriate internship or practicum site, all sites must provide at a minimum: an on-site supervisor with at least two years post-masters experience as a licensed clinical professional counselor or similarly licensed professional (clinical mental health counseling track) or as a school counselor with a Professional Educators License in School Counseling (school counseling track); at least one hour a week of individual supervision and biweekly consultation with the university supervisor; audio or videotaping of clients; experiences in individual and group counseling to fulfill the required number of direct contact hours; and opportunities to audio or videotape counseling sessions. A contract should be completed indicating the goals and responsibilities of the practicum students within the first two weeks of the semester.

In addition to the field experience, case consultation and supervision, there is also a strong didactic component in the Practicum. Some of the topics in the class lectures include professional case presentation, report writing, addressing issues of abuse and trauma, psychodiagnosis, consultation theory, assessing suicidal risk, substance abuse,
crisis intervention, mental status exams, advanced case conceptualization skills, and treatment strategies for children, adolescents, emergency preparedness, counseling different ages, and resistant clients.

Each week the counselors-in-training participate in one hour of individual with their site supervisor in biweekly consultation with the university supervisor. Students also spend one and one half hours of group supervision on campus with their University Supervisor. Counselors-in-training are required to bring in audio recordings and other materials related to their counseling work. Students must be able to record at least one client in an ongoing counseling process through the entire semester(s) during both practicum and internship. Recordings are needed for all submitted Case Reports.

Students must meet at least one hour (face-to-face) per week with their Site Supervisor who supervises their work at their practicum site. Students will be expected to gain exposure to experience in the role of a counselor at their practicum site. Site Supervisors should complete a Site Supervisor Information form prior to approval of a site.

Students will take Part I of the Comprehensive Examination while they are taking Practicum. Part I is an objective exam, which is similar to the exams for state licensure and certification. Students must receive a grade of B or better in COUN 5950 in order to enroll in the internship course.

C. Internship

A student is eligible to apply for internship after the successful completion (grade B or better) of the practicum and all other required courses. Students in the School Counseling Program may not register for internship (COUN 5990), until they have passed the Illinois Professional Educators Content Exam in School Counseling. Students will not be allowed to enroll in internship if their G.P.A. is below 3.0 or if they have any outstanding grades of Incomplete on their transcript. Students may petition to take a course along with internship, if necessary for maintaining financial aid or some other documented hardship. Students who need to take additional coursework during internship: can only enroll in 3.0 semester hours of internship each semester, may not be working full-time in addition to taking internship, and will only be allowed to register for COUN 5800 or program electives while taking internship.

Students should apply for internship the semester before enrollment. Applications are available in the Counseling Graduate office. Completed applications should be returned to this office by November 15 for the Spring Semester and by April 15 for the Fall Semester.

Students have some choice in selecting their internship site. Students are encouraged to choose an internship site that is within their particular area of interest (e.g., substance abuse programs, psychiatric hospitals, and mental health agencies). Students within the Clinical Mental Health Counseling Program may not complete an internship at their site.
of employment. The university supervisor who will supervise the students during his/her internship experience must approve each site after reviewing a completed Field Supervisor Information Form and Site Registration Form. University internship supervisors and the Counseling Graduate Program Office retain lists of pre-approved sites. A student may request for a new site to be added to this list. Minimum internship site and supervisor requirements are listed in the Practicum section above.

Students are expected to participate in both individual and group counseling during their internship. They should complete a contract, which is signed by both their university and field supervisor by the second week of the internship to clarify the expectations and obligations of the student and the field supervisor. The student’s university supervisor will provide a sample contract. In addition, some internship sites may have their own contract.

Students must complete a log sheet, provided by their university supervisor and signed by their field supervisor, each week of the semester. These logs document the time spent at the internship site as well as the types of activities that the students have completed. Signed logs should be turned in weekly to the university supervisor at the time of group supervision at Chicago State University. At the end of the semester the students will summarize all weekly logs on a log summary form, which officially documents the activities of the students during the internship. Students should copy all logs and summary sheets before submitting them to their professor. The logs and summary sheets will be placed in the student’s file in the Counseling Graduate Program Office.

The internship is comprised of 600 hours for School Counseling and 900 hours for Clinical Mental Health. A minimum of 240/360 hours will be direct services (e.g., individual/group counseling, and/or testing). The other 360/540 hours will include report writing, agency meetings, supervision, professional development, special projects, etc. Students within the School Counseling Program must complete half of their hours within an elementary school and half within a high school. Clinical Mental Health Counseling students have the option of completing the required internship hours over the course of two or three semesters; whereas, School Counseling students can complete the hours over one or two semesters.

The faculty supervisor and site supervisor will conduct evaluations of the intern. The intern will have the opportunity to evaluate the site and supervision experience. All students should present at least three formal case studies with written reports during each semester of internship. Video and/or audiotapes of sessions should be played during this presentation. The University Supervisor will assign the actual grade for the student, including input from the Field Supervisor. Students must receive a grade of B or better in all six hours of internship and possess at least a 3.0 G.P.A. in order to graduate. Students in their final semester are responsible for submitting an application (and required fees and supporting documents) for graduation to Graduate Studies by the posted deadline for the semester.
Students will take Part 2 of the Comprehensive Examination during their final semester of Internship. This exam is an essay exam that focuses on case conceptualization, treatment planning, appraisal skills, and clinical writing.

D. CLINICAL DOCUMENTATION GUIDELINES

Note: Starting in Fall 2020, all documentation for internship is submitted through Tevera.

Students completing Practicum and Internship must submit all required documents through Tevera including: State testing results (School Counseling Content Area Exam and Test of Academic Proficiency (TAP)) for School Track only; Site Registration Form; Signed Weekly Logs; Signed Log Summary Sheet; Practicum/Internship Student Evaluation by site supervisor (2 per semester); Contract (s) for Each Site; and a Signed HIPPA Form.

Documents to be completed by Site Supervisor - Field Supervisor Information Form (s) (2 Page form); Practicum/Internship Student Evaluation by site supervisor (Second Copy); and the Clinical Supervision Record (To be completed by Site Supervisor).

Documents to be completed by Student and submitted outside of the Tevera Platform - Case Studies; Recordings of Counseling Sessions

V. LIABILITY INSURANCE

All students enrolled in any of the clinical courses must first purchase liability insurance. The Counseling Graduate Program Office provides the information needed to obtain liability insurance for students enrolled in COUN 5790, 5950, and 5990/5991. Students must submit proof of current liability insurance prior to holding counseling sessions in COUN 5790. Under no circumstances may students start practicum, or internship without submitting this proof of coverage. Students must renew their liability insurance as needed to assured continuous coverage during the clinical courses. Information and necessary forms are available in the Counseling Graduate Program Office and on-line at the counseling.org website.

VI. FIELD PLACEMENT SITES

Field instruction sites are located throughout the Chicago metropolitan area. The agencies represent a broad range of counseling services in family service, in/outpatient mental health care, schools, corrections, and residential treatment. Most programs offer an opportunity for short and long term treatment. There is a mix of public and private organizations serving people from a wide range of ages, socio-economic levels, racial and ethnic backgrounds and lifestyles.

Several of the agencies and/or schools have had a long association with the Counseling Program. However, each year there are new sites that are willing to provide training to our students. Students who have secured a new site that is not included in the directory located in the final
pages of this handbook, must have it approved by the appropriate School/Community Track coordinator prior to starting the practicum or internship. The site’s potential is evaluated from the perspective of its capacity to provide an appropriate educational experience, diversity of clientele, a professional and ethical program of service and its commitment to the learning needs of students. In some rare instances, it may be necessary to reject a student’s proposal for a training site. However, the University supervisor will assist students in securing an appropriate site.

VII. BACKGROUND CHECKS FOR PRACTICUM AND INTERNSHIP

In the state of Illinois, school districts are required by law to conduct criminal background checks for all employees and other individuals working in schools. Consequently, schools in the state have recently started to request fingerprint background checks for students completing observations, students teaching, practicum and counseling internships. Students in the school counseling program need to check with their potential practicum/internship site to determine the procedures and deadlines related to this process. Recently, more practicum/internship sites as well as potential sites of employment within the community are also requiring background checks. Students are responsible for meeting these requirements before starting practicum/internship. Since the process can take more than two months, timely preparation is essential.

VIII. ROLES AND RESPONSIBILITY

A. Counselor-in-Training

1. Initiating contact with chosen agency after approval is granted from University Supervisor.

2. Submitting a contract with personal and professional objectives for the semester to the University and Field Supervisors by the second week in the semester.

3. Arranging a work schedule to conform to practicum/internship site requirements with precedence given only to university classes.

4. Adhering to agency policies.

5. Participating and preparing for weekly supervision with Field and University Supervisors.

6. Submitting at least one (1) taped session weekly during the Practicum and Internship and making at least three (3) formal case presentations during the Internship and two (2) presentations during the Practicum.

7. Submitting signed log sheets and summaries and other required assignments on time.

8. Adhering to ACA Code of Ethics and standards of professional behavior.
9. Evaluating the experience including the site, supervisors, and self.

10. Participating and preparing for the classroom component of the experience.

11. Informing the Field and University Supervisors of any problems or difficulties as soon as possible.

B. Field Supervisor

1. Providing direct on-the-job supervision to the counselor-in-training by a supervisor with at least at Master’s degree in counseling or a closely related degree and two years of experience.

2. Providing orientation to the counselor-in-training in terms of working hours, standards of conduct, staff meetings, required documentation (e.g., progress notes), agency policies, etc.

3. Orienting the counselor-in-training to the particular client populations served by the site.

4. Assigning the counselor-in-training clients and client-related tasks corresponding to their level and ability to assume clinical responsibility; assuring that the counselor-in-training will have the opportunity to complete the required direct and indirect hours and have opportunities for both individual and group counseling experiences.

5. Clients must agree to work with the counselor-in-training and at least one must allow the counselor-in-training to tape the sessions.

6. Provide weekly one hour of individual supervision to discuss clients and give feedback.

7. Evaluate the counselor-in-trainings work, completing the evaluation forms and discussing this with the counselor-in-training and then forwarding a copy to the University Supervisor.

8. Informing the University Supervisor of any problems or difficulties encountered as soon as possible.

9. Participating in evaluation sessions with the University Supervisor and the Counselor-in-training.

10. Abiding by the ethical standards of the counseling profession.

11. Providing the counselor-in-training with appropriate office space and other physical facilities.

C. University Supervisor

1. Assuring each counselor-in-training is prepared adequately for the clinical experience.
2. Advising counselor-in-training of university requirements for clinical experience and explaining evaluation process.

3. Maintaining regular contact with the Field Supervisor and attending conferences to evaluate the student’s work.

4. Providing direct supervision to the counselor-in-training through individual and group supervision sessions.

5. Being available for consultation to both the counselor-in-training and the Field Supervisor.

6. Evaluating the experience and providing assessment to the counselor-in-training and the Field Supervisor.

7. Providing the counselor-in-training with the resources that aid in achieving their educational objectives.

8. Assessing the professional development of the counselor-in-training which includes subjective, accurate, and timely feedback of taped counseling sessions and progress made toward goals.

9. Intervening when the counselor-in-training is perceiving limited or restricted experiences in the field site.

IX. CERTIFICATION AND LICENSURE

A. NATIONAL COUNSELOR CERTIFICATION:

The National Board of Certified Counselors (NBCC) is a not-for-profit, independent body that was established to monitor a national certification and credentialing system for counselors. NBCC has set standards for the experience, performance on the National Counselor Exam (NCE), and training of counselors. At this point, more than 40 states are using the NCE as part of the counselor licensure process within the state.

Students are eligible to take the NCE when they have completed 90% of the counseling program. Although passing this exam is required to obtain licensure in the State of Illinois, students may also apply for voluntary certification as a National Certified Counselor (NCC). The NCC credential is a nationally recognized professional standard developed by counselors, but not a license to practice and not a designation for independent private practice. Students who hold a counseling graduate degree from a regionally accredited university, passed the NCE exam, and met all required coursework can apply to be a Board Eligible Certified Counselor until they have completed all of the required post-graduate supervised experience for certification. The board eligible status is valid for a maximum of three years during which the candidate will need to accrue 3,000 hours in counseling-related activities with 100 hours of face-to-face supervision. Once the required verification is submitted to NBCC, the candidate will become a NCC. NCC certification is valid for five years, after which 100 hours of continuing education is
required to maintain certification.

More information may be obtained by contacting NBCC:
National Board for Certified Counselors
3D Terrace Way
Greensboro, NC 27403
www.nbcc.com

B. ILLINOIS STATE LICENSURE (LPC AND LCPC)

There are two tiers to licensure of counselors in the state of Illinois: Licensed Professional Counselor (LPC) and Licensed Clinical Professional Counselor (LCPC). Professionals with a master’s or doctoral degree in the field of counseling, psychology, rehabilitation counseling or similar degrees are approved to practice under the title of “counselor.” Licensed Professional Counselors are eligible to provide services to individuals, groups, couples, families, and organizations under the direct supervision of a qualified clinically licensed professional, but may not engage in independent practice with an LPC.

Counselors are qualified to obtain an LPC once they graduate from a 48 semester hour master’s or doctoral program in counseling, rehabilitation counseling, psychology, or similar degree program approved by the Illinois Department of Finance and Professional Regulation (IDFPR); have passed the National Counselor Exam (NCE) provided by the National Board of Certified Counselors (NBCC); and have completed all forms and other requirements of IDFPR.

A Licensed Clinical Professional Counselor (LCPC) must meet all of the above requirements and must complete the equivalent of two years (two units) of full time satisfactory employment under the direct supervision of a licensed clinical supervisor. One unit of experience is a maximum of 1680 clock hours in not less than 48 weeks including 960 direct face to face service to clients. Individuals can begin gaining the required hours upon completion of their degree. A qualified supervisor is an individual who is a clinically licensed as an LCPC, LCSW, Licensed Psychologist, or Licensed Psychiatrist. Supervisors must meet face to face with the candidate (individually or in groups of no more than three counselors) at least one hour per week for every 20 hours of direct contact, reviewing their counseling and case management skills.

Licensure is maintained by receiving 30 hours of continuing education units (CEU’s) prior to renewal every two years. For the first renewal of the LCPC licensure, the counselor must engage in seventeen hours of continuing education in supervision.

a. Process for Applying for the LPC

After graduating and obtaining passing results from NBCC, applicants need to contact IDFPR and download the application for Licensed Professional Counselor. Follow the instructions listed in the page ACCEPTANCE OF EXAMINATION. You will
have to contact NBCC, submit a processing fee and official transcript, and request that your exam score is sent to IDFPR. The ED form must be submitted to the CSU registrar (ADM 128). This must be send along with other application materials and required fees to IDFPR.

For more information contact:
Illinois Department of Finance and Professional Regulation (IDFPR)
320 W. Washington Street, 3rd Floor
Springfield, IL 62786
www.idfpr.com

C. LICENSE REQUIREMENTS FOR SCHOOL COUNSELING

a. PROFESSIONAL EDUCATORS LICENSE FOR SCHOOL COUNSELORS

Students must take and pass the School Counseling Content Area Exam in order to register for Internship in School Counseling. Please prepare and take the test at least two semesters before taking internship. Once the exam in passed and the student is registered for internship, they need to submit a Graduation Application to the Counseling Graduate Office (HWH 311) by the deadline posted for each semester. The Counseling Graduate Office will complete the GAPP form and sign the application. Applications of students eligible for certification will then be forwarded to the Licensure Services Office. Once these applications are approved, they will be returned to the Counseling Graduate Office. Student will also need to submit a receipt indicating proof of payment from the CSU cashier to the Counseling Graduate Office with their graduation application by the deadline for that semester in the CSU Academic Calendar (usually within the first few weeks of each semester). Please note that late applications will be processed the following semester. It is the student’s responsibility to meet all deadlines. During this same semester, students must attend a mandatory meeting sponsored by the Licensure Services Office, which explains all other current steps required to complete the certification process.

Illinois State Board of Education
Certification and Placement Section
100 North First Street
Springfield, IL 62777-0001

Additional information about the state certification process, including study materials for the exam may be obtained in the Licensure Services Office, ED 208 or by calling 773/995-2519.
D. **ENDORSEMENT POLICY**

Students in the School Counseling program are endorsed for Professional Educators License when their evidence of degree completion and endorsement materials are sent from the College of Education to the Illinois State Board of Education. Students in the Clinical Mental Health Program are endorsed for certification when their evidence of supervised training experience is sent to National Board for Certified Counselors, or when their official transcripts are sent to the Illinois Department of Professional Regulation for the eligibility for the Licensed Professional Counselor (LPC) or Licensed Clinical Professional Counselor (LCPC).

Beyond this, students may seek the recommendation of professors in the program when they are seeking other credentials or employment. Faculty reserve the right to refuse such requests when they believe they are unfamiliar with the students work and skills or when they have reason to believe the student should not be endorsed for credentials or employment for particular reasons. Should a concern arise about a student’s suitability for the profession while that student is taking a course, the course instructor will submit the student concern for discussion as a part of the precandidacy hearings held each semester or for a conference with the program director.
X. APPENDIX
PRE-PRACTICUM FORMS
Comment on the following dimensions using listed behaviors/skills as a reference of possible observations. Describe any behaviors that may need improvement or were not displayed. In addition, also comment on skills/behaviors that were satisfactory or outstanding.

<table>
<thead>
<tr>
<th>1. Use of Self</th>
<th>Observations</th>
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<tbody>
<tr>
<td>a. Open Body Posture</td>
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<tr>
<td>b. Appropriate Voice Level and Tone</td>
<td></td>
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<tr>
<td>c. Appropriate Facial Expression: (warm, congruent with topic, nonjudgmental)</td>
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<tr>
<td>d. Open Body Posture</td>
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<tr>
<td>e. Appropriate Eye Contact</td>
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<tr>
<td>f. Appears relaxed</td>
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<table>
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<tr>
<th>2. Relationship Skills:</th>
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<tbody>
<tr>
<td>a. Conveys warmth and caring to client</td>
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<td>b. Establishers rapport (they have a client)</td>
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<tr>
<td>c. Appears genuine</td>
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<td>d. Ability to engage</td>
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<tr>
<td>e. Clearly demonstrates empathy</td>
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<tr>
<td>f. Does not appear judgmental</td>
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<tr>
<th>3. Listening Skills:</th>
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<tbody>
<tr>
<td>a. Reflects and reacts to client’s feelings</td>
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<tr>
<td>b. Recognizes/addresses client’s covert message</td>
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<tr>
<td>c. Able to reflect process, not just content</td>
<td></td>
</tr>
<tr>
<td>d. Able to integrate feelings and content</td>
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<tr>
<td>e. Listens more than talks</td>
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<table>
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<tr>
<th>4. Communication Skills:</th>
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<tbody>
<tr>
<td>a. Avoids giving advice</td>
<td></td>
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<tr>
<td>b. Avoids use of closed/content focused questions</td>
<td></td>
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<tr>
<td>c. Avoids asking “Why”</td>
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<tr>
<td>d. Avoids using clinical jargon</td>
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<tr>
<td>e. Avoids dominating or wordiness (less is more)</td>
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<tr>
<td>f. Responds well to silences</td>
<td></td>
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<tr>
<td>g. Demonstrates appropriate boundaries</td>
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<tr>
<th>5. Structuring Skills:</th>
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<tbody>
<tr>
<td>a. Appropriate presentation of Informed Consent</td>
<td></td>
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<tr>
<td>b. Opens session well</td>
<td></td>
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<tr>
<td>c. Terminates session well</td>
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<tr>
<td>d. Uses succinct and timely summarization</td>
<td></td>
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<tr>
<td>e. Able to supportively confront</td>
<td></td>
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<tr>
<td>f. Able to use tentative analysis/action plan</td>
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<thead>
<tr>
<th>6. Conceptualization and Observation Skills:</th>
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<tbody>
<tr>
<td>a. Understands underlying issues</td>
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<tr>
<td>b. Can explain case from a theoretical perspective</td>
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<tr>
<td>c. Presents case within a context</td>
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<tr>
<td>d. Interventions are consistent with conceptualization</td>
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<tr>
<td>e. Focus is on issues and process, rather than content</td>
<td></td>
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<tr>
<td>f. Recognizes and identifies issues of transference and countertransference</td>
<td></td>
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<tr>
<td>g. Explains case within a multicultural perspective</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments (Be sure to note both strengths and weaknesses):
CHICAGO STATE UNIVERSITY  
COUNSELING GRADUATE PROGRAM  

CLINICAL SKILL EVALUATION SUMMARY

<table>
<thead>
<tr>
<th>Counselor's Name</th>
<th>Observer's Name</th>
<th>Date</th>
<th>Circle One</th>
<th>Circle One</th>
</tr>
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<td>1 2 3 4</td>
<td>1 2 3</td>
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</tbody>
</table>

Rate the following dimensions using these ratings:

<table>
<thead>
<tr>
<th>1 = Not Demonstrated</th>
<th>2 = Unsatisfactory</th>
<th>3 = Needs Improvement</th>
<th>4 = Satisfactory</th>
<th>5 = Outstanding</th>
</tr>
</thead>
</table>

1. **Use of Self:**
   a. Open Body Posture  
   1 2 3 4 5  
   b. Appropriate Voice Level and Tone  
   1 2 3 4 5  
   c. Appropriate Facial Expression  
   (warm, congruent with topic, nonjudgmental)  
   1 2 3 4 5  
   d. Appropriate Eye Contact  
   1 2 3 4 5  

Comments:

2. **Relationship Skills:**
   a. Conveys warmth and caring to client  
   1 2 3 4 5  
   b. Establishes rapport  
   1 2 3 4 5  
   c. Appears genuine  
   1 2 3 4 5  
   d. Ability to engage  
   1 2 3 4 5  

Comments:

3. **Listening Skills:**
   a. Reflects and reacts to client’s feelings  
   1 2 3 4 5  
   b. Recognizes/addresses client’s covert messages  
   1 2 3 4 5  
   c. Able to reflect process, not just content  
   1 2 3 4 5  
   d. Able to integrate feelings and content  
   1 2 3 4 5  

Comments:

4. **Communication Skills:**
   a. Avoids giving advice  
   1 2 3 4 5  
   b. Avoids use of closed/content focused questions  
   1 2 3 4 5  
   c. Avoids asking “Why”  
   1 2 3 4 5  
   d. Avoids using clinical jargon  
   1 2 3 4 5  
   e. Avoids dominating or wordiness  
   1 2 3 4 5  
   f. Responds well to silences  
   1 2 3 4 5  
   g. Demonstrates appropriate boundaries  
   1 2 3 4 5  

Comments:

5. **Structuring Skills:**
   a. Opens session well  
   1 2 3 4 5  
   b. Terminates session well  
   1 2 3 4 5  
   c. Uses succinct and timely summarization  
   1 2 3 4 5  
   d. Able to supportively confront  
   1 2 3 4 5  
   e. Able to use tentative analysis/action plan  
   1 2 3 4 5  

Comments:
I understand the sensitive nature of both content and affect as may be disclosed in a counseling/helping relationship such as the counseling laboratory at Chicago State University.

I also understand that it is in violation of professional ethics and standards, as well as departmental policies, to discuss or disclose any part of my client’s content or emotional expression outside of said laboratory without express written permission of the client and practicum supervisor. This statement also applies to the confidential used of audio/video tapes.

I also understand that should I violate the above standards, I will be immediately terminated from further consideration as a candidate for the degree or for certification purposes pending and official department hearing.

____________________________________  __________________
Student’s Signature                      Date

____________________________________  __________________
Supervisor’s Signature                  Date
COUNSELING GRADUATE PROGRAM

INFORMED CONSENT FOR THE COUNSELING LABORATORY

Counselor Qualifications
Each Counselor-in-Training has completed all pre-candidacy courses and been accepted into candidacy for the Chicago State University Department of Counseling Graduate, Graduate Counselor Education Program. Included in those requirements are courses in Ethics and Theories of Counseling, Microcounseling Skills, and Group Counseling. In addition, each counselor has recently completed an intensive six (6) week clinical skills training program.

Each session is supervised by a full time faculty member and practitioner who possesses a doctorate in counseling (Name) __________________________.

Limits of Confidentiality:
All students have signed a Confidentiality Policy (check with the counselor if you wish to see this document). Ethical guidelines state that when a client indicates that there is imminent danger to the client or others, the counselor must inform his/her supervisor and others, as needed, to assure safety. Counselor’s-in-training must also report suspected child abuse (physical or sexual) or neglect as well as elder abuse or neglect.

Video and Audiotape Recordings; Observations by Other Trainees
Confidential taping and observation of sessions by the supervisor and other counselor trainees are for the express purpose of providing feedback to the counselor on the progress of his/her skill development. As is standard in all counselor education programs, counselors are required to make these tapes. Clients may view or listen to their tapes with the counselor at times pre-arranged by the supervisor. All listening and viewing must be done in the Counseling laboratory, HWH 311.

The use of video and/or audio taping of sessions is part of supervision and training. Having sessions taped may also contribute to you receiving a greater quality of services. The material on the tapes will be kept confidential, stored in a secure location, and only used for training and supervision purposes. Additionally, tapes will be used over and over, each time taping over previous recorded sessions. When the therapist is finished with a tape it will be completely erased and/or destroyed.

Duration of the Sessions
Unless otherwise arranged with the supervisor, the duration of the meetings will be four (4) 35-minute sessions.

I agree that I have read the above information and that the counselor has explained the nature and purpose of our sessions.

__________________________________________          ___________________
Signature of Client                                      Date

__________________________________________          ___________________
Signature of Counselor-in -Training                    Date
My son/daughter __________________________ has my permission to participate in interviewing/testing sessions to be conducted in conjunction with the counselor preparation program at Chicago State University.

1. The counselor will be a graduate student working under the direct supervision of a qualified university professor.

2. At no time will the individual’s identity to be disclosed to anyone but the interviewing counselor.

3. Precaution will be taken to avoid any personal embarrassment to my son/daughter or us, the parents.

________________________________________  __________________
Signature Parent/Guardian                Date

________________________________________  __________________
Signature Parent/Guardian                Date

________________________________________  __________________
Signature Counselor                     Date

________________________________________  __________________
Supervisor’s Signature                  Date
COUNSELOR-IN-TRAINING TAPE REVIEW FORM

Counselor Trainee _________________________   Class 5790.6   Semester _____ 20__
Date ___________   Client’s Initials _____   Session # ____

PART I: SELF-EVALUATION  (Use the Clinical Skill Evaluation Form for Lists of Specific Skills)

A. Describe your strengths and weaknesses in the use of self during this session.

B. Assess how well you were able to form a relationship with the client. Include specific examples of successes and failures.

C. How accurate and effective were your listening skills? Give examples.

D. Describe strengths and weaknesses in your verbal and non-verbal communication?

E. Describe your plans for this session. How effective were you in structuring the session? Describe specific attempts at structuring and their effectiveness? Did you follow the 5 stages of counseling (1 - rapport building & structuring; 2 - gathering info., defining concerns,& identifying assets; 3 - determining outcomes; 4 - exploring alternative & confronting the clients incongruity; 5 - generalization & transfer of learning) How?
PART II: CASE CONCEPTUALIZATION

A. What is the presenting problem as defined by your client?

B. What behaviors of the client were notable? What implicit/explicit emotions were expressed in the session? How receptive or resistant was the client and how did you determine this?

C. Briefly describe important and relevant contextual information about the client (including demographics as well as family, occupational, and other relevant details).

D. What do you think is the underlying problem contributing to the symptoms that are noted by the client? What is keeping this client stuck and unable to solve the problem on his/her own? (Consider factors on a variety of levels including developmental, physical/biological, emotional/intrapsychic, interpersonal, familial, economic, cultural, etc.)

E. What counseling theory(ies) seem(s) appropriate for conceptualizing this case and planning intervention? Why?

F. What goals do you think would be appropriate for this client? What specific interventions (plans of action) do you think would be useful and effective at this time?

G. In what ways were you successful with this client in this session? What do you plan to do in upcoming sessions? What do you want to do differently in the following sessions?
PRACTICUM AND INTERNSHIP FORMS
CHECKLIST FOR PORTFOLIO CHECKLIST AND FINAL DOCUMENTS

Packet 1: Documents to be submitted in a spiral bound portfolio for student file
   ___ Title Page (Candidate’s name, program, practicum/ internship term, year admitted, university name and id)
   ___ Portfolio Checklist (School or Clinical Mental Health Counseling)
   ___ Table of Contents (Consistent with tabbing of major categories used to organize portfolio)
   ___ Scoring Guide (Insert appropriate School or Clinical Mental Health Counseling Portfolio Scoring Guide)
   ___ Resume
   ___ State testing results (School Track only - School Counseling Content Area Exam and Test of Academic Proficiency (TAP)
   ___ Introduction (Describe setting, population, and your reason for choosing site)
   ___ Philosophy/Theoretical Orientation (Describe your own personal counseling philosophy and orientation)
   ___ Assessment of Developmental Counseling Program Scoring Guide (School Track only)
   ___ Site Registration Form
   ___ Signed Weekly Logs
   ___ Signed Log Summary Sheets (Check for adequate direct and indirect hours)
   ___ Practicum/Internship Student Evaluation by site supervisor (First Copy)
   ___ Clinical Supervision and Consultation Record (To be completed by Site Supervisor)
   ___ Supervision Contract (s) for Each Site
   ___ Signed HIPPA Form
   ___ Malpractice Insurance certificate

Packet 2: Documents to be submitted separately in a large envelope and not bound together

DOCUMENTS TO BE COMPLETED BY SITE SUPERVISOR
   ___ Field Supervisor Information Form(s) (2 Page form)
   ___ Practicum/Internship Student Evaluation by site supervisor (Second Copy)
   ___ Clinical Supervision and Consultation Record (Second Copy)

DOCUMENTS TO BE COMPLETED BY STUDENT
   ___ Case Studies (Write number completed)
   ___ Tapes of counseling Sessions (Write number submitted)
   ___ Site Evaluation Form (s)
   ___ Site Supervisor Evaluation Form (s) (2 page form)
   ___ University Supervisor Evaluation Form (Should be returned in attached sealed envelope)
   ___ Alumni Survey Form (Internship students only - returned in attached sealed envelope)
   ___ Malpractice Insurance certificate

Review of Submitted Work Completed:

_________________________________________  __________________________
Student                                                                 Date

_________________________________________  __________________________
University Supervisor                                                                             Date
### COUNSELING GRADUATE PROGRAM

#### SITE REGISTRATION FORM

**Check one**
- [ ] Practicum
- [ ] Internship  /  [ ] Fall  [ ] Spring  [ ] Summer  **YEAR**  20____

#### PERSONAL INFORMATION:

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<thead>
<tr>
<th>Students name</th>
<th>Student Id#</th>
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<td>Employee</td>
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**# of hours working per week at employment _____**

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<th>Home Telephone</th>
<th>Work Telephone</th>
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#### PRACTICUM/internship site information

**AGENCY**

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**ELEMENTARY SCHOOL**

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**HIGH SCHOOL**

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**Liability Insurance Paid on**

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<th>Date</th>
<th>University Supervisor</th>
<th>Signature</th>
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COUNSELING GRADUATE PROGRAM

HIPAA COMPLIANCE AGREEMENT FOR COUNSELOR TRAINEES

I. DEFINITIONS

A. Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

B. Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

C. Protected Health Information. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Counselor trainee from or on behalf of Practicum/Internship Site.

D. Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.

E. Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

II. OBLIGATIONS AND ACTIVITIES OF COUNSELOR-TRAINEE GRADUATE STUDENTS IN THE COUNSELING GRADUATE PROGRAM OF CHICAGO STATE UNIVERSITY

A. Counselor Trainee agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

B. Counselor Trainee agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

C. Counselor Trainee agrees to report to their University and Field Supervisor, as well as the Secretary, any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

D. Counselor Trainee agrees to ensure that any agent to whom it provides Protected Health Information received from, or created or received by Practicum/Internship Site on behalf of their clients agrees to the same restrictions and conditions that apply through this Agreement to Counselor Trainee with respect to such information.

E. Counselor Trainee agrees to direct individuals to their field supervisor when requested by client to provide access to files or other Protected Health Information in order to meet the requirements under 45 CFR § 164.524.

F. Counselor Trainee agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Counselor Trainee on behalf of client available to the Practicum/Internship Field Supervisor, in a time and manner designated by the Field Supervisor, for purposes of the Field Supervisor determining Practicum/Internship's compliance with the Privacy Rule.

G. Counselor trainee agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Practicum/Internship Site to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

H. Counselor Trainee agrees to provide to Field Supervisor, in time and manner designated by the Field Supervisor, information collected in accordance with Sections 1 - 7 of this Agreement, to permit
III. PERMITTED USES AND DISCLOSURES BY COUNSELOR TRAINEE

A. Except as otherwise limited in this Agreement, Counselor Trainee may use or disclose Protected Health Information on behalf of, or to provide services to, Practicum/Internship Site for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by Practicum/Internship Site or the minimum necessary policies and procedures of the Practicum/Internship Site.

1. Write and present reports required by university supervisor, providing Client identifying data is omitted and all documents are shredded after class presentation.

2. Discuss counseling process in supervision with university supervisor. Providing Client identifying data is omitted after obtaining reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Counselor Trainee any instances of which it is aware in which the confidentiality of the information has been breached.

IV. OBLIGATIONS OF PRACTICUM/INTERNSHIP SITE TO INFORM COUNSELOR TRAINEE OF PRIVACY PRACTICES AND RESTRICTIONS

A. Practicum/Internship Site shall notify Counselor Trainee and University Supervisor of any limitation(s) in its notice of privacy practices of Practicum/Internship Site in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Counselor Trainee's use or disclosure of Protected Health Information.

B. Practicum/Internship Site shall notify Counselor Trainee and University Supervisor of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Counselor Trainee’s use or disclosure of Protected Health Information.

C. Practicum/Internship Site shall notify Counselor Trainee and University Supervisor of any restriction to the use or disclosure of Protected Health Information that Practicum/Internship Site Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Counselor Trainee’s use or disclosure of Protected Health Information.

D. Practicum/Internship Site shall not request Counselor Trainee to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Practicum/Internship Site.

V. TERM AND TERMINATION

A. The Term of this Agreement shall be effective as of _________________, and shall terminate when all of the Protected Health Information provided by Practicum/Internship Site to Counselor Trainee, or created or received by Counselor Trainee on behalf of Practicum/Internship Site, is destroyed or returned to Practicum/Internship Site.

B. Termination of Practicum/Internship Agreement

Upon Practicum/Internship Site’s knowledge of a material breach by Counselor Trainee, Practicum/Internship Site shall either:

1. Provide an opportunity for Counselor Trainee to cure the breach or end the violation and terminate this Agreement if Counselor Trainee does not cure the breach or end the violation within the time specified by Practicum/Internship Site; or

2. Immediately terminate this Agreement if Counselor Trainee has breached a material term of this agreement and cure is not possible.

C. Effect of Termination
Except as provided in paragraph (B, 2) of this section, upon termination of this Agreement, for any reason, Counselor Trainee shall return or destroy all Protected Health Information received from Practicum/Internship Site, or created or received by Counselor Trainee on behalf of Practicum/Internship Site. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Counselor Trainee. Counselor Trainee shall retain no copies of the Protected Health Information.

VI. AMENDMENT
The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Practicum/Internship to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

VII. SURVIVAL
The respective rights and obligations of Counselor Trainee Associate under Section C. of this Agreement shall survive the termination of this Agreement.

VIII. INTERPRETATION
Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

Printed Name of Counselor Trainee ___________________________ Counselor Trainee Signature ___________________________ Date ___________________________

Printed Name of University Supervisor ___________________________ University Supervisor Signature ___________________________ Date ___________________________

Printed Name of Field Supervisor ___________________________ Field Supervisor Signature ___________________________ Date ___________________________

__________________________________________ ( ) Phone number of Field Supervisor

Practicum/Internship Site
CLIENT RELEASE FORM

I agree to be counseled by a practicum/intern student in the Counseling Graduate Program at Chicago State University. I further understand that I will participate in counseling interviews that will be audio and/or videotaped. I understand that I will be counseled by a graduate student who has completed advanced course work in counseling/therapy. I understand that this student will be supervised by a faculty member and a site supervisor (Name) and will be available at this agency/school for counseling until __________, 20__, when this current school term ends.

Limits of Confidentiality

All session content will remain confidential. Taping and observation of sessions are for the express purpose of providing feedback to the counselor on the progress of his/her skill development. As is standard in all counselor education programs, counselors are required to make these tapes. These tapes will be reviewed by the Student’s University Supervisor (Name): in a confidential group trainee setting. The use of video and/or audio taping of sessions is part of supervision and training. Having sessions taped may also contribute to you receiving a greater quality of services. The material on the tapes will be kept confidential, stored in a secure location, and only used for training and supervision purposes. Additionally, tapes will be used over and over, each time taping over previous recorded sessions. When the therapist is finished with a tape it will be completely erased and/or destroyed.

Ethical guidelines state that when a client's condition indicates that there is imminent danger to the client or others, the counselor must take reasonable and timely action in informing his/her supervisor. Counselors are also required to report any child or elder endangerment to the appropriate authorities.

I agree that I have read the above information and that the counselor has explained the nature and purpose of our sessions.

___________________________________  ____________________________________  ____________
Name of Client Printed                Signature of Client                Date

Note: Parent Release Form must also be signed for clients under age 18.

___________________________________  ____________
Signature of Counselor-in -Training                Date
COUNSELING GRADUATE PROGRAM

PARENT/GUARDIAN RELEASE FORM
(To be used with clients under 18 years of age)

Parent’s Name: ____________________________________________

Child’s Name: ____________________________________________

Address: ________________________________________________

City, State & Zip Code: ____________________________________

Home Phone: ( ) __________________________ Bus Phone ( ) __________________________

Cell Phone: ( ) __________________________ Other ( ) __________________________

The Counseling Graduate Program at Chicago State University conducts Counseling Pre-Practicum, Practicum and Internship courses each semester at the university. These courses are advanced courses in counseling required of all Degree Candidates in the Counseling Program at Chicago State University. Students are required to audio and/or video tape counseling sessions as part of their course and degree requirements.

Student’s name: __________________________________________

would like to work with your son/daughter at __________________________ (School/ Agency, or Institution). This student will be available to work at this setting for counseling until __, 20__ when the current school term ends.

The counseling sessions conducted with your child will be audio and/or videotaped and will be reviewed by the Student’s Supervisor (Name) __________________________ in a group trainee setting. This supervisor can be contacted at (773) 995-________. All audio and videotapes will be erased at the completion or your child’s involvement in that program.

We hope that you will take the opportunity to have your child participate in this counseling. If you are willing to have your child participate, please sign the form indicating that you consent to the above terms.

Thank you for your cooperation.

_____________________________________                         ______________________

Parent’s Signature                                              Date

_____________________________________

Witness’ Signature

Date
Formulario de Autorrizacion (padres o tutor)
(Para utilizar con clientes menores de 18 anos)

Nombre del padre/de la madre: ____________________________________________________

Nombre del nino: ____________________________
___________________________________

Dirrecion: _____________________________________________________________________
______________________________________________________________________________

Numero de telefono: ________________________ (casa) ____________________ (otro)

El Programa Graduado de Consejeria de Chicago State University ofrece cursos de Pre-Practica, Practica e Internados cada semester en la Universidad. Estos cursos son avanzados y son requistios para cualquier estudiante que quiera sacar el titulo en consejeria en Chicago State University. Los estudiantes necesitan hacer una grabacion de audio y/o video de las sesiones de consejeria como parte de los requisites del curso y el titulo.

Nombre y apellido del estudiante _______________ quisiera trabajar con su hijo/a en _______________ (Escuela/Agencia/Institucion). Este estudiante esta limitado a trabajar en el sitio mencinado dando consejeria hasta __________, 20___ cuando termina el actual ano escolar.

Las sesiones de consejeria que se llevaran a cabo con su hijo seran grabados en audio y/o video y seran evaluados por el supervisor del estudiante graduado (nombre y apellido) __________ en un context de entrenamiento de grupo. Uede ponerse en contacto con el supervisor llamando al (773) 995-2359. Todas las Cintas de audio y video seran borradas cuando termine su hijo con el programa.

Esperamos que Vd. Se aprovechara de esta oportunidad para que su hijo participe en este servicio. Si Vd.quiere que su hijo participe en el programa, firme este formulario para indicar que VD. Esta de acuerdo con los susodichos termious.

Le agradecemos su participacion,

_______________________________________                         ______________________
 Firma del padre/de la madre                                           Fecha

_______________________________________                         ______________________
 Firma de testigo                                                       Fecha
# WEEKLY LOG SHEET

*(To be completed by student and signed by site supervisor)*

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**Student Name**

**Semester**

**Supervisor’s Signature**

**Date**

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**Report #**

**Date of beginning of the week**

**Date at the end of the week**

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**Agency Name**

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**Legend**

- **A** = Administrative
- **C** = Consultation
- **S** = Staffing
- **F** = Family Therapy
- **G** = Group
- **I** = Individual
- **T** = Training
- **GS** = Group Supervision
- **IS** = Individual Supervision
- **TR** = Triadic
# SUMMARY LOG SHEET

*(To be completed by student and signed by site supervisor)*

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<thead>
<tr>
<th>Supervisor’s Signature</th>
<th>Date</th>
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<table>
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<tr>
<th>Start Date</th>
<th>End Date</th>
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<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Telephone Number</th>
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<tr>
<th>Address</th>
<th>City</th>
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<th>Zip Code</th>
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## SEMESTER HOUR TOTALS

### DIRECT CONTACT

<table>
<thead>
<tr>
<th>Services</th>
<th>Hours</th>
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<tbody>
<tr>
<td>FAMILY THERAPY</td>
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</tr>
<tr>
<td>GROUP COUNSELING</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL COUNSELING</td>
<td></td>
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<tr>
<td><strong>TOTAL DIRECT CONTACT</strong></td>
<td></td>
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</table>

### SUPERVISION

<table>
<thead>
<tr>
<th>Services</th>
<th>Hours</th>
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<tbody>
<tr>
<td>GROUP SUPERVISION</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL OR TRIADIC SUPERVISION</td>
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<tr>
<td><strong>TOTAL SUPERVISION</strong></td>
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</tbody>
</table>

### TOTAL ADMINISTRATIVE

<table>
<thead>
<tr>
<th>Services</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE (Report writing, Case notes, Paperwork, Filing)</td>
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</tr>
<tr>
<td>TRAINING</td>
<td></td>
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<td>COLLATERAL CONTACT</td>
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<td>STAFFING</td>
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<tr>
<td>CONSULTATION</td>
<td></td>
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<tr>
<td><strong>TOTAL ADMINISTRATIVE</strong></td>
<td></td>
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</tbody>
</table>

**TOTAL HOURS:**

---

35
PRACTICUM / INTERNSHIP SITE EVALUATION
(To be completed by student)

DIRECTIONS: Student completes this form at the end of the practicum and/or internship. This should be turned in to the university supervisor or internship coordinator as indicate by the university program.

Name: _______________________________________

Check one: ☐ Practicum  ☐ Internship

Site: _________________________________________ Site Supervisor: ______________________

Dates of Placement: __________________________ Faculty Liaison: ______________________

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

<table>
<thead>
<tr>
<th>A. Very Satisfactory</th>
<th>B. Moderately Satisfactory</th>
<th>C. Moderately Unsatisfactory</th>
<th>D. Very Unsatisfactory</th>
</tr>
</thead>
</table>

1) ___ Amount of on-site supervision.
2) ___ Quality and usefulness of on-site supervision.
3) ___ Usefulness and helpfulness of faculty liaison.
4) ___ Relevance of experience to career goals.
5) ___ Exposure to and communication of school/agency goals.
6) ___ Exposure to and communication of school/agency procedures.
7) ___ Exposure to school/agency professional roles and function.
8) ___ Exposure to information about community resources
9) ___ Rate all applicable experiences that you had at your site:
   ___ Report writing
   ___ Intake interviewing
   ___ Administration and interpretation of tests
   ___ Staff presentations/case conferences
   ___ Individual counseling
   ___ Group counseling
   ___ Family/couple counseling
   ___ Psychoeducational activities
   ___ Consultation
   ___ Career counseling
   ___ Overall evaluation of the site

COMMENTS: Include any suggestions for improvements in the experience, you have rated moderately (C) or very unsatisfactory (D).
### FIELD SUPERVISOR INFORMATION

*(To be completed by Site Supervisor)*

Date Completed__________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
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<tr>
<th>Agency Name</th>
<th>Zip Code</th>
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<thead>
<tr>
<th>Work Address</th>
<th>Fax</th>
<th>Email</th>
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### LICENSURE OR CERTIFICATION

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<th>Type</th>
<th>Number</th>
<th>Expiration</th>
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</thead>
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</table>

Education *(Please list all degrees)*

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Date of Completion</th>
</tr>
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<tbody>
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</table>

Please List Prior Counseling-Related Work Experience:

<table>
<thead>
<tr>
<th>Position</th>
<th>Agency</th>
<th>Begin/End</th>
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Indicate number of years post-Masters counseling work experience: _____________

Describe experience in supervising field practicum/internship students:

__________________________________________________________________________

__________________________________________________________________________

Describe staff supervisory experience:

__________________________________________________________________________

__________________________________________________________________________

*Please attach copy of resume/vita with (optional) copy of last degree and/or license/certification*
COUNSELING GRADUATE PROGRAM

INTERNSHIP/PRACTICUM SITE INFORMATION
(To be completed by Site Supervisor)

Agency/School _____________________________________________________________

Address _________________________________________________________________

Supervisor ___________________________ Phone (   ) _________________________

Degree ___________________ Area ____________________________________________

License or Certification ___________________________________________________

Other Contact ___________________________ Phone ___________________________

POPULATION SERVED     Age range ____________________________

TYPICAL PRESENTING PROBLEMS ____________________________________________

TRAINING EXPERIENCES AVAILABLE

☐ Individual Counseling ☐ Group ☐ Parent Training ☐ Counseling Children ☐ Counseling Adolescents

☐ Other ________________________________

Counseling Special Populations (Please Specify) _______________________________

Other Training Opportunities _____________________________________________

Date Information was Obtained or Updated _________________________________

Semesters that Students are Placed at the Site __________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Notes or Comments _______________________________________________________
COUNSELING PRACTICUM / INTERNSHIP APPLICATION
(To be completed by student)

NAME ____________________________________________

ADDRESS __________________________________________________________________________

CITY _____________________________ STATE _____ ZIP ___________

TELEPHONE Home ( ) __________ Work ( ) ________________

APPLICATION FOR ☐ PRACTICUM - or - ☐ INTERNSHIP

I anticipate starting my internship/practicum in FALL 20____ - or - SPRING 20____

I was granted candidacy on ________.

I would like to work in the following setting:

_____ Agency
_____ EAP
_____ College or University
_____ School K-12
_____ Other (Specify __________________________)

I am interested in the following site (if any): ________________________________.

I entered the Counseling Program on ____________________________________________.

I plan to devote about _________ hours/week to my internship/practicum.

Internship students only: I intend to complete the 600 hour minimum in ___ one or _____ two

semesters.

I intend to graduate in _________ 20____ (month/year).

Describe preferred setting and type of clients:

PLEASE ENCLOSE PROOF OF LIABILITY INSURANCE WITH APPLICATION UNLESS SUBMITTED WITHIN THE PRESENT SEMESTER FOR ANOTHER COURSE.

SUBMISSION DEADLINES: Nov.15 for Spring Semester & April 15 for Fall Semester Enrollment
Practicum/Internship Supervision Contract

This agreement is made on (date) __________ by and between (name of site) __________ and the Chicago State University Counseling Graduate Program. The agreement will be effective for a period from (start date) __________/_______ to (end date) __________/_______.

PURPOSE

The purpose of this agreement is to provide qualified graduate students with practicum or internship experiences in school or community counseling.

The Chicago State University Counseling Graduate Program agrees to the following:

1. To provide a university faculty supervisor to facilitate communication between the university and site and meet with the student on a weekly basis;
2. To provide the site with the following information:
   a. A resume of the student named above;
   b. An academic calendar that shall include dates for periods during which the student will be excused from field supervision; and
   c. A copy of the Counseling Graduate Program Student Clinical Handbook;
3. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
4. That the faculty supervisor shall be available for consultation with both the site supervisors and students and shall be contacted immediately should any problem to change in relation to student, site, or university occur;
5. To assure that each student maintains current student liability malpractice insurance coverage;
6. To assure that only qualified students who have successfully completed Pre-Practicum and other fundamental counseling courses (including acceptance as a clinical candidate); and
7. That the university supervisor is responsible for the assignment of a grade considering the evaluation by the field supervisor and other data.

In accepting this student for practicum, the supervisor also agrees to provide:

1. Weekly interaction that averages one hour per week of individual and/or triadic supervision by the site supervisor who is working in biweekly consultation with a program faculty member who is the student’s university supervisor.

The Practicum/Internship Site agrees:

1. To assign a practicum supervisor who has at least a masters in counseling (or a closely related field), at least two years of experience as an Licensed Clinical Professional Counselor (LCSW, Licensed Clinical Psychologist for clinical mental health counseling students or as a school counselor with an Illinois Professional Educator School Counselor License in for school counseling students;
2. To provide opportunities for the student to engage in a variety of counseling activities, including individual and group counseling, under supervision and for evaluation the student’s performance and to assure that the student leads or co-leads at least one counseling or psychoeducational group during practicum or internship;
3. To provide the student with adequate work space, telephone, computer access, office supplies, and staff to conduct professional activities;
4. To provide the opportunity for the student to audio or videotape several clients throughout the training experience;
5. To provide supervisory contact that involved some examination of student work using audio/visual tapes, observation, and/or live supervision; and
6. To provide a written evaluation of the student using the form provided in the Clinical Handbook.

Within the specified time frame, the training activities will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level of competence in each activity. The student must obtain at least 100 total hours and 40 direct service hours during practicum. For school internship, the student must obtain 600 total hours and 240 direct service hours. For Clinical Mental Health internship, the student must obtain 900 hours and 360 direct service hours.

Shirlyn Garrett-Wilson, Ph.D. (Director of the Counseling Graduate Program and University Supervisor) will be the faculty liaison with whom the students and site supervisor will communicate regarding progress, problems, and performance evaluations.

Sample Activities (* indicates required activities):

1. Individual Counseling* (direct)
2. Group Counseling* (direct)
3. Family Therapy (direct)
4. Intake Interviewing (direct, only if face-to-face)
5. Testing (direct, only if face-to-face individual administration)
6. Report Writing
7. Consultation
8. Psychoeducational Activities
9. Career Counseling (direct)
10. Case Conferences or Staff Meetings
11. Individualized Educational Plan Staffings
12. Student Advising (direct)
13. Individual Supervision* (at least one hour per week)
14. Group Supervision
15. Ongoing taping of at least three clients*
16. Training and orientation as needed to perform responsibilities*
17. Training with current computer programs and other technology relevant to counselor responsibilities at your site

Site Supervisor

______________________________  ______________________________  ______________
Printed Name                     Signature                  Date

University Supervisor

______________________________  ______________________________  ______________
Printed Name                     Signature                  Date

Shirlyn Garrett-Wilson, Ed.D., Director,
Chicago State University,
Counseling Graduate Program / HWH 311
9501 S. King Drive,
Chicago, Illinois 60628
773-995-2359
**CHICAGO STATE UNIVERSITY**
**COUNSELING GRADUATE PROGRAM**
**COUNSELOR EDUCATION ALUMNI SURVEY**

*Indicate whether you have obtained a position in counseling: ___ Yes ___ No*

*Directions: Please indicate, using the following scale, the extent that the program prepared you to meet the following objectives. Comments would be helpful to the department.*

<table>
<thead>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>1</td>
<td>Inadequate</td>
<td>Adequate</td>
<td>Exceptional</td>
<td></td>
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</table>

- ___ 1. Understand basic principles of human behavior.
- ___ 2. Understand developmental concepts of childhood, adolescence and adulthood.
- ___ 3. Demonstrate an understanding of the dynamics of mental health and abnormal behavior.
- ___ 4. Understand principles of motivation and learning theory.
- ___ 5. Understand and apply techniques of assessment, research, and evaluation within school and community settings.
- ___ 6. Utilize statistical concepts in test construction, interpretation, and application of test results.
- ___ 7. Develop proficiency in application of appraisal techniques in counseling.
- ___ 8. Assist individuals in making career and educational decisions based on test results, occupational information, and changing gender roles.
- ___ 9. Understand concepts of group dynamics for the purpose of assessment and counseling in groups.
- ___ 10. Understand fundamental principles of educational, social, personal, and vocational counseling of both individuals and groups.
- ___ 11. Become proficient in interview and individual case reports.
- ___ 12. Be able to analyze and prepare individual case study reports.
- ___ 13. Function as a behavioral specialist/consultant to education and community agencies.
- ___ 14. Develop an awareness of special needs populations including high risk and exceptional individuals as well as multicultural populations.
- ___ 15. Demonstrate an understanding of the helping process and its application in counseling.
- ___ 16. Utilize various counseling intervention techniques and procedures in crisis situations.
- ___ 17. Understand and apply knowledge of legal and ethical principles to individual and group counseling.
- ___ 18. Continue their professional orientation and development through familiarization with professional organizations, journals and professional credentialing.
Counselor-in-Training ____________________________

Check one: ☐ Spring ☐ Summer ☐ Fall      Year: 20 ________

University Clinical Supervisor ________________________________

Field Supervisor ____________________________________________

SUPERVISION SESSION AND CONSULTATION WITH UNIVERSITY SUPERVISOR LOG AND SUMMARY

<table>
<thead>
<tr>
<th>Initials</th>
<th>Date</th>
<th>Comments</th>
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SUMMARY

Current Clinical Strengths

Priority Areas for Clinical Development
EVALUATION OF UNIVERSITY SUPERVISOR
(To be completed by student)

Name of Practicum or Internship Supervisor: ________________________________

Period covered _______________________________ to __________________________

DIRECTIONS: The student counselor when asked to do so is to make an evaluation of the supervision received. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

1. Gives time and energy in observing, tape processing and case conferences.  
   Poor  Adequate  Good
   1  2  3  4  5  6

2. Accepts and respects me as a person.  
   Poor  Adequate  Good
   1  2  3  4  5  6

3. Recognizes and encourages further development of my strengths and capabilities.  
   Poor  Adequate  Good
   1  2  3  4  5  6

4. Gives me useful feedback when I something well.  
   Poor  Adequate  Good
   1  2  3  4  5  6

5. Provides me the freedom to develop flexible and effective counseling styles.  
   Poor  Adequate  Good
   1  2  3  4  5  6

6. Encourages and listens to my ideas and suggestions for for developing my counseling skills.  
   Poor  Adequate  Good
   1  2  3  4  5  6

7. Provides suggestions for developing my counseling skills.  
   Poor  Adequate  Good
   1  2  3  4  5  6

8. Helps me understand the implications and dynamics of the counseling approaches I use.  
   Poor  Adequate  Good
   1  2  3  4  5  6

9. Encourages me to use new and different techniques when appropriate.  
   Poor  Adequate  Good
   1  2  3  4  5  6

10. Is spontaneous and flexible in the supervisory sessions.  
    Poor  Adequate  Good
    1  2  3  4  5  6

11. Helps me define and achieve specific concrete goals for myself during the practicum experience.  
    Poor  Adequate  Good
    1  2  3  4  5  6

12. Gives me useful feedback when I do something wrong.  
    Poor  Adequate  Good
    1  2  3  4  5  6

13. Allows me to discuss problems I encounter in my practicum setting.  
    Poor  Adequate  Good
    1  2  3  4  5  6

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**CHICAGO STATE UNIVERSITY**
**COUNSELING GRADUATE PROGRAM**

**EVALUATION OF SITE SUPERVISOR**
*(To be completed by student)*

Name of Practicum or Internship Supervisor: ____________________________________________

Period covered _______________________________ to ___________________________________

**DIRECTIONS:** The student counselor when asked to do so is to make an evaluation of the supervision received. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

<table>
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<th></th>
<th></th>
<th>Poor</th>
<th>Adequate</th>
<th>Good</th>
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<td>Poor</td>
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<tr>
<td>15.</td>
<td>Focuses on both verbal and nonverbal behavior in me and in my clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16.</td>
<td>Helps me define and maintain ethical behavior in counseling and case management.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17.</td>
<td>Encourages me to engage in professional behavior.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>Maintains confidentiality in material discussed in supervisory sessions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19.</td>
<td>Deals with both content and effect when supervising.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20.</td>
<td>Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21.</td>
<td>Helps me organize relevant case data in planning and goals and strategies with my client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22.</td>
<td>Helps me formulate a theoretically sound rationale of human behavior.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23.</td>
<td>Offers resource information when I request or need it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24.</td>
<td>Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25.</td>
<td>Allows and encourages me to evaluate myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26.</td>
<td>Explains his/her criteria for evaluation clearly and in behavioral terms.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27.</td>
<td>Applies his/her criteria fairly in evaluating my counseling performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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**ADDITIONAL COMMENTS AND/OR SUGGESTIONS**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Date __________________________ Practicum / Intern Student _______________________

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CHICAGO STATE UNIVERSITY
COUNSELING GRADUATE PROGRAM

PRACTICUM/INTERNSHIP STUDENT EVALUATION FORM
(To be completed by Site Supervisor)

Student Name: ___________________________________ Semester: ☐ Fall ☐ Spring ☐ Summer 20____

Supervisor: ___________________________________ Site: ____________________________

Track: ☐ School ☐ Community/Clinical Mental Health

Please evaluate this student’s overall performance based on the following rating scale (circle one):

4 Excellent - Student’s performance exceeds expectation given level of clinical and professional development.
3 Good - Student’s performance is consistent with clinical and professional development and commensurate with same level peers.
2 Fair - Student’s performance is meeting the minimal standards and improved performance is expected.
1 Poor - Student’s performance is below expectation when compared with same level peers and requires remediation.
NA Not Applicable (N/A)

CORE BASE KNOWLEDGE  (conceptual ability/mastery of factual/theoretical material, clarity of thought, etc.)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of relevant psychotherapy theory, concepts &amp; research</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of diversity and development</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of learning process and school environment (School track only)</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of Test and Measurement</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of career and vocational development</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of instructional planning &amp; developmental counseling curriculum (School only)</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of consultation models and collaboration</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Knowledge of crisis intervention strategies</td>
<td>4 3 2 1 NA</td>
</tr>
</tbody>
</table>

Comments:
________________________________________________________________________
________________________________________________________________________

SENSITIVITY TO DIVERSITY ISSUES

<table>
<thead>
<tr>
<th>Topic</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates understanding of impact of culture, race, &amp; ethnicity in counseling</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Aware of own culture and impact on counseling process</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates understanding of issues related to gender and sexual orientation</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates knowledge of SES impact on development and related community resources</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Can develop appropriate interventions and programs for exceptional individuals</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Works well with individuals from diverse backgrounds</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates knowledge and application of legal and ethical diversity issues</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Utilizes appropriate research and assessments with diverse individuals</td>
<td>4 3 2 1 NA</td>
</tr>
</tbody>
</table>

Comments:
________________________________________________________________________
________________________________________________________________________
### CLINICAL SKILLS  

demonstrating data and synthesizing information, ability for appropriate interaction in clinical contacts, etc.)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to establish effective rapport</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to maintain empathic contact</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to conduct formal clinical interviews</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to administer and score psychological tests</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Understands and applies DSM-IV system appropriately</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to generate and use important information from clinical procedures and contacts</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to listen to client material and track on manifest levels</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to listen to client material and track on latent levels</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Use of technical and intervention skills in the conduct of psychotherapy</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to conduct consultation and act as liaison with other individuals</td>
<td>4 4 4 4</td>
<td>Overall Score = 11</td>
</tr>
<tr>
<td>Demonstration of clinical judgment</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstration of appropriate crisis intervention strategies</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstration and application of group counseling knowledge and skills</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstration and application of family counseling knowledge and skills</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
</tbody>
</table>

Comments:

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### PROFESSIONAL ATTITUDE AND DEEMANOR

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is prompt and responsible when conducting professional activities</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates appropriate level of self-sufficiency and independence</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates personal integrity, honesty, and ethical conduct</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Is aware of and maintains appropriate boundaries</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Is self-aware and self reflective, and uses data in clinical activity</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Understands the impact of one’s own behavior on others</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Manages one’s own anxieties</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Approaches conflict in a direct and problem-solving manner</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Displays appropriate interpersonal warmth and compassion with others</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates sensitivity in a multicultural milieu</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Accepts and encourages diversity</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Manages own countertransference</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
</tbody>
</table>

Comments:

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### SUPERVISION AND PROFESSIONAL DEVELOPMENT

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses supervision collaboratively and incorporates evaluation into clinical work</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Is open to learning and explores multiple viewpoints</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Comes to supervision prepared</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Able to develop collegial relationships</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Paperwork is timely and organized</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Demonstrates effective time management skills</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Quality of written work is clear, thorough and concise</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
<tr>
<td>Ability to conceptualize data and synthesize information</td>
<td>4</td>
<td>3 2 1 NA</td>
</tr>
</tbody>
</table>

Comments:
### IMPLEMENTATION OF DEVELOPMENTAL COUNSELING PROGRAM (School track only):

<table>
<thead>
<tr>
<th>Task</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands implementation and maintenance of developmental counseling program</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Understands the use of technology to support the school counseling program</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Understands instructional planning and developmental counseling curriculum</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Works well with school personnel in implementing program</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Uses needs assessment and program evaluation appropriately</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Understands overall educational system and methods for providing systems support</td>
<td>4 3 2 1 NA</td>
</tr>
<tr>
<td>Ability to conceptualize data and synthesize program-related information</td>
<td>4 3 2 1 NA</td>
</tr>
</tbody>
</table>

Comments:

________________________________________________________________________________________________________________________________________________

Total Overall Score: 4 3 2 1

ADDITIONAL COMMENTS: ______________________________________________________________

I have reviewed the student’s practicum hour log and concur with the totals for this semester.

Student’s Signature __________________________ Date ________________

Supervisor’s Signature _________________________ Date ________________
As part of our ongoing program evaluation, we would like you to anonymously evaluate how well the program has prepared the alumnus or trainee that you are supervising.

Please circle a response for each question. Thank you for your time.

SD = Strongly Disagree  D = Disagree  N = Neutral or NA  A = Agree  SA = Strongly Agree

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SD</td>
<td>D</td>
<td>N</td>
<td>A</td>
<td>SA</td>
<td>1. Counselor is able to work well with clients, co-workers, administrators, students, and/or parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>D</td>
<td>N</td>
<td>A</td>
<td>SA</td>
<td>2. Counselor demonstrates effective counseling skills and implements individuals and/or group counseling effectively in your setting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>D</td>
<td>N</td>
<td>A</td>
<td>SA</td>
<td>4. Counselor demonstrates a commitment to clients and improving their behavior or learning environment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>D</td>
<td>N</td>
<td>A</td>
<td>SA</td>
<td>5. Counselor is sensitive to aspects of ethnicity, culture, and special needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>D</td>
<td>N</td>
<td>A</td>
<td>SA</td>
<td>6. Counselor possesses sufficient knowledge and organizational skills to adequately perform the tasks of a counselor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate your work setting: ____ School (K-12) ____ Community