



PREPARING PROFESSIONAL EDUCATORS OF DISTINCTION  
TO MAKE A POSITIVE IMPACT  
ON THIS GENERATION AND THE NEXT

# Practicum and Internship Handbook

## Professional Counseling

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## **Introduction and Welcome**

Congratulations on getting to this point in your preparation for a career in professional counseling! Your academic coursework to this point has provided you with the beginnings of a foundation in your professional preparation. The practicum experience represents a blending of theory and practice in a field-based learning format where you will be exposed to the work of successful practitioners in the counseling profession. This Handbook for Practicum and Internship will serve as your guide through the experience by providing explanations of the role and responsibilities of the various participants and the process for evaluating counselors in training. As a student in this course, you are asked to make a copy of this document for your site supervisor and go over the contents prior to developing your plan for the semester and executing the contract between LMU and your host site.

### **What is Practicum**

Lincoln Memorial University offers two areas of concentration in the field of professional counseling, School Counseling and Mental Health Counseling. As these two programs represent an academic path toward licensure, it is critical that the student fully understand the expectations and seriousness of the practicum course requirements. It should be emphasized that the preparation for licensure is a skills-based process, where you will be expected to demonstrate both knowledge and skill in the delivery of counseling services. Practicum is a 100-clock hour experience in either a school or clinical setting. This is dependent upon your current area of focus in the professional counseling M.Ed. program. Your practicum experience should include the following:

1. 100-clock of hours of direct and/or indirect services under the supervision of your site supervisor.

2. 40 hours at a minimum are required in direct services in individual and group counseling. A minimum of 10 hours are to be in group counseling. (This may be done in practicum or internship).
3. Weekly interaction of at least one hour with a program faculty member or supervisor in individual or triadic supervision.
4. Participating with regular attendance in the scheduled seminar component of the class with the assigned faculty member.
5. Site Supervisor Evaluation of student.
6. Additional items as stated in course syllabus.

### **Step by Step Guide for the Practicum**

#### **Getting Started**

- A. The student should begin planning their practicum experience at least two semesters prior to registering for the course. The student should also begin to make a list of preferred sites. It should be understood by the student that we are guests in a host site and that our first choice in a placement might not be available.
- B. The student should contact the faculty supervisor as soon as possible via email and inform him/her of their intent to register as well as a list of their preferred sites.
- C. The student should initiate a telephone conference with the faculty supervisor for the purpose of discussing options, expectations, special accommodations and goals regarding the practicum experience. During this conference the student should collaborate with the faculty member on a plan to contact the requested site.
- D. The student OR faculty member will contact the site for the purpose of making the request. (This depends on institutional policies and past practice as to whether the student or faculty member makes the initial contact.)
- E. The student will present the proposed contract to the site supervisor and give the proposed supervisor contact information for the faculty supervisor.

#### **Practicum Site Selection Criteria**

- A. It is agreed that the student and on-site supervisor will receive no remuneration for services provided during the Counseling Practicum from Lincoln Memorial University. If a particular site and its administrative personnel contract with the graduate student to provide services, under appropriate supervision, then that contract will be a part of this agreement (attach a copy of contract).
- B. It is agreed and understood that Lincoln Memorial University and the school assume no liability for injury or death to the student incurred when providing services during this field placement. Exceptions may result from gross negligence as determined in a court of law.

- C. It is agreed and understood that Lincoln Memorial University and/or the School/Agency Site may suspend/terminate student's placement for failure to comply with regulations, policies, and procedures, including the confidentiality of records of the school/agency.
- D. It is agreed and understood that the student's practicum will be professional in nature and include requisite experiences as outlined Counseling Practicum Plan.
- E. The student will serve a total of 100 clock hours of practicum of which 40 hours will be in direct services to students/clients.
- F. Students will be expected to attend Practicum Seminar sessions as scheduled.
- G. Students will be expected to develop and maintain a portfolio of materials, lessons, tapes, tests, etc. used during the practicum. Students will need to select a practicum site which allows making audio and/or video tapes of counseling sessions.

### **Record Keeping**

Record keeping is an integral component of professional counseling and good habits should be developed in the practicum experience.

The student should appropriate Appendices for use in record keeping during the practicum. In addition, the student should assist the site supervisor in the development of appropriate and accurate records that are the design of the district or agency.

All client records must always be treated with the highest standard regarding legal and ethical concerns. This includes the generation, maintenance, sharing, transfer and destruction of counseling records.

Throughout the semester students will turn in the following documents, as outlined in the Practicum Syllabus, in Via:

1. Student Information Sheet
2. Copy of LMU/Host Site Application/Contract
3. Statement of ACA Ethical Compliance
4. Proof of Liability Insurance
5. Summative Sheet for Hours
6. Weekly Logs signed by Site-Supervisor
7. Evaluation of Student by Site-Supervisor
8. Evaluation of Placement by Student
9. Counselor Formative Evaluation Form
10. Summary of Supervisor Interview
11. Release to Tape Clients
12. Tape Critique Forms



## **Responsibilities During Practicum**

### **Student Responsibilities:**

- A. Complete Application for Practicum
- B. Obtain and maintain liability insurance during practicum experience. LMU counseling faculty recommend that students obtain \$1,000,000 liability insurance that comes with a student membership in a professional counseling organization such as the ACA, AMHCA, or ASCA. A student must have active professional liability insurance to engage in any placement while in the LMU Counseling Program.
- C. Obtain Parental Consent prior to recording any counseling session.
- D. Prepare recordings of counseling sessions as described in the syllabus.
- E. Log a minimum of 75 hours in any semester in order to receive a continuing grade of IP. LMU understands that students working and going to school may sometimes have to extend the practicum experience into two semesters due to work schedule conflicts; however, the 75 hour per semester requirement is the minimal number possible in order to progress in the program.
- F. Maintain accurate and legible logs of practicum hours.
- G. Complete the Placement Evaluation.
- H. Complete and turn in the Practicum Contract.
- I. Conduct all duties in accordance with the ACA or ASCA Code of Ethics.
- J. Follow Dress Code and all Human Resource Policies of the hosting site.
- K. Report any absences to both the site supervisor and faculty member for seminar.
- L. Complete other assignments assigned by the instructor or in the syllabus.

### **Faculty Supervisor Responsibilities:**

- A. Work with student on site selection and approval.
- B. Meet in seminar weekly for new content and to review student progress/development. (All practicum students will attend seminar each week for group supervision and meet with faculty each week for either individual or triadic supervision throughout the practicum experience.)
- C. Be available for consultation with Site-Supervisors.
- D. Visit Sites
- E. Promote effective communication between LMU and the Site.

- F. Maintain Records on the student.
- G. Provide or arrange for individual and/or triadic supervision to student.

**Site Supervisors:**

- A. LMU is appreciative of the efforts of partnering site supervisors as they serve the profession of professional counseling as mentors to those in training. Site-Supervisors are encouraged to contact the faculty supervisor for collaboration and support in the supervision of counselors in training.
- B. Site-Supervisors make the distinction between administrative and clinical supervision and convey that distinction to students as issues and opportunities arise.
- C. LMU Counseling faculty will provide training in supervision to counselors not having such training provided they are willing to serve as site supervisors for counselor trainees. This training is available at the Harrogate or Cedar Bluff location. Please contact the LMU faculty supervisor for practicum if you are interested. The training is ongoing and scheduled in the fall and spring semesters.

**Internship**

The Internship is designed to be a capstone experience in the LMU Counseling Program, offering the student opportunities to use knowledge and skills learned in prior coursework in a field placement that is closely mentored by an experienced site supervisor. The counseling intern will be exposed to a wide variety of professional roles and responsibilities to prepare her or him for entrance into the field as a professional counselor upon graduation. As both programs represents an academic path toward licensure, it is critical that the student fully understand the expectations and seriousness of the internship course requirements and expectations. Furthermore, it should be emphasized that the preparation for licensure is a skills-based process, where you will be expected to demonstrate both knowledge and skill in the delivery of counseling services.

## **School Counseling Internship**

The school counseling internship is 600-clock hour experience in school counseling, which may be completed in one or two semesters. It is recommended that students complete the school counseling internship in one semester to allow you to be immersed in the school climate.

Your internship experience should include the following:

1. 600 clock hours of direct and/or indirect services under the supervision of your site supervisor. Your hours must consist of 240 direct hours, or 40% of time in internship, with clients. Students must register for a total of 6 credit hours of internship.
2. Weekly interaction at a minimum with a program faculty member or site supervisor with individual or triadic supervision of at least one hour average per week.
3. Participating with regular attendance in the scheduled group supervision/seminar component of the class for at least 1 ½ hours per week with the assigned faculty member.
4. Preparation and execution of ASCA standards-based lesson.
5. A minimum of 10 group leadership hours (unless completed in Practicum).
6. Regular review of recordings with clients. Internship student must submit at least one or these audio/video recordings of a individual session.
7. Site Supervisor Evaluation of student.
8. Additional items as stated in course syllabus.

### **SITE SELECTION CRITERIA**

It is agreed that the student and site supervisor will receive no remuneration for services provided during the Counseling Internship from Lincoln Memorial University. If a site and its administrative personnel contract with the graduate student to provide services, under appropriate supervision, then that contract will be a part of this agreement (attach a copy of contract).

- A. It is agreed and understood that Lincoln Memorial University and the school assume no liability for injury or death to the student incurred when providing services during this field placement. Exceptions may result from gross negligence as determined in a court of

law.

- B. It is agreed and understood that Lincoln Memorial University and/or the School Site may suspend/terminate student's placement for failure to comply with regulations, policies, and procedures, including the confidentiality of records of the school.
- C. It is agreed and understood that the student's internship will be professional in nature and include requisite experiences as outlined in the Counseling Internship Plan.
- D. The student will serve a total of 600 clock hours. 40% in direct service  
Students will be expected to attend internship seminar sessions as scheduled  
Students will be expected to develop and maintain a portfolio of materials, lessons, tapes, tests, etc. used during the internship.

### **School Counseling Internship Licensure Requirements**

- A. As the school counseling major represents the path to licensure by the state department of education, it is the student's responsibility to be knowledgeable of the licensure requirements of the state in which they are pursuing licensure. LMU students have historically represented TN, VA, KY, NC and GA. Individual states reserve the right to define the terms and criteria for licensure as a professional school counselor.
- B. School counseling majors will complete supervised hours in Pre-K-12 settings in accordance with licensure requirements.
- C. School counseling majors will conduct one interview with a school counselor concerning the role of the school counselor.
- D. School counselors will become familiar with and align their internship experiences with the pillars in the ASCA National Model for School Counseling.
- E. School counseling majors will plan their practicum and internship experiences in a manner that satisfies the requirements for licensure by their respective state department of education.
- F. School counseling majors will develop skills in multicultural approaches including the provision of services to students with disabilities.

### **Responsibilities**

#### **Student Responsibilities:**

- A. Complete Application/Contract for the Internship.
- B. Obtain and maintain liability insurance during internship experience. LMU counseling faculty recommend that students obtain \$1,000,000 liability insurance that

comes with a student membership in a professional counseling organization such as the ACA, AMHCA, or ASCA. A student must have active professional liability insurance to engage in any placement while in the LMU Counseling Program.

- C. Obtain Parental Consent prior to recording any counseling session.
- D. Prepare recordings of counseling sessions as described in the syllabus.
- E. Log a minimum of 150 hours in any semester in order to receive a continuing grade of IP. LMU understands that students working and going to school may sometimes have to extend the practicum experience into two semesters due to work schedule conflicts; however, the 150 hour per semester requirement is the minimal number possible in order to progress in the program.
- F. Maintain accurate and legible logs of internship hours.
- G. Complete the Placement Evaluation.
- H. Complete and turn in the Internship Contract.
- I. Conduct all duties in accordance with the ACA and ASCA Code of Ethics.
- J. Follow Dress Code and all Human Resource Policies of the hosting site.
- K. Report any absences to both the site supervisor and faculty member for seminar.
- L. Complete other assignments assigned by the instructor or in the syllabus.

**Faculty Supervisor Responsibilities:**

- A. Work with student on site selection and approval.
- B. Meet in seminar weekly and review student progress/development.
- C. Be available for consultation with Site-Supervisors.
- D. Promote effective communication between LMU and the Site.
- E. Maintain Records on the student.
- F. Lead group supervision and seminar on a weekly basis.

**Site-Supervisor Responsibilities:**

- A. Collaborate with student to develop plan and approve internship contract. (Appendix A).
- B. Share expectations with student.
- C. Monitor student development and provide appropriate feedback, including one hour of direct weekly supervision throughout the internship experience.

- D. Engage with student regularly regarding professional development.
- E. Provide opportunities for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
- F. Complete Evaluation of student.

### **Clinical Mental Health Counseling Internship**

The mental health counseling internship is a 6-credit hour, 600-hour experience in mental health counseling, which takes place over 2 academic semesters. Your internship experience should include the following:

1. 600 clock hours of direct and/or indirect services under the supervision of your site supervisor. (40% Direct Services)
2. Weekly interaction with program faculty member in a small group supervision setting.
3. Weekly 1:1 supervision with site supervisor, duration of supervision to amount to 1 hour per week.
4. Minimum of 10 group hours if you did not complete this during practicum.
5. Turn in a minimum of one audio recording to review during class.
6. Participating with regular attendance in the scheduled group supervision/seminar component of the class for at least 1 ½ hours per week with the assigned faculty member.
7. Site Supervisor Evaluation of student.
8. Additional items as stated in course syllabus.

### ***Mental Health Counseling Licensure***

- A. Mental health counseling majors will download and become familiar with all requirements for licensure as an LPC, LPC/MHSP or LMHC in their respective states, including any required post-master's supervision hours, currently 3000 hours in the state of Tennessee.
- B. Mental health counseling majors will begin to prepare for the NCE, Jurisprudence exam, and National Mental Health Clinical Exam for licensure.
- C. Mental health counseling majors will demonstrate knowledge and skill with HIPPA regulations regarding the provision of mental health services including issues such as informed consent, confidentiality and the limits of confidentiality.

### **Responsibilities**

**Student Responsibilities:**

- A. Complete Application/Contract for the Internship.
- B. Obtain and maintain liability insurance during internship experience. LMU counseling faculty recommend that students obtain \$1,000,000 liability insurance that comes with a student membership in a professional counseling organization such as the ACA, AMHCA, or ASCA. A student must have active professional liability insurance to engage in any placement while in the LMU Counseling Program.
- C. Obtain necessary Client or Parental Consent prior to recording any counseling session.
- D. Prepare recordings of counseling sessions as described in the syllabus.
- E. Log a minimum of 150 hours in any semester in order to receive a continuing grade of IP. LMU understands that students working and going to school may sometimes have to extend the practicum experience into two semesters due to work schedule conflicts; however, the 150 hour per semester requirement is the minimal number possible in order to progress in the program.
- F. Maintain accurate and legible logs of internship hours.
- G. Complete the Placement Evaluation.
- H. Complete and turn in the Internship Contract.
- I. Conduct all duties in accordance with the ACA Code of Ethics.
- J. Follow Dress Code and all Human Resource Policies of the hosting site.
- K. Report any absences to both the site supervisor and faculty member for seminar.
- L. Complete other assignments assigned by the instructor or in the syllabus.

**Faculty Supervisor Responsibilities:**

- A. Work with student on site selection and approval.
- B. Meet in seminar weekly and review student progress/development.
- C. Be available for consultation with Site-Supervisors.
- D. Promote effective communication between LMU and the Site.
- E. Maintain Records on the student.
- F. Lead group supervision and seminar on a weekly basis.

**Site-Supervisor Responsibilities:**

- A. Collaborate with student to develop plan and approve internship contract.

- B. Share expectations with student.
- C. Monitor student development and provide appropriate feedback, including one hour of direct weekly supervision throughout the internship experience.
- D. Engage with student regularly regarding professional development.
- E. Provide opportunities for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
- F. Complete Evaluation of student.

## **Step by Step Guide for the Internship**

### **Getting Started**

1. The student should begin planning their internship experience at least two semesters prior to registering for the course. The student should also begin to make a list of preferred sites.
2. The student should contact the faculty supervisor as soon as possible and inform him/her of their intent to register as well as a list of their preferred sites.
3. The student should initiate a telephone conference with the faculty supervisor for the purpose of discussing options, expectations, special accommodations and goals regarding the internship experience. During this conference the student should collaborate with the faculty member on a plan to contact the requested site.
4. The student OR faculty member will contact the site for the purpose of making the request. (This depends on institutional policies and past practice as to whether the student or faculty member makes the initial contact.)
5. The student will present the proposed contract to the site supervisor and give the proposed supervisor contact information for the faculty supervisor.

### **Record Keeping**

- Record keeping is an integral component of professional counseling and good habits should be developed in the internship experience.
- The student should copy Appendices appropriate for use in record keeping during the internship. In addition, the student should assist the site supervisor in the development of appropriate and accurate records that are the design of the district or agency.
- All client records must always be treated with the highest standard regarding legal and ethical concerns. This includes the generation, maintenance, sharing, transfer and destruction of counseling records.



## **Documentation**

The following appendices contain the documentation students are required to keep throughout practicum and internship. A sample of the practicum and internship applications are provided in the handbook for convenience. However, to be eligible for placement the forms must be completed online by May 1 for fall practicum placement and by October 1 for internship placement. Students are responsible for meeting these deadlines and may not be eligible for placement until the following academic year if they do not submit the practicum and internship applications by the deadlines.





In what state do you plan to be licensed as a counselor? \_\_\_\_\_

When do you anticipate receiving Master's degree? \_\_\_\_\_

When do you plan to take Comprehensive Exams? \_\_\_\_\_

**How will this Practicum site facilitate your gaining experience with diverse individuals? In**

answering this question, please consider the totality of the definition of diversity as follows:

*Differences among groups of people and individuals based on ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation and geographical area.*

*(Provide answer here in no less than 300 words.)*

*Thank you for completing your application. Counseling Program Faculty will review all applications in the month of May. You will receive an email informing the status of your application by noon on the first Saturday in June.*

*Connie Elkins, PhD, LPC-VA  
Counseling Program Practicum and Internship Coordinator*

**Appendix B: Practicum Supervision Agreement School & Mental Health Counseling**



**PRACTICUM SUPERVISION AGREEMENT**

**UNIVERSITY/PLACEMENTSCHOOL/AGENCY AGREEMENT**

- I. We, the undersigned, hereby agree to the following arrangements between Lincoln Memorial University and \_\_\_\_\_ (School/Agency) to provide an appropriately supervised Counseling Practicum for \_\_\_\_\_ during the \_\_\_\_\_ semester or \_\_\_\_\_ academic year.
  
- II. The Placement School/Agency agrees to:
  - A. Consider for acceptance a student of the University who is eligible for the Counseling Practicum and has expressed interest in this School/Agency. The Practicum consists of 100 clock hour placement in the School/Agency with a required on-campus seminar. *(Note: Virginia requires a 200-clock hour school Practicum).*
  - B. Appoint a professional staff member to serve as Site Supervisor and provide adequate time for him/her to perform the responsibilities of the Site Supervisor.
  - C. Provide the University with a brief credential profile of the appointed Site Supervisor. A master's degree in counseling and three years' experience is preferred for Site Supervisors.
  
- III. The Placement Site Supervisor agrees to:
  - A. Coordinate the activities of the Student and create opportunities for a variety of learning experiences as defined in the Counseling Practicum Plan.
  - B. Familiarize the Student with the Placement School's/Agency's regulations, policies, and procedures, including the confidentiality of records of the school or agency.
  - C. Provide the University Field Supervisor with a written evaluation of the Student's strengths, weaknesses, and overall performance at the end of the Practicum.

- IV. Lincoln Memorial University agrees to:
  - A. Appoint a University Faculty Supervisor to be the primary liaison between the University and the Placement Site.
- V. The University Faculty Supervisor agrees to:
  - A. Act as primary liaison between the University and the Placement Site.
  - B. Plan with the Student and the Site Supervisor ways and means of meeting competencies as stated in the Counseling Practicum Plan.
  - C. Submit the final letter grade assigned for the Practicum to the Student, and the University Registrar.
- VI. The Counselor Trainee/LMU Student agrees to:
  - A. Student is covered by individual profession counseling liability insurance policy while enrolled in practicum and internship.
  - B. Become familiar with and abide by all rules and policies of the Practicum placement site.
  - C. Meet weekly in both Group Supervision and Individual/Triadic Supervision with Faculty Supervisor.
  - D. Follow all Professional and Ethical Guidelines of the American Counseling Association or American School Counselor Association.
  - E. Keep open lines of communication and discuss any issues of concern with site supervisor and university supervisor.

Student

Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date

**Appendix C: School and Mental Health Counseling Ethical Statement**



Counselor Trainee Name \_\_\_\_\_

Date \_\_\_\_\_ Semester \_\_\_\_\_

Course Name & Number \_\_\_\_\_

Counseling Major (Check One) \_\_\_\_\_ School \_\_\_\_\_ Mental Health

I, (Name) \_\_\_\_\_ have read the current Code of Ethics in their entirety from the American Counseling Association and/or American School Counselor Association and agree to follow the Code in all of my practicum/internship experiences, as well as in any learning activity in my preparation as a professional counselor at Lincoln Memorial University.

\_\_\_\_\_  
Counselor Trainee Signature                      Date

\_\_\_\_\_  
Faculty Signature                                      Date

**Appendix D: Release to Record School and Mental Health Counseling**



Practicum and Internship Audio/Video Consent Form for Adults  
Master of Education in Counseling Program  
Lincoln Memorial University

The Master of Education in Counseling Program at Lincoln Memorial University requires all students to participate in a field placement. As part of this placement, students are required to record and submit audio recordings and/or videotapes of their counseling sessions. ***All audio recordings/videotapes will be kept confidential.*** However, these audio recordings/videotapes will be reviewed by the student's supervisors to evaluate their progress. In addition, recorded sessions may occasionally be used to demonstrate progress and provide feedback from peers. After the student has completed their placement, all recordings will be destroyed.

We appreciate your willingness to participate in this aspect of your counselor's development. I give my consent for \_\_\_\_\_ (student name) to record and submit my audio recordings and/or videotaped counseling sessions as part of the requirements for Practicum/Internship in the Master of Education in Counseling Program at Lincoln Memorial University. I understand that the audio recording/videotapes will be reviewed by the program supervisor and other counselors-in-training enrolled in the current course. All recordings will be destroyed by the counselor upon completion of their field placement. If you have any questions, please ask your counselor. If you would like to contact the counselor's supervisor, please obtain contact information from your counselor.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date





Practicum and Internship Audio/Video Consent Form for Minors  
Master of Education in Counseling Program  
Lincoln Memorial University

The Master of Education in Counseling Program at Lincoln Memorial University requires all students to participate in a field placement. As part of this placement, students are required to record and submit audio recordings and/or videotapes of their counseling sessions. ***All audio recordings/videotapes will be kept confidential.*** However, these audio recordings/videotapes will be reviewed by the student's supervisors to evaluate their progress. In addition, recorded sessions may occasionally be used to demonstrate progress and provide feedback from peers. After the student has completed their placement, all recordings will be destroyed.

We appreciate your willingness to participate in this aspect of your counselor's development. I give my consent for \_\_\_\_\_ (student name) to record and submit audio recording/videotaped counseling sessions with my child as part of the requirements for Practicum/Internship in the Master of Education in Counseling Program at Lincoln Memorial University. I understand that the audio recordings/videotapes will be reviewed by program supervisors and other counselors-in-training enrolled in the current course. All recordings will be destroyed by the counselor upon completion of their field placement. If you have any questions, please ask your child's counselor. If you would like to contact the counselor's supervisor, please obtain contact information from your child's counselor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## Appendix E: School and Mental Health Weekly Supervision Form

Complete this form for every week of your practicum experience. Submit this form to Dr. Salter, or co-instructor, at the beginning of each triadic. Be brief in your responses. Estimated time to complete this form is no more than 15 minutes. The form is to be typed

Total number of hours logged this week: \_\_\_\_\_

Goal for the week:

Rate your progress toward that goal:

0 1 2 3 4 5 6 7 8 9 10

Activity/situation that was most positive:

Activity/situation that was most negative:

What I would do differently in the negative situation, if I had the chance.

Specific concerns regarding clients/situations:

Questions for Professor:

Signature of practicum student:



## Appendix G: School and Mental Health Tape Review Form

Completed by student

Please use the following format as a guide for the Audio/Video Tape Write-up. **Use the session you play in class. Responses should be in paragraph form and typed. Counselor-in-Training is to provide a three-minute transcript of counseling session along with the session write up guidelines below.**

1. Brief background of client (Record any family, medical, academic, social, emotional, cultural, gender, or other related factors pertinent to the context of this session)
2. Major issues addressed in this session:
3. Selected theoretical orientation, treatment, technique, or intervention plan. Counselor-in-training comment on how this was made developmentally appropriate (*CACREP standard 2016.2.F.5.h*):
4. What measurable outcomes for client were developed and discussed in session? This might include new perspective, ideas for change, plans for change, things to investigate/do before next session, etc. (*CACREP standard 2016.2.F.5.i*):
5. Issues to come back to/unfinished business:
6. Strengths of session/What I learned:
7. Areas for growth of session

**Appendix H: School and Mental Health Supervision Instrument**

*Formative Evaluation*

(To be completed by University Supervisor).

Counselor Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Setting: \_\_\_\_\_

Student Counselor: \_\_\_\_\_ Campus: \_\_\_\_\_

Theory utilized: \_\_\_\_\_

1. Issue Presented by Client
  
2. Observable issues
  
3. Dynamics of Session
  
4. Interventions/Techniques
  
5. Bridge to Next Session

Comments/Suggestions:

Strengths:

Targets for Improvement:

Signatures below indicate only that both parties have discussed the observation. Agreement is not indicated by the signature.

Counselor Educator \_\_\_\_\_ Date \_\_\_\_\_

Student Counselor \_\_\_\_\_ Date \_\_\_\_\_

**Appendix I: Site Supervisor Evaluation of Counselor Trainee School & Mental Health  
Counseling**



Student: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Date: \_\_\_\_\_

1. Discuss student strength's and significant progress areas

---

---

---

---

---

---

2. Discuss areas of need and targeted improvement

---

---

---

---

---

---

3. Suggestions for future practicum students or program

---

---

---

---

---

---

4. Please list the specific student assignments, duties and responsibilities performed by the student.

---

---

---

---

---

---

5. Would you employ this person to work for you?     Yes     No
6. Additional Comments:

I have discussed this evaluation with this student.     Yes     No

I recommend the following grade for this student's practicum performance:

Pass     Fail

(Note: Practicum is graded as a pass/fail course. Your suggested grade reflects your satisfaction with the practicum student's level of performance. If you have any questions or concerns, please contact Dr. Connie Elkins, Faculty Supervisor at [connie.elkins@lmunet.edu](mailto:connie.elkins@lmunet.edu))

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date

**Appendix J: Evaluation of Practicum Site by Counselor Trainee  
School and Mental Health Counseling**

Student \_\_\_\_\_

Site Supervisor \_\_\_\_\_

Site Location \_\_\_\_\_

Course \_\_\_\_\_ Semester/YR \_\_\_\_\_

Date \_\_\_\_\_

1. Discuss the positives of this placement

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

2. How could this placement be more helpful in your development?

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

3. Recommendations for improvement

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## School Counseling Practicum Specific Documents

### Appendix K: School Counseling Daily Tracking Form

Note if time is: Student Support, Individual Planning, Responsive Services, or Guidance Lessons, Preparation, Professional Development, Supervision (type up)

Day of week/Date	Direct	Indirect
7:00-8:00		
8:00-9:00		
9:00-10:00		
10:00-11:00		
11:00-12:00		
12:00-1:00		
1:00-2:00		
2:00-3:00		
3:00-4:00 4:00-5:00		
5:00-6:00		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix L: School Counseling Weekly and Monthly Tracking Form**

**Use this form for Practicum and Internship**

**Weekly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**Monthly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

## Appendix M: School Counseling Summary of Practicum Hours

Name of Practicum Student \_\_\_\_\_ Semester (s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Site Supervisor Name/Phone/Email: \_\_\_\_\_

School Counseling Practicum Site: \_\_\_\_\_

Educational Level of School: Elementary    Middle    High    Other \_\_\_\_\_

	Direct	Indirect	Total
Guidance Curriculum			
Individual Planning			
Responsive Services			
System Support			
Percent of Total			
Total			

Supervision Hours: Of the above System Support hours, \_\_\_\_\_ were in 1:1/Triadic Supervision, and \_\_\_\_\_ were in Practicum Group Seminar

By signing below, I attest that the above totals are an accurate representation of student's Practicum

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date

## Mental Health Counseling Practicum Specific Documents

### Appendix N: Mental Health Practicum Daily Time Log

Note if time is individual, group, family, supervision, treatment team, preparation, professional development (type information into form)

Day of week/Date	Direct	Indirect
7:00-8:00		
8:00-9:00		
9:00-10:00		
10:00-11:00		
11:00-12:00		
12:00-1:00		
1:00-2:00		
2:00-3:00		
3:00-4:00 4:00-5:00		
5:00-6:00		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix O: Mental Health Counseling Weekly and Monthly Tracking Form**

**Use this form for Practicum and Internship**

**Weekly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**Monthly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**Appendix P: Mental Health Practicum Summary of Hours**

Name of Practicum Student \_\_\_\_\_ Semester \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Site Supervisor Name/Phone/Email: \_\_\_\_\_

Name and description of site: \_\_\_\_\_

	Direct	Indirect	Total
Individual			
Group and Family Systems			
Supervision			
Treatment Team and Staffing			
Indirect Time and Preparation			
Profess. Development			

Supervision Hours: Of the above Supervision hours, \_\_\_\_\_ were in 1:1/Triadic Supervision, and \_\_\_\_\_ were in Practicum Group Seminar

By signing below, I attest that the above totals are an accurate representation of student's Practicum

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date

**Appendix Q: School & Mental Health Counseling Internship Documents**



**Internship Application/Contract**

To be completed online

Date received by faculty supervisor: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Send an email to Dr. Connie Elkins, faculty supervisor, from your LMU email address. The email address is: [connie.elkins@lmunet.edu](mailto:connie.elkins@lmunet.edu))

Day/Evening Telephone Numbers:

\_\_\_\_\_

Where would you like to complete your Internship? \_\_\_\_\_

***A site supervisor must be identified who has:***

- Master's Degree in Counseling or the equivalent
- Three years of experience and appropriate licensure in the setting in which you will be serving
- Willingness to provide face-to-face, individual supervision one hour per week (or 30 hrs. logged)
- Please provide the following information about the proposed site- supervisor:

Supervisor's Name: \_\_\_\_\_

School and School District: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Appendix R: School and Mental Health Counseling Internship Supervision Agreement**



UNIVERSITY/PLACEMENTSCHOOL/AGENCY AGREEMENT

We, the undersigned, hereby agree to the following arrangements between Lincoln Memorial University and \_\_\_\_\_(School/Agency) to provide an appropriately supervised Counseling Internship for \_\_\_\_\_during the \_\_\_\_\_semester or \_\_\_\_\_academic year.

- I. The Placement School/Agency agrees to:
  - A. Consider for acceptance a student of the University who is eligible for the Counseling Practicum and has expressed interest in this School/Agency. The Internship consists of 600 clock hour placement in the School/Agency with a required on-campus seminar.
  - B. Appoint a professional staff member to serve as Site Supervisor and provide adequate time for him/her to perform the responsibilities of the Site Supervisor.
  - C. Provide the University with a brief credential profile of the appointed Site Supervisor. A master's degree in counseling and three years' experience is preferred for Site Supervisors.
  
- II. The Placement Site Supervisor agrees to:
  - A. Coordinate the activities of the Student and create opportunities for the student to become familiar with a wide variety of professional activities and resources in addition to direct service (e.g., record keeping, use of technology such as telehealth software, smart board, electronic health records and/or student management system, techniques and interventions for prevention and treatment of a broad range of mental health issues, assessment instruments, supervision, referrals to cooperating agencies, advocacy, in-service and staff meetings).



- B. Familiarize the Student with the Placement School's/Agency's regulations, policies, and procedures, including the confidentiality of records of the school or agency.
- C. Provide the University Field Supervisor with a written evaluation of the Student's strengths, weaknesses, and overall performance at the end of the Internship.

III. The University Faculty Supervisor agrees to:

- A. Act as primary liaison between the University and the Placement Site.
- B. Plan with the Student and the Site Supervisor ways and means of meeting competencies as stated in the Counseling Internship Plan.
- C. Submit the final letter grade assigned for the Internship to the Student, and the University Registrar.

IV. The Counselor Trainee/LMU Student agrees to:

- A. Student is covered by individual profession counseling liability insurance policy while enrolled in practicum and internship.
- B. Become familiar with and abide by all rules and policies of the Internship placement site.
- C. Meet weekly in both Group Supervision and Individual/Triadic Supervision with Faculty Supervisor.
- D. Follow all Professional and Ethical Guidelines of the American Counseling Association and/or American School Counselor Association.
- E. Keep open lines of communication and discuss any issues of concern with site supervisor and faculty supervisor.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date



**Appendix T: Release to Record School and Mental Health Counseling**



***Release to Record Counseling Sessions for Practicum/Internship Students***

Dear Client/ Parent/Legal Guardian:

My name is \_\_\_\_\_ and I am a graduate student at LMU majoring in Professional Counseling. A requirement for the practicum and internship experience is that I submit two counseling sessions with students in either a DVD, VHS, or audio format for the purpose of obtaining instructor review and suggestions as I develop my counseling skills and prepare for state licensure. The recordings will not have any student name or personally identifiable information and they will be destroyed at the end of the semester. Other than myself, the only other persons that will see the recording will be my instructor and other counselors in training in this Seminar. I would like to work with your child on this project and your signature below will give me the consent I need to complete this important requirement for the Counseling Program at Lincoln Memorial University. If you have any questions regarding this project, my instructor can be reached at [connie.elkins@lmunet.edu](mailto:connie.elkins@lmunet.edu). Thank you for your support in this project.

Sincerely,

Graduate Student LMU      My telephone number: \_\_\_\_\_

Yes, I give consent for my child to be recorded in this assignment and I understand that my child's name will not be revealed, and the tape destroyed at the end of the semester.

\_\_\_\_\_  
Parent/Guardian/Client      Date

\_\_\_\_\_  
Child Name

## Appendix U: School and Mental Health Counseling Tape Evaluation Form

**Completed by Instructor**

Student: \_\_\_\_\_ Mental Health \_\_\_\_\_ School Counseling \_\_\_\_\_

Recording Number: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| 3. Was recording audible?                                      | Y | N |
| 4. Was the recording critique completed and turned in on time? | Y | N |

Recordings have been evaluated based on the following criteria, on a 1-5 scale (1=poor/unsatisfactory; 2=weak/needs improvement; 3=average/satisfactory; 4=good; 5=excellent)

	1	2	3	4	5	NA
Opening of session was structured, friendly, has good rapport with client						
Accurately reflects feelings of client						
Communication between counselor/client was meaningful						
Demonstrates active listening skills (verbal and nonverbal)						
Confronts appropriately when necessary						
Uses appropriate goal setting skills						
Responds empathically to client						
Uses open-ended questions appropriately to encourage clients to express themselves						
Summarizes session appropriately by pulling together important elements of the session						

Intern's Conceptualization of case was appropriate	Y	N
--	---	---

Intern utilized appropriate theories and techniques	Y	N
---	---	---

Feedback:

Overall Rating of Session \_\_\_\_\_

## Appendix V: School and Mental Health Tape Review Form

Completed by student

Please use the following format as a guide for the Audio/Video Tape Write-up. **Use the session you play in class. Responses should be in paragraph form and typed. Counselor-in-Training is to provide a three-minute transcript of counseling session along with the session write up guidelines below.**

8. Brief background of client (Record any family, medical, academic, social, emotional, cultural, gender, or other related factors pertinent to the context of this session)
  
9. Major issues addressed in this session:
  
10. Selected theoretical orientation, treatment, technique, or intervention plan. Counselor-in-training comment on how this was made developmentally appropriate (*CACREP standard 2016.2.F.5.h*):
  
11. What measurable outcomes for client were developed and discussed in session? This might include new perspective, ideas for change, plans for change, things to investigate/do before next session, etc. (*CACREP standard 2016.2.F.5.i*):
  
12. Issues to come back to/unfinished business:
  
13. Strengths of session/What I learned:
  
14. Areas for growth of session

**Appendix W: Release to Record School and Mental Health Counseling**



***Release to Record Counseling Sessions for Practicum/Internship Students***

Dear Client/ Parent/Legal Guardian:

My name is \_\_\_\_\_ and I am a graduate student at LMU majoring in Professional Counseling. A requirement for the practicum and internship experience is that I submit two counseling sessions with students in either a DVD, VHS, or audio format for the purpose of obtaining instructor review and suggestions as I develop my counseling skills and prepare for state licensure. The recordings will not have any student name or personally identifiable information and they will be destroyed at the end of the semester. Other than myself, the only other persons that will see the recording will be my instructor and other counselors in training in this Seminar. I would like to work with your child on this project and your signature below will give me the consent I need to complete this important requirement for the Counseling Program at Lincoln Memorial University. If you have any questions regarding this project, my instructor can be reached at [connie.elkins@lmunet.edu](mailto:connie.elkins@lmunet.edu). Thank you for your support in this project.

Sincerely,

Graduate Student LMU      My telephone number: \_\_\_\_\_

Yes, I give consent for my child to be recorded in this assignment and I understand that my child's name will not be revealed, and the tape destroyed at the end of the semester.

\_\_\_\_\_  
Parent/Guardian/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Name

**Appendix X: School and Mental Health Counseling Weekly Supervision Form**

Complete this form for every week of your internship experience. Submit this form to Dr. Salter at the beginning of each class. Be brief in your responses. Estimated time to complete this form is no more than 15 minutes.

Total number of hours logged this week: \_\_\_\_\_

Goal for the week:

Rate your progress toward that goal:

0 1 2 3 4 5 6 7 8 9 10

Activity/situation that was most positive:

Activity/situation that was most negative:

What I would do differently in the negative situation, if I had the chance.

Specific concerns regarding clients/situations:

Questions for Dr. Salter:

Signature of Internship student:

**Appendix Y: School and Mental Health Evaluation of Internship Site by Student**

Student \_\_\_\_\_

Site Supervisor \_\_\_\_\_

Site Location \_\_\_\_\_

Course \_\_\_\_\_ Semester/YR \_\_\_\_\_

Date \_\_\_\_\_

1. Discuss the positives of this placement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. How could this placement be more helpful in your development? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Recommendations for improvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Appendix Z: School Counseling Internship Supervisor Evaluation Form**  
**School Counseling Internship Supervisor Evaluation Form**

Student Name: \_\_\_\_\_ Site Name: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Site Supervisor: Please complete Sections 1, 2 and 3 of this Evaluation Form, Sign, and review with student.**

Section 1: Educator (Counselor) Disposition Assessment –  
**To be Completed by Faculty and Site Supervisor for all Counseling Interns**

Directions: Please use the following numbers to rate the individual on each disposition based on the following scale by marking the corresponding number in the cell. Please note that italicized constructs are further explained in the technical manual. Indicators for each disposition are found in the cells.

- 3-Meets Expectations: considerable evidence of understanding and commitment to the disposition
- 2-Developing: some evidence of understanding and commitment to the disposition
- 1-Needs Improvement: minimal evidence of understanding and commitment to the disposition

<i>Disposition</i>	<i>Indicators</i>		
<b>1. Demonstrates Effective Oral Communication Skills</b>	<b>Meets Expectations 3</b>	<b>Developing 2</b>	<b>Needs Improvement 1</b>
	<input type="checkbox"/> Demonstrates strong professional oral communication skills as evidenced by using appropriate language, grammar, and word choice for the learning environment	<input type="checkbox"/> Demonstrates professional oral communication skills as evidenced by using appropriate language, grammar, and word choice for the learning environment, yet makes some common and noticeable errors	<input type="checkbox"/> Does not consistently demonstrate professional oral communication skills as evidenced by making <i>major</i> errors in language, grammar, and word choice

<p><b>2. Demonstrates Effective Written Communication Skills</b></p>	<p><b>Meets Expectations 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates precise spelling and grammar</li> </ul>	<p><b>Developing 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates a few common spelling and grammar mistakes</li> </ul>	<p><b>Needs Improvement 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates <i>major</i> spelling and grammar errors or demonstrates frequent common mistakes</li> </ul>
<p><b>3. Demonstrates professionalism</b> Danielson: 4f; InTASC: 9(o)</p>	<p><b>Meets Expectations 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintains professional boundaries of ethical standards of practice and Keeps <i>inappropriate</i> personal life issues out of classroom/workplace</li> </ul>	<p><b>Developing 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Occasionally divulges <i>inappropriate</i> personal life issues into the classroom/workplace, but this is kept to a minimum</li> </ul>	<p><b>Needs Improvement 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Divulges <i>inappropriate personal</i> life issues at the classroom/workplace as evidenced by uncomfortable responses from others</li> </ul>
<p><b>4. Demonstrates a positive and enthusiastic attitude</b> Marzano: 29</p>	<p><b>Meets Expectations 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates an appropriately positive affect with students as evidenced by verbal and non-verbal cues</li> </ul>	<p><b>Developing 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Overlooks opportunities to demonstrate positive affect</li> </ul>	<p><b>Needs Improvement 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates a flattened affect as evidenced by lack of expressive gestures and vocal expressions</li> </ul>
<p><b>5. Demonstrates preparedness in teaching and learning</b> Danielson: 1e, 3e, 4a; InTASC: 3(p)</p>	<p><b>Meets Expectations 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Learns and adjusts from experience and reflection as evidenced by improvements in performance</li> </ul>	<p><b>Developing 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Somewhat resistant to constructive feedback as evidenced by a lack of follow through on some suggestions</li> </ul>	<p><b>Needs Improvement 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rejects constructive feedback as evidenced by no implementation of feedback</li> </ul>
<p><b>6. Exhibits an</b></p>	<p><b>Meets Expectations</b></p>	<p><b>Developing</b></p>	<p><b>Needs Improvement</b></p>

<p><b>appreciation of and value for cultural and academic diversity</b> Danielson: 1b, 2a, 2b; Marzano: 36, 39; InTASC: 2(m), 2(n), 2(o), 3(o), 9(m), 10(q)</p>	<p style="text-align: center;"><b>3</b></p> <p><input type="checkbox"/> Embraces all <i>diversities</i> as evidenced by implementing <i>inclusive activities and behaviors</i> with goals of <i>transcendence</i></p>	<p style="text-align: center;"><b>2</b></p> <p><input type="checkbox"/> Goes through the <i>expected and superficial motions</i> to embrace all <i>diversities</i></p>	<p style="text-align: center;"><b>1</b></p> <p><input type="checkbox"/> Demonstrates inequitable embracement of all <i>diversities</i></p>
<p><b>7. Collaborates effectively with stakeholders</b> Danielson: 4c, 4d; Marzano: 55, 56; InTASC: 1(k), 3(n), 3(q), 7(o)</p>	<p style="text-align: center;"><b>Meets Expectations 3</b></p> <p><input type="checkbox"/> Maintains a respectful tone at all times, even during dissent as evidenced by not interrupting or talking over others</p>	<p style="text-align: center;"><b>Developing 2</b></p> <p><input type="checkbox"/> Maintains a respectful tone in most circumstances but is not consistent</p>	<p style="text-align: center;"><b>Needs Improvement 1</b></p> <p><input type="checkbox"/> Is inflexible, as evidenced by inability to work well with others and does not accept majority consensus</p>
<p><b>8. Demonstrates self-regulated learner behaviors/takes initiative</b> Danielson: 4e; Marzano: 57; InTASC: 9(l), 9(n), 10(r), 10(t)</p>	<p style="text-align: center;"><b>Meets Expectations 3</b></p> <p><input type="checkbox"/> Recognizes own weaknesses as evidenced by seeking solutions before asking for support</p>	<p style="text-align: center;"><b>Developing 2</b></p> <p><input type="checkbox"/> Is beginning to recognize own weaknesses and asks for support making some effort to become involved in professional growth</p>	<p style="text-align: center;"><b>Needs Improvement 1</b></p> <p><input type="checkbox"/> Is unable to self-correct own weaknesses as evidenced by not asking for support or overuse of requests for support</p>
<p><b>9. Exhibits the social and emotional intelligence to promote personal and educational goals/stability</b> Marzano: 37, 38</p>	<p style="text-align: center;"><b>Meets Expectations 3</b></p> <p><input type="checkbox"/> Demonstrates sensitivity to feelings of others as evidenced by compassionate and empathetic social awareness</p>	<p style="text-align: center;"><b>Developing 2</b></p> <p><input type="checkbox"/> Demonstrates sensitivity to feelings of others most of the time</p>	<p style="text-align: center;"><b>Needs Improvement 1</b></p> <p><input type="checkbox"/> Demonstrates insensitivity to feelings of others as evidenced by a lack of compassion and empathetic social awareness</p>

## Section 2: CACREP 2016 School Counseling Standards

Directions: Please use the scale below to assess Mental Health Intern on the CACREP Mental Health Standards Below.

3 = Above Sufficient. Counseling Intern consistently demonstrates significant competencies in this domain, requires minimal consultation in this area. 2 = Sufficient. Counseling intern meets expected competencies in this area based on the point they are at in internship (midterm or final).

1 = Below Sufficient. Candidate requires ongoing training and development in this area.

### Contextual Dimensions

	3 Above Sufficient	2 Sufficient	1 Below Sufficient
Demonstrates the ability to apply and adhere to ethical and legal standards in school counseling. (CACREP.2016.5.G.n)			
Candidate gained thorough understanding of quality and effective leadership in schools. (CACREP.2016.5.G.j)			
Demonstrates the ability to use procedures for assessing and managing suicide risk (crisis), school emergency management plans. (CACREP.2016.5.G.e)			
Candidate developed understanding of common medications that affect learning, behavior, and mood in children and adolescents. (CACREP.2016.5.G.h)			
Candidate participated in consultation with families, P-12 and postsecondary school personnel and community agencies. (CACREP.2016.5.G.b)			
Identifies and utilizes community and referral resources (e.g., mental health centers, businesses, service groups) to secure assistance for students and families. (CACREP.2016.5.G.k)			
Demonstrates school counselor role in college and career readiness. Examples include assisting with FASFA, helping students identify trade areas of			

interest.(CACREP.2016.5.G.c)			
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## Practice

	3 Above Sufficient	2 Sufficient	1 Below Sufficient
Selects developmentally appropriate assessment strategies that can be used to evaluate a student's academic, career, and personal/social development. (CACREP.2016.5.G.d,e)			
Candidate gains experience in techniques of personal/social counseling in school setting. (CACREP.2016.5.G.f)			
Candidate has skills necessary to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement. (CACREP.2016.5.G.h)			
Demonstrates multicultural competencies in relation to diversity, equity, and opportunity in student learning and development. Utilizes strategies to promote equity in student achievement and college access. (CACREP.2016.5.G.k)			
Works with parents, guardians, and families to act on behalf of their children to address problems that affect student success in school. Utilizes collaborations to increase promotion and graduation rates. (CACREP.2016.5.G.i)			
Implementing and coordinating peer intervention programs. (CACREP.2016.5.G.m)			
Candidate has experience in relation to college and career readiness through participation in college nights, career fairs, career inventories, helping students identify post-secondary			

options that do not include college. Further, student has strategies to facilities school and post-secondary transitions. (CACREP.2016.5.G.g, j)			
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### Section 3: Narrative Feedback on General Internship Performance

I see the biggest strengths of the Counselor in Training:

Areas for continued growth that I observed in the Counselor in Training are:

Other Comments on the student’s overall performance on Internship:

I, as site supervisor, recommend that \_\_\_\_\_(name)

\_\_\_\_\_ Pass

\_\_\_\_\_ Not Pass

the internship based on satisfying the above standards and syllabus requirements.

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

I have had the opportunity to discuss this evaluation with my site supervisor.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Appendix AA: School Counseling Internship Daily Time Log**

Note if time is: Student Support, Individual Planning, Responsive Services, or Guidance Lessons, Preparation, Professional Development, Supervision

<b>Day of Week</b>	<b>Direct</b>	<b>Indirect</b>
<b>7:00-8:00</b>		
<b>8:00-9:00</b>		
<b>9:00-10:00</b>		
<b>10:00-11:00</b>		
<b>11:00-12:00</b>		
<b>12:00-1:00</b>		
<b>1:00-2:00</b>		
<b>2:00-3:00</b>		
<b>3:00-4:00</b>		
<b>5:00-6:00</b>		

**Student Initials:** \_\_\_\_\_

**Appendix BB: School Counseling Weekly and Monthly Tracking Form**  
**Use this form for Practicum and Internship**

**Weekly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**Monthly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date



## Appendix CC: School Counseling Summary of Internship Hours

Name of Student \_\_\_\_\_ Semester (s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Site SupervisorName/Phone/Email \_\_\_\_\_

**School Counseling Practicum Site:** \_\_\_\_\_

*School:* \_\_\_\_\_

Educational Level of School: Elementary    Middle    High    Other \_\_\_\_\_

	Direct	Indirect	Total
Guidance Curriculum			
Individual Planning			
Responsive Services			
System Support			
Total			
Percent of Total			

Supervision Hours: Of the above System Support hours, \_\_\_\_\_ were in 1:1/Triadic Supervision, and \_\_\_\_\_ were in Practicum Group Seminar

By signing below, I attest that the above totals are an accurate representation of student's Internship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date

## Mental Health Counseling Internship Specific Documents

### Appendix DD Mental Health Counseling Internship Daily Time Log

Note if time is: Student Support, Individual Planning, Responsive Services, or Guidance Lessons, Preparation, Professional Development, Supervision

Day of Week	Direct	Indirect
7:00-8:00		
8:00-9:00		
9:00-10:00		
10:00-11:00		
11:00-12:00		
12:00-1:00		
1:00-2:00		
2:00-3:00		
3:00-4:00		
5:00-6:00		

Student Initials: \_\_\_\_\_

**Appendix EE: Mental Health Counseling Weekly and Monthly Tracking Form**

**Use this form for Practicum and Internship**

**Weekly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**Monthly**

Total direct: \_\_\_\_\_

Total Indirect: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

## Appendix FF: Mental Health Counseling Summary of Internship Hours

Name of Student \_\_\_\_\_ Semester (s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Site SupervisorName/Phone/Email \_\_\_\_\_

**School Counseling Practicum Site:** \_\_\_\_\_

*School:* \_\_\_\_\_

Educational Level of School: Elementary    Middle    High    Other \_\_\_\_\_

	Direct	Indirect	Total
Guidance Curriculum			
Individual Planning			
Responsive Services			
System Support			
Total			
Percent of Total			

Supervision Hours: Of the above System Support hours, \_\_\_\_\_ were in 1:1/Triadic Supervision, and \_\_\_\_\_ were in Practicum Group Seminar

By signing below, I attest that the above totals are an accurate representation of student's Internship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date

## Appendix GG: Mental Health Site Supervisor Evaluation Form

Student Name: \_\_\_\_\_ Site Name: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Site Supervisor: Please complete Sections 1, 2 and 3 of this Evaluation Form, Sign, and review with student.**

### Section 1: Educator (Counselor) Disposition Assessment

**To be Completed by Faculty and Site Supervisor for all Counseling Interns**

Directions: Please use the following numbers to rate the individual on each disposition based on the following scale by marking the corresponding number in the cell. Please note that italicized constructs are further explained in the technical manual. Indicators for each disposition are found in the cells.

*3-Meets Expectations: considerable evidence of understanding and commitment to the disposition*

*2-Developing: some evidence of understanding and commitment to the disposition*

*1-Needs Improvement: minimal evidence of understanding and commitment to the disposition*

*Disposition*

*Indicators*

<b>Disposition</b>	<b>Meets Expectations 3</b>	<b>Developing 2</b>	<b>Needs Improvement 1</b>
<b>1. Demonstrates Effective Oral Communication Skills</b>	<input type="checkbox"/> Demonstrates strong professional oral communication skills as evidenced by using appropriate language, grammar, and word choice for the learning environment	<input type="checkbox"/> Demonstrates professional oral communication skills as evidenced by using appropriate language, grammar, and word choice for the learning environment, yet makes some common and noticeable errors	<input type="checkbox"/> Does not consistently demonstrate professional oral communication skills as evidenced by making <i>major</i> errors in language, grammar, and word choice
<b>2. Demonstrates Effective Written Communication Skills</b>	<input type="checkbox"/> Demonstrates precise spelling and grammar	<input type="checkbox"/> Demonstrates a few common spelling and	<input type="checkbox"/> Demonstrates <i>major</i> spelling and grammar

		grammar mistakes	errors or demonstrates frequent common mistakes
<b>3. Demonstrates professionalism</b> Danielson: 4f; InTASC: 9(o)	<b>Meets Expectations 3</b> <input type="checkbox"/> Maintains professional boundaries of ethical standards of practice and Keeps <i>inappropriate</i> personal life issues out of classroom/workplace	<b>Developing 2</b> <input type="checkbox"/> Occasionally divulges <i>inappropriate</i> personal life issues into the classroom/workplace, but this is kept to a minimum	<b>Needs Improvement 1</b> <input type="checkbox"/> Divulges inappropriate <i>personal</i> life issues at the classroom/workplace as evidenced by uncomfortable responses from others
<b>4. Demonstrates a positive and enthusiastic attitude</b> Marzano: 29	<b>Meets Expectations 3</b> <input type="checkbox"/> Demonstrates an appropriately positive affect with students as evidenced by verbal and non-verbal cues	<b>Developing 2</b> <input type="checkbox"/> Overlooks opportunities to demonstrate positive affect	<b>Needs Improvement 1</b> <input type="checkbox"/> Demonstrates a flattened affect as evidenced by lack of expressive gestures and vocal expressions
<b>5. Demonstrates preparedness in teaching and learning</b> Danielson: 1e, 3e, 4a; InTASC: 3(p)	<b>Meets Expectations 3</b> <input type="checkbox"/> Learns and adjusts from experience and reflection as evidenced by improvements in performance	<b>Developing 2</b> <input type="checkbox"/> Somewhat resistant to constructive feedback as evidenced by a lack of follow through on some suggestions	<b>Needs Improvement 1</b> <input type="checkbox"/> Rejects constructive feedback as evidenced by no implementation of feedback
<b>6. Exhibits an appreciation of and value for cultural and academic diversity</b> Danielson: 1b, 2a, 2b; Marzano: 36, 39; InTASC: 2(m), 2(n), 2(o), 3(o), 9(m), 10(q)	<b>Meets Expectations 3</b> <input type="checkbox"/> Embraces all <i>diversities</i> as evidenced by implementing <i>inclusive activities and behaviors</i> with goals of <i>transcendence</i>	<b>Developing 2</b> <input type="checkbox"/> Goes through the <i>expected and superficial motions</i> to embrace all <i>diversities</i>	<b>Needs Improvement 1</b> <input type="checkbox"/> Demonstrates inequitable embracement of all <i>diversities</i>
<b>7. Collaborates effectively with stakeholders</b>	<b>Meets Expectations 3</b>	<b>Developing 2</b>	<b>Needs Improvement 1</b>

Danielson: 4c, 4d; Marzano: 55, 56; InTASC: 1(k), 3(n), 3(q), 7(o)	<input type="checkbox"/> Maintains a respectful tone at all times, even during dissent as evidenced by not interrupting or talking over others	<input type="checkbox"/> Maintains a respectful tone in most circumstances but is not consistent	<input type="checkbox"/> Is inflexible, as evidenced by inability to work well with others and does not accept majority consensus
<b>8. Demonstrates self-regulated learner behaviors/takes initiative</b> Danielson: 4e; Marzano: 57; InTASC: 9(l), 9(n), 10(r), 10(t)	<b>Meets Expectations 3</b> <input type="checkbox"/> Recognizes own weaknesses as evidenced by seeking solutions before asking for support	<b>Developing 2</b> <input type="checkbox"/> Is beginning to recognize own weaknesses and asks for support making some effort to become involved in professional growth	<b>Needs Improvement 1</b> <input type="checkbox"/> Is unable to self-correct own weaknesses as evidenced by not asking for support or overuse of requests for support
<b>9. Exhibits the social and emotional intelligence to promote personal and educational goals/stability</b> Marzano: 37, 38	<b>Meets Expectations 3</b> <input type="checkbox"/> Demonstrates sensitivity to feelings of others as evidenced by compassionate and empathetic social awareness	<b>Developing 2</b> <input type="checkbox"/> Demonstrates sensitivity to feelings of others most of the time	<b>Needs Improvement 1</b> <input type="checkbox"/> Demonstrates insensitivity to feelings of others as evidenced by a lack of compassion and empathetic social awareness

## Section 2: CACREP 2016 Mental Health Counseling Standards

Directions: Please use the scale below to assess Mental Health Intern on the CACREP Mental Health Standards Below.

3 = Above Sufficient. Counseling Intern consistently demonstrates significant competencies in this domain, requires minimal consultation in this area.

2 = Sufficient. Counseling intern meets expected competencies in this area based on the point they are at in internship (midterm or final).

1 = Below Sufficient. Candidate requires ongoing training and development in this area.

### Foundations

	3 Above	2 Sufficient	1 Below
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	Sufficient		Sufficient
Candidate gains experience psychological tests and assessments specific to clinical mental health counseling (CACREP, 2016, 1. e.)			

**Practice**

	3 Above Sufficient	2 Sufficient	1 Below Sufficient
Candidate gains experience in intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CACREP.2016.3. a)			
Candidate gains experience in techniques and interventions for prevention and treatment of a broad range of mental health issue (CACREP.2016.3.b.)			
Candidate gains experience with strategies to advocate for persons with mental health issues (CACREP, 2016, 3.e.)			

**Section 3: Narrative Feedback on General Internship Performance**

I see the biggest strengths of the Counselor in Training:

Areas for continued growth that I observed in the Counselor in Training are:



Other Comments on the student's overall performance on Internship:

I, as site supervisor, recommend that \_\_\_\_\_(name)

\_\_\_\_\_Pass

\_\_\_\_\_Not Pass

the internship based on satisfying the above standards and syllabus requirements.

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

I have had the opportunity to discuss this evaluation with my site supervisor.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Appendix HH: Mental Health Summary of Internship Hours

Name of Internship Student \_\_\_\_\_ Semester (s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Internship Site(s): \_\_\_\_\_

	Direct	Indirect	Total
<b>Individual</b>			
<b>Group &amp; Family Systems</b>			
<b>Supervision</b>			
<b>Treatment Team and Staffing</b>			
<b>Professional Development</b>			
<b>Total</b>			
<b>Percent of Total</b>			

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LMU Faculty Supervisor's Signature

\_\_\_\_\_  
Date