FAIRFIELD UNIVERSITY

GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS

COUNSELOR EDUCATION DEPARTMENT

CLINICAL HANDBOOK
Dear Counselor Education Graduate Students:

The clinical component (practicum and internship) of our graduate programs in counseling provides each student with a sequential, supervised experience as a counselor. This experience, which conforms to all Council for the Accreditation of Counseling and Related Educational Programs (CACREP) standards, gives the counseling student the opportunity to gain proficiency with therapeutic skills and interventions.

This manual outlines the clinical requirements for counselor education students at Fairfield University. As such, this document represents an invaluable resource that can be used to guide your clinical experience within the program.

Sincerely,

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MISSION STATEMENT

The Counselor Education Department faculty members acknowledge our obligation as gatekeepers to students who will pursue professional preparation as clinical mental health counselors or school counselors and to the larger public to be served by our graduates. In our role as gatekeepers, we value the need to create a climate of professional care and consistency from a compassionate, supportive view.

As a program within a Jesuit community, we maintain a primary focus on issues of social justice and the use of Ignatian pedagogy in our pursuit of academic, as well as clinical, excellence. We subscribe to a belief in the inherent worth and dignity of each person; to the need to develop throughout the lifespan a greater sense of self-realization; to a commitment to serving a diverse society; to a commitment of service to others both for the prevention and remediation of life’s problems; and to the pursuit of the highest standards of excellence in the counseling profession.

Fairfield University is located in Fairfield County, Connecticut, a county comprised of diverse communities that span urban, suburban, and rural constituencies, and include neighborhoods of tremendous affluence as well as intense poverty. Our student population consists primarily of individuals residing in the local suburban communities that our diverse location includes. We are committed to training our students to meet the needs of these diverse communities by including experiences throughout their training that provide exposure to a variety of settings. Within these experiences we provide students with support and opportunities for challenges that encourage them to become reflective and critical practitioners as they work with individuals in the pursuit of increased self-awareness and well-being.

DISPOSITION STATEMENT

The Counselor Education programs in School and Clinical Mental Health Counseling (CMHC) at Fairfield University align with the humanistic narrative; a narrative that recognizes the major role that the counselor-client relationship plays in promoting therapeutic change. As such, the program faculty emphasize interpersonal learning as a core competency, along with academic and clinical skill competencies.

Central to the mission of the Graduate School of Education and Allied Professions (GSEAP) are the personal and professional qualities and characteristics of students who aspire to be practicing school and clinical mental health counselors. Therefore, the Counselor Education Department reviews students’ professional dispositions during the application process, in all courses, and in practicum and internship experiences. Faculty factor students’ professional dispositions into the awarding of final grades, as noted in all syllabi.

As gatekeepers for the counseling profession, the Counselor Education faculty have adapted items from the Evaluation of Counselor Behavior Checklist to assess counseling students’ proficiencies in

- recognizing defensive behavior
- accepting and applying feedback from instructors and supervisors
- exhibiting a balance between self-assurance and awareness of the need for supervision
- recognizing personal feelings while handling them appropriately
• demonstrating awareness about how one’s behavior impacts others
• communicating responsibility for self and
• behaving in an ethical manner
WHAT IS CLINICAL INSTRUCTION?

Clinical instruction includes those training and educational experiences related directly to the practice of counseling, including the mastery of specific skills. At Fairfield, we have designed our clinical training sequence in accordance with the CACREP standards. As such, counseling students will receive clinical training via a sequence of coursework designed to gradually expose them to increasingly independent experiences in the application of clinical skills.

Because the mastery of clinical expertise is considered essential to the development of any professional counselor, high standards of performance and professional behavior are expected and adhered to. Students are required to complete each of the clinical training courses with a grade of B or better in order to advance to the next clinical course. There are no exceptions to this requirement.

The clinical course sequence includes:

- Counseling Relationships and Skills (CN 553)
- Counseling Practicum (CN 558)
- Internship (CN 590)

During either the first or second semester of graduate study, students will need to enroll in Counseling Relationships and Skills (CN 553). The primary focus of this course involves the teaching and practice of specific counseling skills and interventions. Students will learn these skills within the context of a small class, and will practice them with each other. Upon successful completion of this course and all prerequisites, students will be permitted to enroll in Counseling Practicum (CN 558).

CACREP requires students to complete a supervised practicum that totals a minimum of 100 clock hours. These 100 hours of supervised experience will take place within either a school or community setting. Of the total 100 clock hours, forty (40) must qualify as direct service hours. These 40 hours must involve direct intervention with clients in either a group or individual setting. In addition, one hour of individual supervision, and two hours of group supervision will be provided weekly. Students are required to audio/video record their sessions with clients for use during supervision. Upon successful completion of practicum, students will be permitted to enroll in Internship (CN 590).

The CACREP standards require students to complete an internship of 600 clock hours. Two hundred and forty (240) of these 600 hours must be “direct service” hours. The remainder can include participation in professional activities such as record keeping, supervision, information gathering, making referrals, in service training, and staff meetings. Students must have the opportunity to audio/video record counseling sessions for use in supervision.

In addition to meeting the CACREP standards, the program at Fairfield meets the Connecticut State Department of Education regulations for school counselor certification.
Connecticut currently requires that school counselors, who have not completed at least three years of public school teaching as a certified teacher, complete a 700 hour, 10-month supervised school internship. This clinical experience should include counseling students, consulting with parents and staff, conducting classroom guidance instruction, developing curriculum, and other professional activities.
EVALUATION OF CLINICAL TRAINING

Regardless of previous experience and/or coursework, the Counselor Education Department requires that all of our students complete all of the clinical courses at Fairfield University. Therefore, waivers and transfer credits are not available for any of the courses within the clinical training sequence.

In addition, students will be required to receive a grade of B or better in order to move into subsequent levels of clinical training. Personal and professional competencies are evaluated at each transition point in the clinical training. Interpersonal skills are critical for success in clinical training.

Finally, within each of the clinical courses, requirements will be described and evaluation procedures will be explained. Students are required to meet minimum expectations and evaluation will be ongoing in order to maintain clear communication.
COUNSELING RELATIONSHIPS AND SKILLS

Counseling Relationships and Skills (CN 553) is the initial clinical instruction course. Individuals must take this course in the first or second semester of enrollment.

This course is designed as an introductory course in basic counseling skills with various interpersonal communication and assessment techniques included. Application of these skills to the counseling process is emphasized. The course employs the use of real plays, video/audio recording, and observation. Evaluation is based on demonstration of basic counseling skills including personalization skills.
COUNSELING PRACTICUM

Counseling Practicum (CN 558) represents the first field experience for students within the Counselor Education program. Students are required to complete 100 clock hours of supervised clinical experience in either a school or community setting during one academic semester. Of these 100 hours, 40 must be considered “direct service”. Direct service hours refer to those hours spent in direct contact with clients, either individually or in a group setting. One hundred hours translates to approximately 1.5 to 2 days per week on site throughout the course of an academic semester. Most students arrange to be on site at least 2 days per week in order to insure that their direct service hours can be met. It is important to plan ahead. Many sites will not allow new practicum students to see clients during the initial phases of practicum. It is therefore essential that you plan your time accordingly.

Counseling Practicum is a 3-credit course.

It is also important for students to insure that all prerequisite courses have been completed.

PREREQUISITES FOR PRACTICUM

Students must complete the Application for Practicum and have written permission to enroll in practicum. For your information, the following courses must have been COMPLETED prior to receiving permission to take practicum.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>CN433</td>
<td>Multicultural Issues in Counseling</td>
</tr>
<tr>
<td>CN447</td>
<td>Lifespan Human Development</td>
</tr>
<tr>
<td>CN467</td>
<td>Assessment in Counseling</td>
</tr>
<tr>
<td>CN457</td>
<td>Career Development: Theory &amp; Practice</td>
</tr>
<tr>
<td>CN468</td>
<td>Professional Issues in Counseling</td>
</tr>
<tr>
<td>CN455</td>
<td>Group Work: Theory and Practice</td>
</tr>
<tr>
<td>CN500</td>
<td>Theories of Counseling/Psychotherapy</td>
</tr>
<tr>
<td>CN553</td>
<td>Counseling Relationships and Skills</td>
</tr>
<tr>
<td>CN432</td>
<td>Clinical Mental Health Counseling: Management, Delivery and Evaluation and/or</td>
</tr>
<tr>
<td>CN531</td>
<td>School Counseling: Procedures, Organization and Evaluation</td>
</tr>
<tr>
<td>PY436 or</td>
<td>Psychopathology &amp; Classification I or</td>
</tr>
<tr>
<td>PY437</td>
<td>Psychopathology &amp; Classification II</td>
</tr>
<tr>
<td>CN465*</td>
<td>Introduction to Substance Abuse Counseling</td>
</tr>
<tr>
<td>CN515*</td>
<td>Trauma and Crisis Intervention</td>
</tr>
</tbody>
</table>

* For CMHC track only
PRIOR TO ENROLLMENT IN PRACTICUM CLASS

Prior to enrollment in practicum, students must follow the procedure below:

1. Complete the online practicum application in its entirety and submit it to the Clinical Coordinator by the third Monday in September for spring enrollment and the fourth Monday in January for fall enrollment. Applications received after this date will not be considered.

3. Faculty will review applications received and will notify students in writing as to the decision regarding registration for practicum.

4. If permission is granted to register for practicum, you MUST meet with the Clinical Coordinator or Director of Clinical Training PRIOR to making any arrangements regarding a practicum placement. During this meeting you will complete the SECURING A PRACTICUM/INTERNSHIP SITE FORM.

5. The Practicum/Internship Agreement Form (sometimes referred to as “the contract”) and proof of liability insurance must be submitted to the Clinical Coordinator by the first Monday in April for fall enrollment and by the third Monday in November for spring enrollment.

SECURING A PRACTICUM SITE

Securing a site for your practicum experience should be a collaborative effort. You are required to meet with the Clinical Coordinator or Director of Clinical Training during the semester prior to enrollment in practicum. During this meeting, they will make every effort to assist you in mapping a plan for securing a site that will fit your professional goals and circumstances. After meeting with you, the Clinical Coordinator and/or Director of Clinical Training will contact prospective sites to make sure a space is available. The Clinical Coordinator will then contact you and ask that you schedule an interview with the potential site. You must notify the Clinical Coordinator or Director of Clinical Training when you have secured a site. It is your responsibility to obtain a signed contract (practicum/internship agreement) from the assigned site supervisor or director.
DURING PRACTICUM CLASS

Practicum requires a great deal of organization. There are numerous requirements in the form of paperwork throughout the semester. Some of these requirements are as follows:

Weekly:

1. Complete and turn in during practicum class: **Practicum Weekly Activity Log**.

2. Complete and turn in during practicum class: All **Counseling Session Progress Notes** (both individual and group).

3. Turn in required audio/video recordings

4. Schedule weekly appointments with individual campus supervisor (don’t forget to bring required audio/video recordings and recorder).

Additional Forms: For Recording

1. **Permission for Audio/Video Recording**: distributed and signed by each client prior to the beginning of counseling.

2. **Permission to counsel from parents**: to be signed by the parent/s of clients under the age of 16.

End of Semester:

1. **Practicum/Internship Semester Summary Form**: to be handed in during the last practicum class

2. **Practicum/Internship Site Evaluation Form**

3. **Student Evaluation of On-campus Supervision**

4. **Student Evaluation of Site Supervision**
PRACTICUM ROLES/RESPONSIBILITIES

Practicum involves the collaboration of a number of professionals in order to ensure a meaningful educational experience for the counseling students. The student, instructor, on-campus supervisor, and on-site supervisor must each play a role in creating this experience. Listed below are the role/responsibilities of each of these individuals as described by CACREP and endorsed by the Fairfield University faculty.

The Student:

The role of practicum students is to engage in an on-site clinical experience that results in the development and enhancement of their skills as a professional counselor. It is expected that students will behave in a professional manner and will abide by the American Counseling Association’s Code of Ethics, and/or the American School Counselor Association’s Ethical Standards for School Counselors, at all times.

Student’s Responsibilities:

1. To commit 100 clock hours to a site, including **40 hours spent in direct service**. Direct service hours are those in which the student is offering either individual, family, or group counseling to clients. Students must lead or co-lead a counseling or psychoeducation group during practicum or internship. You must meet with at least two-three clients for a minimum of five or more consecutive sessions. These should be recorded. **The 60 hours that can be devoted to indirect service** include all other relevant professional activities on-site, including listening to recordings and record-keeping. Examples of appropriate activity are: in-service training, participation in staff meetings, educational activities on site, preventive interventions, consultation, observation, supervision, readings etc.

2. To arrange a weekly, one-hour supervision schedule with the on-site supervisor that meets the needs of both the student and the site. (In school settings this may consist of two 20 minute sessions).

3. To audio record (or video record) the direct service hours for the purpose of supervision. With few exceptions, all sessions should be recorded. **Recordings should be a minimum of 20 minutes.** Recording is for your benefit and most importantly for the client’s benefit. It is your ethical responsibility to provide quality care to ALL clients. Recording each session will help you meet your ethical obligations as a counselor.

4. To attend weekly supervision sessions with the on-campus supervisor.

5. To attend the weekly practicum class that provides group supervision on campus.

6. To write case notes on all clients and complete all other paperwork connected to practicum.

7. To meet all other course requirements.

8. To meet any additional requirements as determined by the site supervisor.
The Clinical Coordinator:

The role of the Clinical Coordinator is to facilitate field placements and assist in communication among students, site supervisors, on-campus supervisors, and on-site supervisors.

Clinical Coordinator’s Responsibilities:

1. To meet with practicum students during the semester prior to their enrollment in the practicum course.
2. To investigate all potential sites to determine their appropriateness for practicum.
3. To make site visits as necessary and/or feasible.
4. To follow up with any special circumstances regarding practicum sites and/or students. To make necessary communications to the practicum instructor regarding such circumstances.

Practicum Instructor:

The role of the practicum instructor is to facilitate the group supervision component of the practicum experience. Students must be enrolled in the practicum class, which will be led by the instructor. The instructor will have ultimate responsibility for assigning the practicum grade (in collaboration with the site supervisor and the on-campus supervisor).

Practicum Instructor’s Responsibilities:

1. To conduct weekly group supervision during practicum class on campus.
2. To offer the student individual supervision of recorded counseling sessions.
3. To communicate with the site supervisor regarding the clinical ability of the student as determined through supervision. Site visits with the Clinical Coordinator may occur.
4. To read all case notes turned in by the student.
5. To keep all records of all practicum activity engaged in by the student.
6. To seek evaluation from the site and individual on-campus supervisor.
7. To assign a grade at the end of the semester based on the student's performance.
8. To provide on-call emergency supervision.

Site Supervisor:

The role of the site supervisor is to provide on-site supervision and coordination for the practicum student.
Site Supervisor's Responsibilities:

1. To organize the practicum experience and assure that the student will have an opportunity to work with appropriate clients.

2. To help orient the student to the site.

3. To provide appropriate space for the student to meet with clients.

4. To monitor the practicum generally in order to determine that the student's needs and the client's needs are being met.

5. To provide weekly one-hour supervision to ensure that the student is successfully implementing the site's case management practices.

6. To provide the faculty supervisor with evaluation of the student's overall performance and professionalism during the practicum.

7. To be available to the student in case of emergency.

8. To provide any additional supervision for reasons of necessity or preference. (In other words, the university faculty welcomes the site supervisor's involvement in supervision beyond the minimum expectations listed above.)

OTHER INFORMATION REGARDING PRACTICUM

1. Site Visits/Communication with Site: Prior to the student starting at the site, an email/telephone contact is initiated by the Clinical Coordinator or Director of Clinical Training. At this time, requirements for the course and the site supervisor's role are reviewed. Site visits are conducted within the department on an ongoing basis and/or when circumstances warrant such a visit.

2. Practicum Agreement Form: A Practicum Agreement Form (sometimes referred to as “the contract”) is required prior to all practicum placements. Students are responsible for collecting signatures and insuring that the Agreement Form is submitted by the dates indicated within the Student Handbook (by the third Monday in November for students enrolling in practicum for the spring semester and by the first Monday in April for students enrolling in practicum for the fall semester).

3. Audio Recording: Audio recording of sessions with clients is mandatory in practicum. The use of recordings within the supervision process is ongoing and comprises the main vehicle for supervision. Please make sure before you finalize site choices that audio recording is permitted and supported. You must be able to play your recordings in supervision. Digital recorders with speakers provide the best clarity. You must provide an encrypted flash drive with the downloaded file for your supervisor each week. Make sure you purchase a unit with a speaker and USB connection so that you can re-play the recording in your supervision sessions. It is the student's responsibility to insure that recordings can be easily heard by supervisors.
4. **Practicum is not offered during the summer.** This is due to the fact that acquiring the specified hours, as well as ensuring a beneficial learning experience is difficult within such a shortened time span.

5. **General Criteria for Appropriate Practicum Sites**

   a. Site must have a credentialed supervisor with an advanced degree in counseling or a related field who has been in the field for a minimum of two years and who will assume responsibility as the site supervisor. For school counseling practicum students, the site must have a certified school counselor on staff who will assume responsibility as site supervisor. Site supervisors must be on site when student is on site.

   b. The site must provide ongoing weekly supervision.

   c. Site must have a steady supply of clients who will be referred to the practicum student.

   d. Site must provide counseling space most of the time for the student to use for purposes of confidentiality.

   e. Site must provide a quality and age of client that matches the practicum student's training and orientation.

   f. Practicum student must be able to accumulate 40 hours of direct client contact over the span of one academic semester. Students must lead or co-lead a counseling or psychoeducation group in practicum or internship.

   g. Practicum student must be able to record sessions for clinical supervision purposes.
INTERNSHIP

Internship (CN 590) represents the culminating field experience for students within the Counselor Education program. According to the CACREP standards, students are required to complete 600 clock hours of supervised clinical experience in either a school or community setting. Of these 600 hours, 240 must be direct service. Direct service hours refer to those hours spent in direct contact with clients, either individually or in a group setting. Six hundred hours translates to 2 to 3 days on site throughout the course during two academic semesters. Each semester consists of 300 hours with 120 direct hours.

The number of credits granted for internship varies according to the number of hours a student chooses to commit to this experience. Students who work part time at their internship site (20 hours/week) will earn 3 credits.

In addition to the CACREP requirements, the CT State Department of Education mandates that individuals seeking certification as a school counselor complete a 700-hour, 10-month internship experience unless they hold state certification as an educator and have completed 30 months (three years) employed under that certification within a public school.

SECURING AN INTERNSHIP SITE

Securing a site for your internship experience should also be a collaborative effort. Consultation with the Clinical Coordinator or Director of Clinical Training during the semester prior to enrollment in internship is required. During this time, they will make every effort to assist you in mapping a plan for securing a site that will fit your professional goals and circumstances.

Once you have identified an appropriate internship site, the Clinical Coordinator and Director of Clinical Training will contact the site to verify there is a space. You can then set up an interview with the site. A Practicum/Internship Agreement Form is required for this placement, even if you are continuing from practicum.

DURING INTERNSHIP CLASS

Weekly:


2. Turn in required audio recordings (a minimum of three recordings per semester).

Additional Forms:

1. **Permission for Audio/Video Recording**: distributed and signed by each client prior to the beginning of counseling.

2. **Permission to counsel from parents**: to be signed by the parent/s of clients under the age of 16.
End of Semester:

5. **Practicum/Internship Semester Summary Form**: to be handed in during the last practicum class

6. **Practicum/Internship Site Evaluation Form**

**INTERNSHIP ROLES/RESPONSIBILITIES**

Internship involves the collaboration of a number of professionals in order to insure a meaningful educational experience for the counseling students. The student, instructor, and on-site supervisor must each play a role in creating this experience. Listed below are the role/responsibilities of each of these individuals as described by CACREP and endorsed by the Fairfield University faculty.

**The Student:**

The role of internship students is to engage in an on-site clinical experience that results in the development and enhancement of professional counseling skills. It is expected that students will behave in a professional manner and will abide by the American Counseling Association’s *Code of Ethics* and/or the American School Counselor Association’s *Ethical Standards for School Counselors*, if applicable, at all times. Students must be considerate of the demands on the site supervisor and accommodate the needs of the site as well as their learning needs.

**Student’s Responsibilities:**

To commit 600 hours to a site, including **240 hours spent in direct service**. All other internship hours will involve relevant professional activity including in-service training, participation in staff meetings, individual and group supervision, participate in classroom instruction or psychoeducation workshop, etc. Currently, most schools are not offering this opportunity. However, observations of classroom or group work will be conducted by the instructor.

1. To meet all the requirements of the site supervisor for the purpose of supervision, e.g., completing case notes, audio recording, etc.

2. To attend weekly group supervision class on campus.

3. To meet all course requirements, including keeping all records of internship activity accurate and up to date.

4. To meet all other additional requirements of the site.
The Clinical Coordinator:

The role of the Clinical Coordinator is to facilitate field placements and assist in communication among students, site supervisors, and faculty.

Clinical Coordinator’s Responsibilities:

5. To meet with internship students during the semester prior to their enrollment in the internship course.
6. To make site visits as necessary and/or feasible.
7. To follow up with any special circumstances regarding internship sites and/or students. To make necessary communications to the internship instructor regarding such circumstances.

The Faculty Supervisor:

The role of the faculty supervisor during internship is to coordinate the internship class (the group supervision portion of the internship experience). In addition, the faculty supervisor maintains communication between the university and site supervisors.

Faculty Supervisor’s Responsibilities:

1. To visit the internship site and meet with site supervisors as necessary. To observe school counseling interns delivering a developmental guidance lesson.
2. To conduct weekly group supervision class on campus.
3. To keep records of the student’s internship activity safely secure.
4. To seek evaluation of the student from the site supervisor.
5. To be available to the site supervisor should supervision difficulties arise.
6. To assign a grade at the end of the internship experience.

The Site Supervisor:

The role of the site supervisor is to provide the on-site portion of the supervision to the student during the internship experience. This is a voluntary position. Students must be considerate of the time and effort provided by supervisors.

Site Supervisor’s Responsibilities:

1. To organize the internship experience and assure that the student will have an opportunity to engage in individual and group counseling, as well as other appropriate professional activities.
2. To orient the student to the site.
3. To provide appropriate space for the student to meet with clients and engage in other professional activities.

4. To meet with the student for a minimum of one hour per week for purposes of individual supervision.

5. To provide the faculty supervisor with evaluation of the student’s overall performance and professionalism during the internship.

6. To be available to the student in case of emergency.
GUIDELINES FOR COUNTING CLINICAL HOURS

Counselors must complete on a weekly basis, the Practicum /Internship Activity Log and have it signed by their site supervisor. Guidelines:

1. Direct, face-to-face clinical contact with individuals, families, or groups counts toward the 40 hour clinical requirement for practicum and 240 hour clinical requirement for internship.

2. An hour of client contact equals 45-50 minutes. If the session is longer, count each hour rounding to the nearest quarter hour. School counseling majors can count each individual counseling contact as a session but since sessions in schools often last 15-20 minutes, it may require that the counselor have two-three sessions before it equals an hour. In practicum, case notes are required for every session that is being counted toward clinical hours.

3. Activities such as telephone contact are not considered direct client contact unless the contact lasts for 20 minutes or more. For those students who are working on a hotline as part of their training, you may count two hours per week as "contact with clients other than counseling."

4. Consultation is a formal activity that is scheduled and not something that is done in passing. However, consultation with supervisors other than the site supervisor and other behavior health professionals can count as direct hours. Please confirm with instructor.

5. Guidance activities are classroom presentations of developmental guidance programs. For clinical mental health majors, interventions are psychoeducational in nature. A record of these activities is listed on the Activity Log under the section "notes on any of the above."

6. Contact with clients other than counseling includes any activity that involves working with a client but is not counseling per se. Examples of such contact would include attending court with a client, or attending a PPT meeting.

7. Staff meetings that you attend at your agency or school can be included in indirect service hours. Report writing, listening to recordings, and other administrative duties is considered indirect.

8. Professional development includes attending workshops or other learning activities that enhance one's ability to provide service. Include a description of any workshop attended and list the names of any books or research that you completed to enable you to work with a particular issue.

9. Each time that you meet with your individual supervisor on campus (practicum), you are allowed to list that as supervision. Each practicum or internship class that you attend counts for two hours of supervision. During internship, the supervision is completed on the site and you are allowed to count one hour as "other supervision."
CLINICAL FORMS

1. Practicum/Internship Agreement Form
2. Clinical Files Check-Off Form
3. Site Supervisor Form
4. Proof of liability insurance
5. Practicum/Internship Weekly Activity Log
6. All counseling session progress notes (individual and group)
7. Disclosure statement:
   A. Permission for Audio/Video Recording
   B. Permission from parents for minors
8. Practicum/Internship Semester Summary Form
9. Second Semester Internship Summary Form
10. Practicum/Internship Site Evaluation Form
11. School Counseling Verification Form (to be completed by the chair of the department for School Counseling students only at the end of the internship experience)
12. Student evaluation of on-campus supervision
GUIDELINES FOR CLINICAL FILES 2019 (Revised)

The following is a list of the contents of a clinical file. It is the student’s responsibility to monitor his/her files from the beginning of practicum to the end of internship. Clinical files check off form should be signed by the practicum/internship instructor and total hours recorded.

PRACTICUM/INTERNSHIP AGREEMENT FORM – To be completed by the stated deadlines each semester. One for each site. Must be signed by student, site supervisor, and Clinical Coordinator or Director of Clinical Training.

SITE SUPERVISOR INFORMATION FORM – To be completed by the stated deadlines each semester. One for each site supervisor should be filled out and returned simultaneously with Practicum/Internship Agreement Form. Submit to Clinical Coordinator. This form is for the clinical supervisor on record, not the administrative supervisor.

COPY OF FACE SHEET OF LIABILITY INSURANCE – Due by a date stated each semester and posted in Clinical Coordinator office. Submit to Clinical Coordinator.

PERMISSION FORM FOR AUDIO/VIDEO RECORDING – Fill out one for each client recorded in practicum and internship. Practicum students should submit theirs to the practicum instructor to be placed in clinical file. Internship students should submit theirs directly to the internship instructor.

FOR PRACTICUM STUDENTS ONLY:

INDIVIDUAL COUNSELING PROGRESS NOTES – Practicum students submit these notes weekly to the practicum instructor. The practicum instructor will retain these notes for student review until the end of the semester. At the end of the semester, the practicum instructor will file in the student’s clinical file.

GROUP COUNSELING PROGRESS NOTES – Same procedure as for Individual Counseling Notes.

SINGLE SESSION SUMMARY FORM - Same procedure as for Individual Counseling Notes.

SUMMARY REPORT OF COUNSELING - Upon termination of client. Same procedure as for Individual Counseling Notes.

SUPERVISION RECORDS – The practicum student’s on-campus supervisor submits these records to the instructor for inclusion in the student’s clinical file.
FOR ALL STUDENTS:

PRACTICUM/INTERNSHIP WEEKLY LOGS – Practicum and internship students submit their respective weekly logs to the practicum/internship instructor and for placement in student files. These are essential for maintaining an accurate record of hours accumulated.

SEMESTER SUMMARY FORM – Practicum and internship students submit this summary of clinical hours to the instructor at the end of each semester.

COUNSELING RELATIONSHIPS & SKILLS EVALUATION – Submitted to the Clinical Coordinator by instructor. This will be placed in the student’s clinical file upon acceptance into practicum.

PRACTICUM EVALUATION – Conducted by the instructor and on-campus supervisor and placed in clinical file by the practicum instructor.

PROGRESS EVALUATION FORM – Filled out by Site Supervisor in conjunction with student at the end of the semester. Upon completion, the form may be mailed, scanned, or handed in directly to the instructor. This form is essential for determining the student’s final grade. It is the student’s responsibility to ensure that this form is filled out and returned.

STUDENT EVALUATION OF SUPERVISION FORM – Submitted by practicum and internship students to the instructor for review and placement in files.

EVALUATION OF PRACTICUM/INTERNSHIP SITE – Submitted by practicum and internship students to the instructor at the end of the semester for review and placement in files.
### APPLICATION FOR PRACTICUM

Counselor Education Department  
Fairfield University

Name: ____________________________________  Phone: ____________________

Address: __________________________________

Email: ____________________________________  Program: __________________

**Practicum prerequisites:**  
Advisor: _________________________________

#### School Counseling

<table>
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<tr>
<th>Class</th>
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<td>Trauma &amp; Crisis Intervention</td>
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<td></td>
<td>Psychopathology &amp; Classification II</td>
<td></td>
</tr>
</tbody>
</table>

Briefly indicate the population and setting you are interested in for your practicum placement:

________________________________________________________________________________

Student signature: ________________________________  Date: ____________________

- Please attach a copy of your course **transcript** to date. This can be obtained from my.Fairfield.
- Please submit a **current résumé** that reflects valid counseling training experience to date. Please **refer to templates provided in the Student Handbook.**

All documents and application forms are due **electronically** to Pam Anderson at panderson1@fairfield.edu. The faculty will review applications and sites will be determined after your application is approved.
SECURING A PRACTICUM/INTERNSHIP SITE

Student’s Name: ________________________________

Program of Study: ________________________________

Practicum Site: ______ Internship Site: ______ Semester(s): F SP SU

ID # ___________________ (circle semester) Year _______

Date of Initial Conference: ______________________

During the initial conference with the Clinical Coordinator or Director of Clinical Training, the following items were discussed

____ Practicum/Internship Requirements
____ Practicum/Internship Agreement Form
____ Site Supervisor Information Form
____ Required student liability insurance

Listed below are the sites to be contacted by the Clinical Coordinator and Director of Clinical Training. They will contact the student about an interview. The student must inform the Clinical Coordinator or Director of Clinical Training about the outcome of the interview.

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

4. __________________________________________________________

The following documents were provided to me:

____ Practicum/Internship Requirements
____ Practicum/Internship Agreement Form
____ Site Supervisor Information Form

I understand that the deadline for securing a placement is_________________, and that placement confirmation requires submitting the Practicum/Internship Agreement Form and the Site Supervisor Information Form, and proof of liability insurance by that date.

_________________________________  ____________________________
Student Signature                       Clinical Coordinator
FAIRFIELD UNIVERSITY  
GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS  
COUNSELOR EDUCATION DEPARTMENT  

PRACTICUM/INTERNSHIP AGREEMENT  

Student’s Name: ________________________________  

Practicum: _______________  
Internship: _________________  
Semester(s):  F   SP   SU  
(circle semester) Year _______  

School/Agency Name: ________________________________  

Address: __________________________________________  

City/State: ___________________________  
Zip: ___________________________  

School/Agency Site Supervisor: ___________________________  
Telephone: ___________________________  

University Clinical Coordinator: ___________________________  
Telephone: ___________________________  

This agreement is to assist in clarifying expectations for practicum/internship for the student, the site supervisor, and the faculty supervisor. This form will be used as a working agreement for the duration of practicum/internship.  

We appreciate your assistance in this placement and in the training of our counseling students. Thank you for the commitment that the signing of this agreement indicates.  

REQUIREMENTS:  

Please read the clinical handbook/site supervisor handbook carefully for a comprehensive view of the practicum/internship experience.  

UNIVERSITY/SITE COORDINATION:  

In addition to the site visit and formal evaluations, communications between the university and the site should be adequate to insure a quality experience for the student. Should any conditions at the site change that affect this agreement, it is understood that this will be communicated to the instructor/clinical coordinator.  

1. General description of the clientele and services provided at the site:  

________________________________________________________________________  
________________________________________________________________________  

________________________________________________________________________  
________________________________________________________________________  

________________________________________________________________________  
________________________________________________________________________
2. Types of activities available to the student for participation:

________________________________________________________________________

________________________________________________________________________

3. **Goals/objectives** for the practicum/internship experience:

A. INSTRUCTOR: Stated and defined in the course syllabus.

B. SITE SUPERVISOR’S:

________________________________________________________________________

________________________________________________________________________

C. STUDENT’S:

________________________________________________________________________

________________________________________________________________________

ADDITIONAL COMMENTS:

________________________________________________________________________

________________________________________________________________________

The signatures below indicate an understanding of, and an agreement to the conditions outlined in this Practicum/Internship Agreement Form:

__________________________________________  ______________________________

Student’s Signature                          Date

__________________________________________  ______________________________

Site Supervisor’s Signature                  Date

__________________________________________  ______________________________

Clinical Coordinator or Director of Clinical Training Signature  Date
SITE SUPERVISOR INFORMATION FORM

Name of site supervisor:_____________________________________________________

SS# (School Counseling Supervisors Only - for State Dept. of Education Purposes):
______________________________________________________________

Name of Fairfield student supervised:________________________________________

Semester supervision occurred:____________________________________________

Student was registered for practicum: _______ Internship: ________

Name of site:______________________________________________________________

Address of site: __________________________________________________________
________________________________________________________________________

Phone #:_______________________________________________________________

Email of supervisor at site:________________________________________________

Supervisor’s complete position title:________________________________________

List any/all graduate degrees, majors, year the degree was granted and the institution granting the degree

<table>
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<th>DEGREE</th>
<th>YEAR AWARDED</th>
<th>MAJOR</th>
<th>INSTITUTION</th>
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</tbody>
</table>

Number of years experience in the counseling field: _________________________

Licenses, certification:____________________________________________________
________________________________________________________________________

Areas of specialization:____________________________________________________

Rev. 05/19
I give permission to ______________________________________________________  
(Counselor's name) 
to make audio and/or video recordings of our counseling interviews. I understand that these 
recordings will be used only for the purposes of providing supervision to the counselor-in-
training in the Master of Arts program at Fairfield University. These recordings may be heard or 
viewed only by professional training staff members at Fairfield, professional staff at the agency 
from which I am receiving services and counselors-in-training at Fairfield University. All 
recordings will be erased at the end of the academic term or the training experience. If any other 
use of recordings is desired, I must be asked for permission and give consent separate from this 
agreement.

_____________________________  _______________________________  
(signature of client)  (signature of witness)  

_____________________________  _______________________________  
(date)  (date)

If a client is a minor, his or her parent or guardian should also sign.  

_____________________________  
(date)
Dear Parent/Guardian,

My name is _______________ and I am a school counselor-in-training who is doing a semester of work at (name of school). I am currently working towards my master’s degree in school counseling at Fairfield University. (Name of school) has graciously allowed me to be a part of their community in order to have a unique learning experience. I am lucky to be part of and work with such as passionate and collaborative faculty, but also great parents and children. I am eager to meet your child and help make their experience at ______a rewarding and successful experience.

I am writing not only to introduce myself, but also to ask your permission to audio record counseling sessions with your son/daughter. The recording will be used for individual and/or group supervision only and will be erased after it has been used for supervision.

If you have any questions or concern, please feel free to contact me at any time by email at (school) email or phone at _____. You may also contact the Counselor Education department at Fairfield University at 203-254-4000, x2421 or my direct supervisor _______.

I look forward to meeting you and your child to create a positive school experience. Thank you for your cooperation.

Sincerely,

________________________________

---

Student's name: _________________________________________________________________

I give my permission for my son's/daughter's counseling sessions with____________________ to be audio recorded for use in the evaluation of the counselor's progress. I understand the recordings will be erased after being used for supervision.

________________________________

Parent's signature: _______________________________________________________________________

Date:________________________
RECORD KEEPING (revised 2018)

Students are responsible for maintaining professional, complete, and up-to-date files on each of their clients. Site supervisors will inform students of the record keeping policies required by their respective agency or school and educate students in the fulfillment of these obligations and check compliance.

INDIVIDUAL COUNSELING PROGRESS NOTES are submitted by practicum students on a weekly basis to the practicum instructor. These notes should be completed as soon as possible after the session, especially if you do not have a recording of the session. Below are some suggestions for completing individual progress notes.

1. Briefly describe the client's presenting problem. What were your objectives for this session? For first session notes, describe what the client states is the problem. For subsequent sessions, refer to Question #5 on the progress notes that asks you to record the objectives for the next session.

2. Describe the dynamics in the session (question #5). For this question, the student is being asked to reflect on what she/he was feeling as she/he worked with this particular client. This is about you and your reactions.

3. Describe other important information that was learned during the session, including contextual information. Summarize the key issues discussed during the session. In this section, record any information that the counselor learned that may be relevant and helpful in working with the client. For subsequent sessions, the student summarizes what was discussed. This is a succinct, precise description of the topics covered during the session.

4. Describe the relevant cultural or developmental information as it relates to the presenting problem/session. Consider the developmental issues and cultural context of the problem/session.

5. What is your initial conceptualization of the client's issues? This is the counselor's hypothesis about the nature of the problem(s) that the client faces. The counselor's theory of change will impact the decisions made about treatment at this point. For subsequent sessions, the conceptualization is addressed in Question #4 and the counselor is to consider any changes in the hypothesis about the problem/concern.

6. List relevant diagnostic impression including code and axis. (#4) Using the DSM-V, the student is to use the information gained in the interview and suggest a tentative diagnosis on all five axis.

7. Treatment plan. For this question, the counselor delineates the presenting problem(s) and the intervention strategies to be used in reaching the goal. Throughout treatment, this section is updated to reflect any major change of problem, goal, objective, or intervention.
COUNSELING SESSION PROGRESS NOTES: FIRST SESSION

Client’s First Name (or pseudonym):_____________________ Date: _________________

Counselor: _________________________________________

1. Who is this client? (include developmental, cultural, demographic and interpersonal info)

2. What assistance/help is the client seeking and why now? (presenting issues, assess strengths, wellness, support systems). Use client’s narrative, identify emerging themes.

3. Discuss how you will use counseling theory to plan goals and objectives for your client.

4a. Conceptualize your client’s presenting issues with counseling theory and include potential diagnostic impressions.

4b. Discuss how you will use counseling theory to address your client issues.

5. Describe your relationship with this client, how you felt during the session, questions you might have and specific issues for supervision.

________________________________________________________________________

Counselor Signature                                      Instructor Signature
COUNSELING SESSION PROGRESS NOTES

Client’s first name (or pseudonym): ____________________ Date: ________________

Counselor: ___________________________ Interview # __________________________

1. What were your objectives for this session? To what extent were your objectives met?

2. Summarize the key issues discussed during the session. (Include any new demographic, developmental or contextual info related to the presenting issue)

3. Describe the dynamics in the session (your own relationship to the client and the interactions between you and the client). Personal reflections on the session.

4. Explain changes (or expansion of your conceptualization of the issue(s), diagnostic impressions, expansion of your counseling plan).

5. Based on your counseling plan, what are your steps/ objectives for the next session? What are your questions for supervision?

__________________________________________________________________________

Counselor Signature  Instructor Signature
SINGLE SESSION SUMMARY FORM

Counselor’s Name _______________________________ Date: ____________________

Instructor’s Name __________________________ Client’s Name*:________________

Presenting concern:

Summary of counseling session:

Reason for single session rather than a continuation of counseling:

_________________________________________  __________________________________________
Counselor’s Signature  Instructor’s Signature

*Use client’s first name and last initial
SUMMARY REPORT OF COUNSELING
FOR TERMINATING CONTINUOUS CLIENTS

Counselor’s Name: ___________________________ Date: ______________

Instructor’s Name: ___________________________ Client’s Name*: __________

Presenting Problem(s):

Dates of counseling sessions:

Summary of counseling (goals, interventions, recurring themes, progress, etc.):

Actions taken at termination:

________________________________________________________________________

________________________________________________________________________

Counselor’s Signature                Instructor’s Signature

Prepared after termination             Revised 2015

*Use client’s first name and last initial.
GROUP WORK PROCESS NOTES FOR SESSION ONE

Group description: ________________________________ Date: __________________

Counselor: ______________________________

1. What type of group was this? (counseling, psycho-ed, task, theme centered, open-ended, etc.) What was theoretical approach? And why?

2. What were your goals (purpose) and objectives (steps) for this group session?

3. What group dynamics did you observe? (Member roles, communication patterns, stage)

4. What leadership skills did you employ? (Scanning, linking, confrontation, trust building, etc.)
5. Were your goals accomplished?

6. How do you assess the progress of this group?

7. Based on the stage of the group and the dynamics you observed, what are your process goals for the next session?

8. What would you like your supervisor/instructor to address in supervision?
NOTES FOR CONTINUING GROUP SESSIONS

Your name:

Date and # of session:

Number of group members present at this session:

This group session focused on the following content:

During this session I was feeling…

During this session I was thinking…

If I could do this session again I would/wouldn’t…

Describe your best intervention and the rationale for selecting it:

Did the intervention achieve the results you were looking for?

Discuss what you learned about in this session to help you be more effective in the future:
**FAIRFIELD UNIVERSITY**  
**GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS**  
**PRACTICUM ACTIVITY LOG: CLINICAL MENTAL HEALTH COUNSELING**

Name: _______________________________ Week of ____________________________

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<th>Activity</th>
<th>Number of sessions</th>
<th>Number of hours</th>
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<tbody>
<tr>
<td>1. Individual counseling</td>
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<td>_____</td>
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<tr>
<td>2. Group work</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>3. Family counseling</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>4. Client-Centered Consultation</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>5. Instructional (preventive) interventions</td>
<td>_____</td>
<td>_____</td>
</tr>
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This week’s total number of direct service hours: _____

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of sessions</th>
<th>Number of hours</th>
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</thead>
<tbody>
<tr>
<td>6. Contact with clients other than counseling</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>7. Staff meetings</td>
<td>_____</td>
<td></td>
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<tr>
<td>8. Observation (explain below)</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>9. Report writing, listening to recordings etc., other administrative duties</td>
<td>_____</td>
<td></td>
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<tr>
<td>10. Professional development (explain below)</td>
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<tr>
<td>11. Other practicum activity (explain below)</td>
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This week’s total number of non-direct service hours: _____

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<tr>
<td>13. Group Supervision(class)</td>
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<td>14. Site supervision</td>
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<tr>
<td>15. Other supervision</td>
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This week’s total number of supervision non-direct hours: _____

This week’s total number of practicum hours: _____

Site Supervisor Signature: _____________________________________________

Notes on any of above: ________________________________________________

____________________________________________________

(Rev. 2018)
Name: ____________________________________ Week of ______________________

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<tr>
<th>Activity</th>
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<tr>
<td>1. Individual counseling</td>
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<td>______</td>
<td>______</td>
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<tr>
<td>3. Family counseling</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>4. Client-Centered Consultation (student present)</td>
<td>______</td>
<td>______</td>
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<tr>
<td>5. Instructional interventions</td>
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<tr>
<td>6. Developmental guidance instruction</td>
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This week’s total number of direct service hours: ______

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<th>Activity</th>
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<tr>
<td>7. Contact with clients other than counseling</td>
<td>______</td>
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<tr>
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<th>Activity</th>
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<tr>
<td>13. Individual on-campus supervision</td>
<td>______</td>
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<tr>
<td>14. Group Supervision (class)</td>
<td>______</td>
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<tr>
<td>15. Site supervision</td>
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<tr>
<td>16. Other supervision (explain below)</td>
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</table>

This week’s total number of supervision non-direct hours: ______

This week’s total number of practicum hours: ______

Site Supervisor Signature: _______________________________________

Notes on any of above: ___________________________________________

(Revised 2018)
FAIRFIELD UNIVERSITY
GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS
INTERNSHIP ACTIVITY LOG: CLINICAL MENTAL HEALTH COUNSELING

Name: ____________________________________________ Week of ______________________

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<tr>
<td>9. Report writing, listening to recordings etc., other administrative duties</td>
<td>______</td>
</tr>
<tr>
<td>10. Professional development (explain below)</td>
<td>______</td>
</tr>
<tr>
<td>11. Other internship activity (explain below)</td>
<td>______</td>
</tr>
</tbody>
</table>

This week’s total number of non-direct service hours: ______

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Group Supervision (class)</td>
<td>______</td>
</tr>
<tr>
<td>13. Other supervision (site etc.)</td>
<td>______</td>
</tr>
</tbody>
</table>

This week’s total number of non-direct supervision hours: ______

This week’s total number of internship hours: ______

Site Supervisor Signature: ____________________________________________

Notes on any of above: ____________________________________________

________________________________________

(Rev. 2018)
**FAIRFIELD UNIVERSITY**
**GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS**
**INTERNSHIP ACTIVITY LOG: SCHOOL COUNSELING**

Name: ___________________________ Week of __________________________

<table>
<thead>
<tr>
<th>Number of sessions</th>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual counseling</td>
<td>______</td>
</tr>
<tr>
<td>2. Group Work</td>
<td>______</td>
</tr>
<tr>
<td>3. Family counseling</td>
<td>______</td>
</tr>
<tr>
<td>4. Client-Centered Consultation</td>
<td>______</td>
</tr>
<tr>
<td>(student present)</td>
<td></td>
</tr>
<tr>
<td>5. Instructional interventions</td>
<td>______</td>
</tr>
<tr>
<td>6. <strong>Developmental Guidance instruction</strong></td>
<td>______</td>
</tr>
</tbody>
</table>

This week’s total number of direct service hours: ______

<table>
<thead>
<tr>
<th>Number of sessions</th>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Contact with clients other than counseling</td>
<td>______</td>
</tr>
<tr>
<td>8. Staff meetings</td>
<td>______</td>
</tr>
<tr>
<td>9. Observation (explain below)</td>
<td>______</td>
</tr>
<tr>
<td>10. Report writing listening to recordings etc., other administrative duties</td>
<td>______</td>
</tr>
<tr>
<td>11. Professional development (explain below)</td>
<td>______</td>
</tr>
<tr>
<td>12. Other internship activity (explain below)</td>
<td>______</td>
</tr>
</tbody>
</table>

This week’s total number of non-direct service hours: ______

<table>
<thead>
<tr>
<th>Number of sessions</th>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Group Supervision (class)</td>
<td>______</td>
</tr>
<tr>
<td>14. Other supervision (explain below)</td>
<td>______</td>
</tr>
</tbody>
</table>

This week’s total number of non-direct supervision hours: ______

This week’s total number of internship hours: ______

Site Supervisor Signature: ____________________________________________

Notes on any of above: ______________________________________________

____________________________________________________________________

(Revised 2018)
FAIRFIELD UNIVERSITY  
GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS  
COUNSELOR EDUCATION DEPARTMENT  

PRACTICUM/INTERNSHIP SEMESTER SUMMARY FORM

Student’s name:___________________________________ Date:_______________________

Name of Site: __________________________________________________________________

Name of site supervisor: _________________________________________________________

Activity reported below represents: Practicum: _______ Internship: ________

Individual counseling hours: ________

Group counseling hours: ________

Other direct service hours (family counseling, guidance or instructional interventions, consultation): ________

TOTAL DIRECT SERVICE HOURS: ________

Individual supervision hours: ________

(site and on campus)

Group supervision hours: (class) ________

TOTAL SUPERVISION HOURS: ________

Other non-direct practicum/internship hours: ________

TOTAL PRACTICUM/INTERNERSHIP HOURS FOR THE SEMESTER: ________
FAIRFIELD UNIVERSITY
GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS
COUNSELOR EDUCATION DEPARTMENT

SECOND SEMESTER INTERN SUMMARY FORM

<table>
<thead>
<tr>
<th></th>
<th>FIRST SEMESTER</th>
<th>SECOND SEMESTER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counseling hours:</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Group counseling hours</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Other direct service hours (family counseling, guidance or instructional interventions, consultation):</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><strong>TOTAL DIRECT SERVICE HOURS:</strong></td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Individual supervision hours:</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Group supervision hours</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><strong>TOTAL SUPERVISION HOURS:</strong></td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Other non-direct practicum/internship hours:</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><strong>TOTAL INTERNSHIP HOURS</strong></td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>
FAIRFIELD UNIVERSITY
GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS

STUDENT EVALUATION OF SITE/SCHOOL

___ Practicum                  ___ Internship

Student Name: _____________________________________  Semester: ______________
Site Supervisor: ____________________________________  Date: __________________
Site/School:  ______________________________________  Phone: _________________
Address:  _____________________________________________________________________

Rate the site for the following items. Use this scale:

0 = Not Available  1 = Poor  2 = Fair  3 = Good  4 = Very Good  5 = Excellent

1. Overall rating of your site. How well did the site meet your needs?  ________

2. In-class Developmental Guidance Lessons: Opportunities and program. (School only)
   ________

3. Support Group Opportunities: Availability, quality and variety.  ________

4. Facility: Place for you to counsel clients & resources (computer, phone, etc.)  ________

5. Availability and access to clients for counseling.  ________

6. How easy was it to get permission to record clients?  ________

7. Rate the supervision you received at your site.  ________

ADVANTAGES/STRENGTHS OF THE SITE:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

DISADVANTAGES/ WEAKNESSES OF SITE:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

STRENGTHS/WEAKNESSES OF SITE SUPERVISOR:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

ADDITIONAL COMMENTS:
Rev.2015
EVALUATION OF COUNSELOR BEHAVIORS CHECKLIST

Student __________________________ Practicum _______ Internship _______

<table>
<thead>
<tr>
<th>Intervention Skills</th>
<th>Weak</th>
<th>Average</th>
<th>Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Begin and end sessions smoothly</td>
<td>1 2 3 4 5 6 7</td>
<td>0 *</td>
<td></td>
</tr>
<tr>
<td>2. Convey warmth to client</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3. Ask appropriate questions</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4. Follow through on important content</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5. Use different counseling skills as appropriate</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6. Address cultural issues</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7. Be flexible in counseling sessions</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8. Facilitate client expression of feelings</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9. Facilitate client clarification of his/her thoughts</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>10. Make appropriate use of nondirective approaches</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>11. Make appropriate use of directive approaches</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>12. Arrive at an appropriate pace in counseling sessions</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>13. Use advanced counseling interventions appropriately</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>14. Keep control of the session</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>15. Use consultation skills</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>In general, the counselor’s intervention skills are</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conceptualization Skills</th>
<th>Weak</th>
<th>Average</th>
<th>Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Identify the client’s primary concern</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>17. Understand how a problem is maintained</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>18. Understand the problem within a theoretical framework</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>19. Conceptualize problems from different perspectives</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(i.e., cognitive, affective, behavioral, and systemic)</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>20. Help the client set appropriate goals based on understanding of the problem (treatment plan)</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>21. Understand the relevance of secondary problems and address these appropriately</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
22. Understand nonverbal behavior  1 2 3 4 5 6 7 0
23. Understand the cultural context of the problem  1 2 3 4 5 6 7 0
24. Choose counseling goals to enhance outcome  1 2 3 4 5 6 7 0
25. Write progress notes that are pertinent  1 2 3 4 5 6 7 0
26. Organize intake information into a clear report  1 2 3 4 5 6 7 0
27. Articulate appropriate objectives to meet treatment goal(s)  1 2 3 4 5 6 7 0
28. Demonstrate an understanding of the counseling process through case conference  1 2 3 4 5 6 7 0
29. Demonstrate an ability to conceptualize client issues through case conferencing  1 2 3 4 5 6 7 0

In general, the counselor’s conceptualization skills are  1 2 3 4 5 6 7 0

Personalization Skills
Rate the counselor’s ability to:

30. Be honest with self  1 2 3 4 5 6 7 0
31. Recognize his/her own defensive behavior  1 2 3 4 5 6 7 0
32. Identify and address resistant and client manipulation  1 2 3 4 5 6 7 0
33. Recognize own feelings, while handling them appropriately  1 2 3 4 5 6 7 0
34. Use humor appropriately  1 2 3 4 5 6 7 0
35. Accept or process feedback from supervisor  1 2 3 4 5 6 7 0
36. Trust own insight  1 2 3 4 5 6 7 0
37. Gain insight into own beliefs, using the clinical experience  1 2 3 4 5 6 7 0
38. Demonstrate comfort in dealing with cultural issues  1 2 3 4 5 6 7 0
39. Demonstrate comfort in dealing with sexuality in sessions  1 2 3 4 5 6 7 0
40. Exhibit a balance between self-assurance and awareness of the need for supervision  1 2 3 4 5 6 7 0
41. Handle the responsibility of the role of the counselor  1 2 3 4 5 6 7 0

In general, the counselor’s personalization skills are  1 2 3 4 5 6 7 0
**Supervision/Professional Development**

Rate the counselor’s ability to:

42. Be prompt and responsible
43. Be professional in his or her approach to clinical work
44. Communicate responsibility for self
45. Be supportive to one’s peers in group supervision
46. Be appropriately challenging to one’s peers in
   group supervision
47. Use feedback from supervision in future sessions
48. Work with supervisor(s) in a productive manner
49. Behave in a manner that is ethical
50. Know when to seek consultation for professional
   or legal reasons
51. Demonstrate understanding of the power of counseling
52. Demonstrate understanding of the limits of counseling

**In general, the counselor’s professional skills are**

*0 = This skill or behavior has not been observed and, therefore cannot be rated.
+ Items can be used to evaluate group and family counseling as well.

Overall, the counselor’s ability to demonstrate the skills, demeanor, and sensibilities of a professional counselor are

**First feedback session**

Additional comments:

__________________________________________________________

Counselor                                                    Instructor/Supervision                            Date

**Second feedback session**

Additional comments:

__________________________________________________________

Counselor                                                    Instructor/Supervision                            Date

(Developed by Janine M. Bernard 1976. Revised 2015)
SUPERVISION RECORD
FOR ON-CAMPUS SUPERVISORS

Supervisor: _______________________ Counselor: _____________________ Sem: ______

Date: __________
Session Based on Recording? __________
First name of the client ________

Supervision Intervention(s):

Date: __________
Session Based on Recording? __________
First name of the client ________

Supervision Intervention(s):

Date: __________
Session Based on Recording? __________
First name of the client ________

Supervision Intervention(s):
# FAIRFIELD UNIVERSITY ON-CAMPUS SUPERVISOR EVALUATION

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Supervisor:</th>
<th>Semester:</th>
<th>Practicum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Strongly disagree</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>My supervisor:</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1.</td>
<td>Provided me with useful feedback regarding my counseling behavior</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Helped me feel at ease with the supervision process</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Provided me with specific help in areas I need to work on</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Enabled me to express my doubts about my counseling skills</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Occasionally gave me a different, useful perspective on my counseling with a particular client</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Helped me see my influence on the client</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>Adequately emphasized my strengths and capabilities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>Enabled me to brainstorm alternative approaches that I might use with my clients</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>Made me feel accepted and respected as a person</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10.</td>
<td>Was able to distinguish her/his own issues from mine</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11.</td>
<td>Dealt appropriately with the affect in my counseling sessions</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12.</td>
<td>Dealt appropriately with the content in my counseling sessions</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>Conveyed sufficient competence about counseling to engender my trust</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>Appropriately addressed interpersonal dynamics between the two of us</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>Was open to my input and feedback about what was helpful</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>Helped reduce my defensiveness by his/her style</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17.</td>
<td>Enabled me to express my opinions about my counseling</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18.</td>
<td>Helped me to prepare for subsequent counseling sessions</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19.</td>
<td>Challenged me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>Encouraged me to be spontaneous and creative</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21.</td>
<td>Provided me with suggestions for developing my counseling skills</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22.</td>
<td>Helped me to organize relevant data for identifying goals and planning strategies with my client</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23.</td>
<td>Helped me to develop increased skill in self-supervision through the use of counseling recordings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24.</td>
<td>Overall, I found supervision to be helpful to me during practicum or internship</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Additional comments:**
PROTOCOL FOR RESOLVING ISSUES OCCURRING ON SITE FOR PRACTICUM AND INTERNSHIP STUDENTS

Policy: This document represents a process for the Counselor Education department designed to resolve issues that occur at students’ practicum and/or internship sites. This protocol is a guide for ethical practice and is flexible to address the individual issues that may occur. As we know, “issues” occur on sites on a weekly basis. It is expected that instructors, site supervisors, and the clinical coordinator will use their professional judgment, and educational and professional backgrounds and experiences in determining which issues might warrant the use of this protocol, as it would be untenable to deal with every clinical issue in this manner. This protocol should be reserved for use in situations that are serious in nature and/or if prior attempts to resolve an issue have failed. Faculty, sites supervisors or the clinical coordinator should seek consultation at any time if an issue arises that may not be considered serious, but is troubling to any of the supervising professionals.

Supervising Professionals:

Course Instructor: Practicum or internship faculty member running respective class
Clinical Coordinator: Coordinator of clinical placements
Director of Clinical Training: Faculty member supervising clinical curriculum and training for practicum and internship
Site Supervisor: The onsite supervisor for practicum and internship students
Student: Student enrolled in practicum or internship
Department Chairperson: Faculty with administrative responsibility for the department

If at any time a site supervisor has a concern about a student’s clinical performance, professional behavior, or a serious event occurs including the student that is beyond the bounds of a particular site’s regular practice and/or brings the site supervisor to seek consultation, they should contact the Clinical Coordinator.
Faculty should follow the process below: First contact the Clinical Coordinator. If unavailable, then contact the Director of Clinical Training. They should be reached directly.

For serious incidents occurring on clinical site:

1. The site supervisor should first utilize consultation on site to assure safety of the student, client(s), and anyone else directly involved, especially following a serious event.

2. The site supervisor, with the knowledge of the student, contacts first the Clinical Coordinator (if unavailable, then the Director of Clinical Training) within 24 hours of the incident. The Clinical Coordinator or Director of Clinical Training will inform the instructor.

3. The Clinical Coordinator consults with the site supervisor and the student to assess the situation before other action is taken. If the student’s performance on site or their professional behavior is the focus, a preliminary meeting with the instructor and Clinical Coordinator may precede meeting with the student to develop a mutual approach for remediation and commitment from site toward this end.

4. The Clinical Coordinator keeps the instructor and site supervisor apprised of what is occurring at all times as the resolution process proceeds, with any direction in terms of if/how the situation may be addressed in class (as a learning opportunity) before the next class time occurs. The instructor in turn relates any relevant discussion during class to Clinical Coordinator. This communication is critical as the site supervisor bears primary responsibility for the student on site, and the instructor is ultimately responsible for the evaluation of the student’s clinical training.

For concerns related during class time:

1. If the instructor has a concern about the student’s performance on the site or their professional behavior, or the student has shared concerns about site supervision that are serious in nature, the instructor should seek consultation with the Clinical Coordinator or Director of Clinical Training.

2. In the event that the incident is reported after hours, the instructor should first contact the Clinical Coordinator, the Director of Clinical Training, or the Department Chairperson.

3. If, as a result of this consultation, the instructor decides that contact should be made with the site supervisor, this information should be given to the Clinical Coordinator (if he/she has not been included within the process up to this point). Contact should not be made with the site until the Clinical Coordinator is contacted and informed. In the event that the Clinical Coordinator or Director of Clinical Training is not available, the Department Chairperson should be notified and informed who identifies the person who will act on the part of the clinical program. Whoever is contacted will share the incident/concern with site supervisor.

4. Any contact with site supervisors and/or with other administrators on campus should be made only after these consultations have occurred. The Department Chairperson is the liaison between the department and the administration.
Consultation can result in changes at or on the site or removal of the student from the site. The focus of the resolution process should be first on safety and well-being of those involved, and then on learning and growth for the student that can come from such incidents. Removal of a student implies either or both of the above are not possible or an ethical issue dictates a stronger response.
FAIRFIELD UNIVERSITY
GRADUATE SCHOOL OF EDUCATION AND ALLIED PROFESSIONS
COUNSELOR EDUCATION DEPARTMENT

ASSESSMENT OF CLASSROOM COMPETENCE
FOR SCHOOL COUNSELING INTERNSHIP

Student: _______________________________ Date: _______________________________

Internship Site: _______________________________________________________________

Lesson/Subject of Developmental Guidance Presentation: _____________________________

Site Supervisor: _______________________________________________________________

Rating: 5 = Highly Competent; 4 = Consistently Competent; 3 = Generally Competent
2 = Needs Additional Support/Training; 1 = Impending Class Effectiveness

CLASSROOM MANAGEMENT:

I. Promoted Positive Classroom Environment

A. Established rapport with students by demonstrating patience, empathy, and acceptance.

B. Encourage all students to achieve.

C. Established an environment that was safe and conducive to learning

Specific Strengths: _____________________________________________________________

__________________________________________________________

Specific Weaknesses: _________________________________________________________

__________________________________________________________

II. Maintained Standards of Classroom Behavior

Maintained appropriate standards of classroom behavior

Specific Strengths: _____________________________________________________________

__________________________________________________________

Specific Weaknesses: _________________________________________________________

__________________________________________________________

A. Consistently engaged at least 80% of students in the
activities of the lesson

Rating:  5 = Highly Competent;  4 = Consistently Competent;  3 = Generally Competent
  2• = Needs Additional Support/Training;  1 = Impending Class Effectiveness

III. Engaged Students in Lesson

B. Consistently attempted to re-engage students who were persistently off task 1 2 3 4 5

Specific Strengths: _____________________________________________________________
__________________________________________________________

Specific Weaknesses: __________________________________________________________
__________________________________________________________

IV. Managed Routines and Transitions

Efficiently and effectively managed classroom routines and transitions 1 2 3 4 5

Specific Strengths: _____________________________________________________________
__________________________________________________________

Specific Weaknesses: __________________________________________________________
__________________________________________________________

V. Presented Appropriate Content

A. Choose content that was aligned with lesson objectives 1 2 3 4 5

B. Presented content at a level that was suitable to the level of students’ cognitive, social, and emotional development 1 2 3 4 5

C. Presented accurate content 1 2 3 4 5

Specific Strengths: _____________________________________________________________
__________________________________________________________

Specific Weaknesses: __________________________________________________________
__________________________________________________________

Rating:  5 = Highly Competent;  4 = Consistently Competent;  3 = Generally Competent
  2• = Needs Additional Support/Training;  1 = Impending Class Effectiveness

VI. Created Structure for Learning

A. Initiated lesson or lesson elements in a manner that enabled 1 2 3 4 5
students to focus on the content of the lesson

B. Brought closure to lesson or lesson elements so that students were helpful to understand the purpose of the lesson content

Specific Strengths: ____________________________________________________________

_______________________________________________________________

Specific Weaknesses: _______________________________________________________

VII. Developed Lesson to Promote Achievement of Lesson Objectives

A. Established meaning for students by providing an underlying order to the lesson

B. Established meaning for students by explicitly linking related lesson elements

C. Established meaning for students leading them to achieve the lesson objectives

D. Used instructional materials to support the development of the lesson and to motivate the students

Specific Strengths: ____________________________________________________________

_______________________________________________________________

Specific Weaknesses: _______________________________________________________

VIII. Used Appropriate Questioning Strategies

A. Cognitive level of questioning was appropriate to lesson objectives

B. Respond to student answers and failures to answer

C. Built upon student responses to work toward lesson objectives

D. Addressed questions to a variety of students and distributed response opportunities to all students

Rating: 5 = Highly Competent; 4 = Consistently Competent; 3 = Generally Competent
2 = Needs Additional Support/Training; 1 = Impending Class Effectiveness
VIII. (con’t)
Specific Strengths:

_______________________________________________________________

_______________________________________________________________

Specific Weaknesses:

_______________________________________________________________

_______________________________________________________________

IX. Communicate Clearly

A. Communicate clearly and precisely, avoiding vagueness  1  2  3  4  5

B. Articulation, volume, and rate of delivery did not interfere with student understanding  1  2  3  4  5

C. Avoided slang, vulgarities, and patterns of unacceptable oral expression  1  2  3  4  5

Specific Strengths:

_______________________________________________________________

_______________________________________________________________

Specific Weaknesses:

_______________________________________________________________

_______________________________________________________________

X. Monitored Student Understanding and Adjusted Instruction When Necessary

A. Checked level of student understanding at appropriate points in the lesson  1  2  3  4  5

B. Used appropriate strategies to adjust lesson when students were failing to learn or master the lesson content  1  2  3  4  5

Specific Strengths:

_______________________________________________________________

_______________________________________________________________

Specific Weaknesses:

_______________________________________________________________

_______________________________________________________________

ADDITIONAL COMMENTS:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

University Instructor ___________________________ Date ___________________________
GSEAP Certification Application Process

1. Meet or contact your advisor about the status of your program plan. Request that an updated program plan be completed and physically available for review with your certification materials.

2. Obtain and complete page one and the top of the second page of the ED170A (CT SDE Form Revised 12/18).
   a. Note: The 170A form must be done in blue ink.

3. Complete the Verification of Student Teaching/Internship Form with original signatures.

4. Turn in the following to the Dean’s Office in CNS 102 for processing:
   a. The 170A form
   b. Either a signed copy of the Verification of Student Teaching/Internship Form with original signatures or the ED 126 Statement of Professional Experience
   c. Original testing score reports (Praxis II, ACTFL, Foundations of Reading, EdTPA, etc.) if they are not already in your GSEAP student file. You can find out if these scores are in your file by contacting the Dean’s Office graduate assistant at graded@fairfield.edu
   d. A Memo to Dr. Lolis listing your current address and information on how you would like the ED 170 and any other certification related document returned to you.

5. The Certification Officer (Dr. Lolis) will review your file and materials for the following:
   a. Evidence of Praxis 1 passing score or waiver
   b. Transcripts (undergraduate and graduate) demonstrating evidence of the completion of: (1) all certification prerequisites, (2) all courses in an approved program plan, and (3) all relevant degrees.
   c. Evidence of Praxis II, ACTFL, CT Foundations of Reading and all other relevant passing test scores
   d. Evidence of a completed supervised clinical experience or equivalent experience

6. If your file is complete, the Certification Officer will finish completing the ED 170A (questions 1b through the bottom of page 2). If your file is not complete, someone from the Dean’s Office will contact you. No file will be reviewed until it is complete.

7. Your signed Ed 170A (and ED 126 if applicable) will be returned to you.

If you have any further questions contact the GSEAP Dean’s Office at graded@fairfield.edu or 203.254.4000 Ext. 4250.
**FAIRFIELD UNIVERSITY**  
**COUNSELOR EDUCATION DEPARTMENT**

**CLINICAL FILE CHECKLIST**

<table>
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<tr>
<th>STUDENT:___________________________</th>
<th>DATE:_______________</th>
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**CLINICAL COORDINATOR’S RESPONSIBILITY**

<table>
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<tr>
<th>FORMS</th>
<th>DATE INSERTED</th>
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| Practicum application | Practicum: _______  
Internship: _______ |
| Practicum/Internship Agreement form | Practicum: _______  
Internship: _______ |
| Site Supervisor Information Form | Practicum: _______  
Internship: _______ |
| Proof of Liability Insurance | Practicum: _______  
Internship: _______ |

**INSTRUCTOR’S RESPONSIBILITY**

<table>
<thead>
<tr>
<th>WEEKLY FORMS</th>
<th>ENCLOSED</th>
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</table>
| Permission to audio/video recording | Practicum: _______  
Internship: _______ |
| Individual progress notes | Practicum: _______  
Internship: _______ |
| Group Work Process Notes | Practicum: _______  
Internship: _______ |
| Practicum/ internship Activity Log | Practicum: _______  
Internship: _______ |

**OTHER FORMS**

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| Evaluation of Counselor Behaviors | Practicum: _______  
Internship: _______ |
| Practicum/Internship Semester Summary Forms | Practicum: _______  
Internship: _______ |
| Practicum/Internship Site Evaluation Form | Practicum: _______  
Internship: _______ |
| Student Evaluation of individual on-campus Supervision | Practicum: _______  
Internship: _______ |

Clinical Coordinator:___________________________  
Instructor:___________________________

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