



School of Education and  
Human Development

# Counselor Education Program Clinical Handbook

Fall, 2021

Dear Counselor Education Graduate Students:

The clinical component (practicum and internship) of our graduate programs in Counselor Education 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.

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## **MISSION STATEMENT**

The Counselor Education Department, as a program within a Jesuit community, maintain a primary focus on issues of diversity, equity, and inclusion globally (i.e., social action and advocacy) 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.

We are committed to training our students to meet the needs of 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 compassionate, reflective, and critical advocates and practitioners as they work with individuals and communities in the pursuit of increased self-awareness and well-being.

We as faculty members in Counselor Education 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 input of and collaboration with our stakeholders in creating a climate of professional care and consistency from a compassionate, supportive view.

## **DISPOSITION STATEMENT**

The Counselor Education programs in School and Clinical Mental Health Counseling (CMHC) at Fairfield University align with the humanistic narrative as well as in the multicultural and social justice narrative influenced by the fourth and fifth forces in counseling theory; 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 School of Education and Human Development (SEHD) 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 (ECBC) and Counselor Competencies Scale-Revised (CCS-R) 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	(COUN 5553)
Counseling Practicum	(COUN 6950)
Internship	(COUN 6981C and 6981S)

During either the first or second semester of graduate study, students enroll in Counseling Relationships and Skills (COUN 5553). The primary focus of this course is teaching and practice of specific counseling skills and interventions. Students learn these skills within the context of a small class, and practice them with each other. Upon successful completion of this course and all prerequisites as well as a practicum review process conducted by faculty, students are permitted to enroll in Counseling Practicum (COUN 6950).

CACREP requires students to complete a supervised practicum that totals a minimum of 100 clock hours. These 100 hours of supervised experience 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 is 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 (COUN 6981C or COUN 6981S).

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 (COUN 5553) 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 (COUN 6950) 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 important for students to ensure 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.

- COUN 5433 Multicultural Issues in Counseling
- COUN 5447 Lifespan Human Development
- COUN 6467 Assessment in Counseling
- COUN 5457 Career Development: Theory & Practice
- COUN 5468 Professional Issues in Counseling
- COUN 6455 Group Work: Theory and Practice
- COUN 5501 Theories of Counseling/Psychotherapy
- COUN 5553 Counseling Relationships and Skills
- COUN 5432 Introduction to Clinical Mental Health Counseling or
- COUN 5531 Introduction to School Counseling
- COUN 6250 Diagnosis and Treatment across the Lifespan
- COUN 5450\* Introduction to Substance and Process Addictions
- COUN 6515\* Trauma and Crisis Intervention

\* For CMHC track only

## **PRACTICUM APPLICATION PROCESS**

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

1. Complete the online practicum application on Tevera in its entirety and submit per date indicated on the email from Clinical Director. **Applications received after this date will not be considered.**
2. Faculty will review applications received and will notify students in writing as to the decision regarding registration for practicum.
3. 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.
4. The Practicum/Internship Agreement Form (sometimes referred to as “the contract”) and proof of liability insurance must be submitted to Tevera by the due date.

## **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.**

## PRACTICUM CLASS BASIC EXPECTATIONS

Practicum requires a great deal of organization. There are numerous requirements in the form of paperwork throughout the semester. All forms are included in your Tevera account unless otherwise notified by your instructors. Some of these requirements are as follows:

### **Weekly:**

1. Complete and turn in before practicum class: **Practicum Weekly Activity Log.**
2. Complete and turn in before 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:** completed before 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 in Tevera.
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 through Tevera.
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.)
9. Complete paperwork in Tevera

#### **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). The form is distributed through Tevera.

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 (COUN 6981C and COUN 6981S) 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 Connecticut 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. The form is in Tevera.

### **INTERNSHIP CLASS BASIC EXPECTATIONS**

#### **Weekly:**

1. Complete and turn in before internship class to Tevera: **Internship Weekly Activity Log**.
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:**

1. **Practicum/Internship Semester Summary Form:** to be handed in before the last practicum class to Tevera
2. **Practicum/Internship Site Evaluation Form** in Tevera

### **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 in Tevera.
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:**

1. To meet with internship students during the semester prior to their enrollment in the internship course.
2. To make site visits as necessary and/or feasible.
3. 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.
2. To observe school counseling interns delivering a developmental guidance lesson.
3. To conduct weekly group supervision class on campus.
4. To keep records of the student's internship activity safely secure.
5. To seek evaluation of the student from the site supervisor.
6. To be available to the site supervisor should supervision difficulties arise.
7. 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.
7. Complete forms in Tevera

## **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

## **GUIDELNES FOR CLINICAL FILES in Tevera**

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 Tevera. 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. Submit to Tevera.

**PERMISSION FORM FOR AUDIO/VIDEO RECORDING** – Fill out one for each client recorded in practicum and internship. Practicum and Internship students submit theirs to Tevera.

**FOR PRACTICUM STUDENTS ONLY:**

**INDIVIDUAL COUNSELING PROGRESS NOTES** – Practicum students submit these notes weekly to Tevera.

**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 for inclusion in the student’s clinical file.

**FOR ALL STUDENTS:**

**PRACTICUM/INTERNSHIP WEEKLY LOGS** – Practicum and internship students submit their respective weekly logs in Tevera. 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 Tevera at the end of each semester.

**COUNSELING RELATIONSHIPS & SKILLS EVALUATION** – Submitted to Tevera. This will be part of the consideration for acceptance into practicum.

**PRACTICUM EVALUATION** – Conducted by the instructor and on-campus supervisor and placed in Tevera.

**PROGRESS EVALUATION FORM** – Filled out by Site Supervisor in conjunction with student at the end of the semester. Upon completion, the form is submitted to Tevera. This form is essential for determining the student’s final grade. It is the student’s responsibility to ensure that this form is completed.

**STUDENT EVALUATION OF SUPERVISION FORM** – Submitted by practicum and internship students to Tevera.

**EVALUATION OF PRACTICUM/INTERNSHIP SITE** – Submitted by practicum and internship students to the instructor through Tevera at the end of the semester for review.

## APPLICATION FOR PRACTICUM

Counselor Education Department  
Fairfield University

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

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

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

**Practicum prerequisites:**

Advisor: \_\_\_\_\_

### School Counseling

<u>Class</u>	<u>Semester taken</u>	<u>Grade</u>
COUN 5433	_____	_____
	Multicultural Issues in Counseling	
COUN 5447	_____	_____
	Lifespan Human Development	
COUN 5457	_____	_____
	Career Development: Theories & Practice	
COUN 5468	_____	_____
	Professional Issues in Counseling	
COUN 5501	_____	_____
	Theories of Counseling & Psychotherapy	
COUN 5531	_____	_____
	Intro. To School Counseling	
COUN 5553	_____	_____
	Counseling Relationships & Skills	
COUN 6250	_____	_____
	Diagnosis & Treatment	
COUN 6455	_____	_____
	Group Work: Theories & Practice	
COUN 6467	_____	_____
	Assessment in Counseling	

### Clinical Mental Health Counseling

<u>Class</u>	<u>Semester taken</u>	<u>Grade</u>
COUN 5350	_____	_____
	Intro to Substance & Process Addiction	
COUN 5433	_____	_____
	Intro. to CMHC	
COUN 5433	_____	_____
	Multicultural Issues in Counseling	
COUN 5447	_____	_____
	Lifespan Human Development	
COUN 5457	_____	_____
	Career Development: Theories & Practice	
COUN 5468	_____	_____
	Professional Issues in Counseling	
COUN 5501	_____	_____
	Theories of Counseling & Psychotherapy	
COUN 5553	_____	_____
	Counseling Relationships & Skills	
COUN 6250	_____	_____
	Diagnosis & Treatment	
COUN 6455	_____	_____
	Group Work: Theories & Practice	
COUN 6467	_____	_____
	Assessment in Counseling	
COUN 6515	_____	_____
	Trauma & Crisis Intervention	

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

\_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please upload to Tevera a copy of your course **transcript** to date. This can be obtained from my.Fairfield.
- Please upload to Tevera 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 in Tevera**. 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 (in Tevera):

- \_\_\_\_\_ 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  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

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

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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:

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

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

B. SITE SUPERVISOR'S:

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C. STUDENT'S:

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ADDITIONAL COMMENTS:

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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

DEGREE	YEAR AWARDED	MAJOR	INSTITUTION
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of years of experience in the counseling field: \_\_\_\_\_

Licenses, certification: \_\_\_\_\_

\_\_\_\_\_

Areas of specialization: \_\_\_\_\_

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**PERMISSION FOR AUDIO/VIDEO RECORDING  
COUNSELING INTERVIEWS**

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)

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**REQUEST FOR PERMISSION FOR AUDIO/VIDEO RECORDING  
COUNSELING INTERVIEWS**

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,

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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

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.





**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:

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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:

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Counselor's Signature

Instructor's Signature

Prepared after termination

Revised 2015

\*Use client's first name and last initial.





## 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  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**PRACTICUM ACTIVITY LOG: CLINICAL MENTAL HEALTH COUNSELING**

Name: \_\_\_\_\_ Week of \_\_\_\_\_

		Number of sessions	Number of hours
1.	Individual counseling	_____	_____
2.	Group work	_____	_____
3.	Family counseling	_____	_____
4.	Client-Centered Consultation	_____	_____
5.	Instructional (preventive) interventions	_____	_____
This week's total number of direct service hours:			_____
6.	Contact with clients other than counseling	_____	
7.	Staff meetings	_____	
8.	Observation (explain below)	_____	
9.	Report writing, listening to recordings etc., other administrative duties	_____	
10.	Professional development (explain below)	_____	
11.	Other practicum activity (explain below)	_____	
This week's total number of non-direct service hours:			_____
12.	Individual on campus supervision	_____	
13.	Group Supervision(class)	_____	
14.	Site supervision	_____	
15.	Other supervision	_____	
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: \_\_\_\_\_

\_\_\_\_\_

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**PRACTICUM ACTIVITY LOG: SCHOOL COUNSELING**

Name: \_\_\_\_\_ Week of \_\_\_\_\_

	Number of sessions	Number of hours
1. Individual counseling	_____	_____
2. Group work	_____	_____
3. Family counseling	_____	_____
4. Client-Centered Consultation (student present)	_____	_____
5. Instructional interventions	_____	_____
6. Developmental guidance instruction	_____	_____

This week's total number of direct service hours: \_\_\_\_\_

- 7. Contact with clients other than counseling \_\_\_\_\_
- 8. Staff meetings \_\_\_\_\_
- 9. Observation (explain below) \_\_\_\_\_
- 10. Report writing, listening to recordings,  
other administrative duties \_\_\_\_\_
- 11. Professional development (explain below) \_\_\_\_\_
- 12. Other practicum activity (explain below) \_\_\_\_\_

This week's total number of non-direct service hours: \_\_\_\_\_

- 13. Individual on-campus supervision \_\_\_\_\_
- 14. Group Supervision (class) \_\_\_\_\_
- 15. Site supervision \_\_\_\_\_
- 16. Other supervision (explain below) \_\_\_\_\_

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: \_\_\_\_\_

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**INTERNSHIP ACTIVITY LOG: CLINICAL MENTAL HEALTH COUNSELING**

Name: \_\_\_\_\_ Week of \_\_\_\_\_

	Number of sessions	Number of hours
1. Individual counseling	_____	_____
2. Group Work	_____	_____
3. Family counseling	_____	_____
4. Client-Centered Consultation	_____	_____
5. Instructional (preventive) interventions	_____	_____

This week's total number of direct service hours: \_\_\_\_\_

- 6. Contact with clients other than counseling \_\_\_\_\_
- 7. Staff meetings \_\_\_\_\_
- 8. Observation (explain below) \_\_\_\_\_
- 9. Report writing, listening to recordings etc.,  
other administrative duties \_\_\_\_\_
- 10. Professional development (explain below) \_\_\_\_\_
- 11. Other internship activity (explain below) \_\_\_\_\_

This week's total number of non-direct service hours: \_\_\_\_\_

- 12. Group Supervision (class) \_\_\_\_\_
- 13. Other supervision (site etc.) \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

**FAIRFIELD UNIVERSITY**  
**SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT**  
**DEPARTMENT OF COUNSELOR EDUCATION**

**INTERNSHIP ACTIVITY LOG: SCHOOL COUNSELING**

Name: \_\_\_\_\_ Week of \_\_\_\_\_

	Number of sessions	Number of hours	
1. Individual counseling	_____	_____	
2. Group Work	_____	_____	
3. Family counseling	_____	_____	
4. Client-Centered Consultation (student present)	_____	_____	
5. Instructional interventions	_____	_____	
6. <b>Developmental Guidance instruction</b>	_____	_____	
This week's total number of direct service hours:			_____
7. Contact with clients other than counseling	_____		
8. Staff meetings	_____		
9. Observation (explain below)	_____		
10. Report writing listening to recordings etc., other administrative duties	_____		
11. Professional development (explain below)	_____		
12. Other internship activity (explain below)	_____		
This week's total number of non-direct service hours:			_____
13. Group Supervision (class)	_____		
14. Other supervision (explain below)	_____		
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: \_\_\_\_\_

\_\_\_\_\_

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**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/INTERNSHIP HOURS FOR THE SEMESTER:** \_\_\_\_\_

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**SECOND SEMESTER INTERN SUMMARY FORM**

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Name of site supervisor: \_\_\_\_\_

	FIRST SEMESTER	SECOND SEMESTER	TOTAL
Individual counseling hours:	_____	_____	_____
Group counseling hours	_____	_____	_____
Other direct service hours (family counseling, guidance or instructional interventions, consultation):	_____	_____	_____
<b>TOTAL DIRECT SERVICE HOURS:</b>			_____
Individual supervision hours:	_____	_____	_____
Group supervision hours:	_____	_____	_____
<b>TOTAL SUPERVISION HOURS:</b>			_____
Other non-direct practicum/internship hours:	_____	_____	_____
<b>TOTAL INTERNSHIP HOURS</b>			_____

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**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:**

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**DISADVANTAGES/ WEAKNESSES OF SITE:**

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**STRENGTHS/WEAKNESSES OF SITE SUPERVISOR:**

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**ADDITIONAL COMMENTS:**

## EVALUATION OF COUNSELOR BEHAVIORS CHECKLIST <sup>+</sup>

Student \_\_\_\_\_ Practicum \_\_\_\_\_ Internship \_\_\_\_\_

### Intervention Skills

**Rate the counselor's ability to:**

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

### Conceptualization Skills

**Rate the counselor's ability to:**

16. Identify the client's primary concern	1	2	3	4	5	6	7	0
17. Understand how a problem is maintained	1	2	3	4	5	6	7	0
18. Understand the problem within a theoretical framework	1	2	3	4	5	6	7	0
19. Conceptualize problems from different perspectives (i.e., cognitive, affective, behavioral, and systemic)	1	2	3	4	5	6	7	0
20. Help the client set appropriate goals based on understanding of the problem (treatment plan)	1	2	3	4	5	6	7	0
21. Understand the relevance of secondary problems and address these appropriately	1	2	3	4	5	6	7	0
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
<b>In general, the counselor's conceptualization skills are</b>	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
<b>In general, the counselor's personalization skills are</b>	1	2	3	4	5	6	7	0

**Supervision/Professional Development**

**Rate the counselor's ability to:**

42. Be prompt and responsible	1	2	3	4	5	6	7	0
43. Be professional in his or her approach to clinical work	1	2	3	4	5	6	7	0
44. Communicate responsibility for self	1	2	3	4	5	6	7	0
45. Be supportive to one's peers in group supervision	1	2	3	4	5	6	7	0
46. Be appropriately challenging to one's peers in group supervision	1	2	3	4	5	6	7	0
47. Use feedback from supervision in future sessions	1	2	3	4	5	6	7	0
48. Work with supervisor(s) in a productive manner	1	2	3	4	5	6	7	0
49. Behave in a manner that is ethical	1	2	3	4	5	6	7	0
50. Know when to seek consultation for professional or legal reasons	1	2	3	4	5	6	7	0
51. Demonstrate understanding of the power of counseling	1	2	3	4	5	6	7	0
52. Demonstrate understanding of the limits of counseling	1	2	3	4	5	6	7	0
<b>In general, the counselor's professional skills are</b>	1	2	3	4	5	6	7	0

**\*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**

1	2	3	4	5	6	7	0
---	---	---	---	---	---	---	---

**First feedback session**

Additional comments:

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Instructor/Supervision

\_\_\_\_\_  
Date

**Second feedback session**

Additional comments:

---

Counselor

---

Instructor/Supervision  
**(Developed by Janine M. Bernard 1976. Revised 2015)**

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Date

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**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**

Practicum Student's Name:

Supervisor:

Semester:

My supervisor:

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

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:**

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

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.

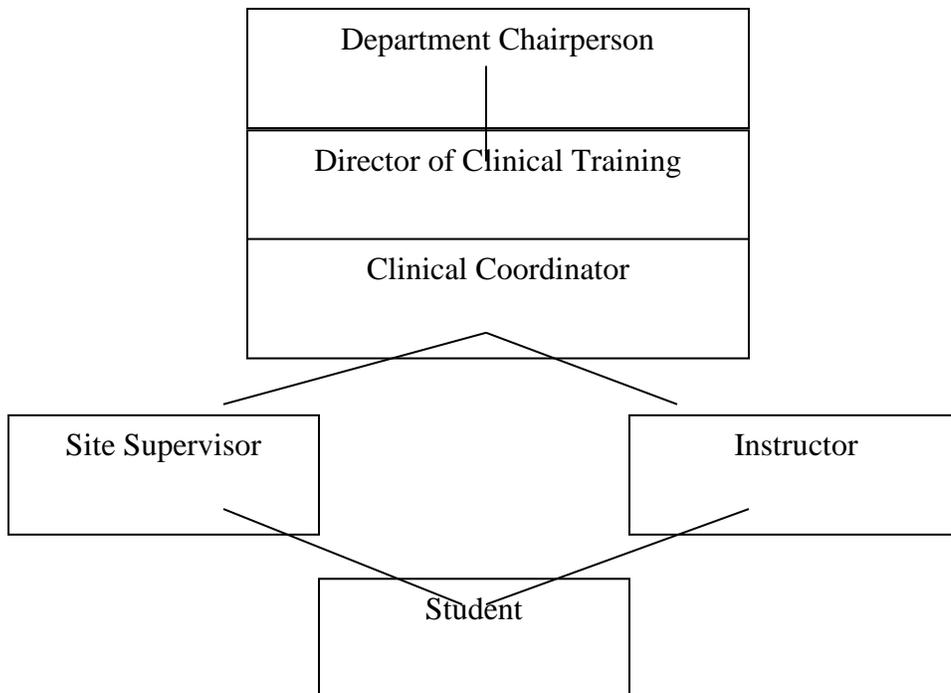
### For serious incidents occurring on clinical site:

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  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**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. | 1 | 2 | 3 | 4 | 5 |
| B. Encourage <u>all</u> students to achieve.   | 1 | 2 | 3 | 4 | 5 |
| C. Established an environment that was safe and conducive to learning                    | 1 | 2 | 3 | 4 | 5 |

Specific Strengths: \_\_\_\_\_

Specific Weaknesses: \_\_\_\_\_

**II. Maintained Standards of Classroom Behavior**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| Maintained appropriate standards of classroom behavior | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

Specific Strengths: \_\_\_\_\_

Specific Weaknesses: \_\_\_\_\_

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A. Consistently engaged at least 80% of students in the | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

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 students to focus on the content of the lesson 1 2 3 4 5

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| B. Brought closure to lesson or lesson elements so that students were helpful to understand the purpose of the lesson content | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

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                    | 1 | 2 | 3 | 4 | 5 |
| B. Established meaning for students by explicitly linking related lesson elements                     | 1 | 2 | 3 | 4 | 5 |
| C. Established meaning for students leading them to achieve the lesson objectives                     | 1 | 2 | 3 | 4 | 5 |
| D. Used instructional materials to support the development of the lesson and to motivate the students | 1 | 2 | 3 | 4 | 5 |

Specific Strengths: \_\_\_\_\_

Specific Weaknesses: \_\_\_\_\_

**VIII. Used Appropriate Questioning Strategies**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| A. Cognitive level of questioning was appropriate to lesson objectives                                 | 1 | 2 | 3 | 4 | 5 |
| B. Respond to student answers and failures to answer   | 1 | 2 | 3 | 4 | 5 |
| C. Built upon student responses to work toward lesson objectives                                       | 1 | 2 | 3 | 4 | 5 |
| D. Addressed questions to a variety of students and distributed response opportunities to all students | 1 | 2 | 3 | 4 | 5 |

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

**VIII. (con't)**

Specific Strengths: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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**ADDITIONAL COMMENTS:**

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University Instructor

Date

## SEHD 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 SEHD 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](mailto: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.
  1. Your signed Ed 170A (and ED 126 if applicable) will be returned to you.

**If you have any further questions contact the SEHD Dean's Office at [graded@fairfield.edu](mailto:graded@fairfield.edu) or 203.254.4000 Ext. 4250.**

**FAIRFIELD UNIVERSITY  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT  
DEPARTMENT OF COUNSELOR EDUCATION**

**CLINICAL FILE CHECKLIST**

**STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CLINICAL COORDINATOR'S RESPONSIBILITY**

**FORMS**

**DATE COMPLETED**  
Practicum      Internship

Practicum application	_____	
Practicum/Internship Agreement form	_____	_____
Site Supervisor Information Form	_____	_____
Proof of Liability Insurance	_____	_____

**INSTRUCTOR'S RESPONSIBILITY**

**WEEKLY FORMS**

**SUBMITTED**  
Practicum

<p style="padding-left: 40px;">Internship</p> Permission to audio/video recording	_____	_____
Individual progress notes	_____	
Group Work Process Notes	_____	
Practicum/ internship Activity Log	_____	_____

**OTHER FORMS**

**SUBMITTED**  
Practicum      Internship

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

Clinical Coordinator: \_\_\_\_\_ Instructor: \_\_\_\_\_