# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission and Objectives</td>
<td>4</td>
</tr>
<tr>
<td>Purpose and Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Getting Started</td>
<td>5</td>
</tr>
<tr>
<td>Site Selection</td>
<td>6</td>
</tr>
<tr>
<td>Professional Behavior</td>
<td>9</td>
</tr>
<tr>
<td>Procedures for Field Experience Completion</td>
<td>11</td>
</tr>
<tr>
<td>Practicum</td>
<td>11</td>
</tr>
<tr>
<td>Internship</td>
<td>12</td>
</tr>
<tr>
<td>Supervision</td>
<td>12</td>
</tr>
<tr>
<td>Evaluation</td>
<td>13</td>
</tr>
<tr>
<td>Clinical Training Phases</td>
<td>13</td>
</tr>
<tr>
<td>Orientation</td>
<td>13</td>
</tr>
<tr>
<td>Observation</td>
<td>13</td>
</tr>
<tr>
<td>Participation</td>
<td>13</td>
</tr>
<tr>
<td>General Fieldwork Expectations</td>
<td>14</td>
</tr>
<tr>
<td>Professional Issues</td>
<td>16</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>16</td>
</tr>
<tr>
<td>Emergency Procedures</td>
<td>16</td>
</tr>
<tr>
<td>Ethical Guidelines</td>
<td>16</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>17</td>
</tr>
<tr>
<td>Credentials</td>
<td>17</td>
</tr>
<tr>
<td>Certification</td>
<td>17</td>
</tr>
<tr>
<td>Licensure</td>
<td>18</td>
</tr>
</tbody>
</table>
Appendices

Application for Practicum  Page 19
Application for Internship  Page 21
Practicum/Internship Agreement  Page 22
Practicum/Internship Prospectus  Page 25
Practicum/Internship Statement of Confidentiality  Page 27
What do I do First?  Page 28
Case Conceptualization  Page 30
Client Release Form  Page 31
Weekly Time Log  Page 32
On-site Supervisor Information Sheet  Page 33
Session Summary  Page 34
On-site Supervisor Evaluation of the Student  Page 35
Student Evaluation of On-site Supervisor  Page 38
Site Evaluation  Page 40
Semester Summary of Client Hours  Page 41
Mission and Objectives of the Clinical Rehabilitation Counseling Program

Clinical Rehabilitation Counseling Program Mission:

The mission of the Clinical Rehabilitation Counseling program is to prepare rehabilitation counselors to provide rehabilitation services aimed at helping individuals with disabilities to achieve their maximum potential. Upon graduation, students will have the basic foundational knowledge, skill and experiences necessary to enter the profession of rehabilitation counseling and practice as rehabilitation counselors.

Clinical Rehabilitation Counseling Program Learning Outcomes:

Students will understand and follow the Code of Professional Ethics for Rehabilitation Counselors;

Students will know the laws that affect individuals with disabilities and will be able to advocate for the rights of those individuals;

Students will understand the concept of choice, self-advocacy and self-determinations, and promote these concepts throughout the rehabilitation process;

Students will value the worth and dignity of all individuals and view individuals with disabilities as equal partners in the rehabilitation process;

Students will demonstrate the ability to practice counseling techniques, job placement skills, and career strategies that will assist individuals with disabilities to develop the skills and competencies they need to function effectively in society; and

Students will know the technology and accommodations that are available to provide individuals with disabilities access to work, leisure, and school activities.

Purpose and Introduction

The purpose of this manual is to provide the student with information and materials that are needed to complete the clinical experiences required for the Master’s in Clinical Rehabilitation Counseling degree program. The procedures are outlined to assist students during the clinical experience by:

a. describing the application process;

b. outlining the sequence to be followed in securing a placement site;

c. detailing practicum and internship requirements;

d. noting student responsibilities regarding practicum and internship;
e. providing the student with guidelines for appropriate recordkeeping.

Ideally, the field experience should provide the student with a supportive, structured learning environment for acquiring practical, on-the-job training. This experience is designed to prepare the student for skills development in the novice-to-expert model. The development of counseling skills is viewed in the broadest sense, including acquisition of specific intervention skills, an understanding of and an ability to use

- conceptual skills
- personal growth related to appropriate handling of emotional reactions
- an appreciation of diversity
- development of professionalism (ethical behavior, sound judgment, appropriate communication skills)
- commitment to contributing to the profession of counseling

**Getting Started**

**What is the difference between practicum and internship?**

The Practicum is a field experience where one shadows, observes, and takes on limited responsibility in order to assist someone else. Students shall have a minimum of 100 hours of supervised rehabilitation counseling Practicum experience with at least 40 hours of direct service to people with disabilities (not role-playing clients). Practicum students shall have experiences that increase their awareness and understanding of the differences in values, beliefs, and behaviors of individuals who are different from themselves. The successful completion of practicum is a prerequisite to the supervised rehabilitation counseling clinical internship experience.

An Internship is 600 hours, with 240 of those as direct client contact, and requires students to demonstrate competence in working with clients in the context of a professional rehabilitation counseling relationship. Internship students carry a caseload and function as an actual professional staff member of the agency.

**Application**

1. Consult your “Program Planning Form.” When you began your graduate studies in counseling, you and your advisor completed a “Program Planning Tool” form. (Note: Your date for entry into RHAB 609/610 should be noted on your Program Planning Form. Applications are required for both practicum and internships.

2. Secure an application. Applications may be found in this handbook on our website.
3. Each semester the Clinical Coordinator will hold a Clinical Orientation meeting. The Clinical Coordinator as well as your advisor will help you identify field placement sites that are appropriate for your interests, professional goals, and program track.

4. Complete your application and turn it in to the Clinical Coordinator immediately.

**RHAB 609 PRACTICUM IS NOT OFFERED DURING THE SUMMER TERM.**

Deadline for completed agreement with practicum site is as follows:

- Fall semester: **July 1**
- Spring semester: **November 1**

**RHAB 610 INTERNSHIP IS OFFERED DURING THE SUMMER**

Deadline for completed internship paperwork is as follows:
- Summer semester: **April 1**
- Fall semester: **July 1**
- Spring semester: **November 1**

**Site Selection**

1. **Selecting the field placement site is perhaps the most important step in your clinical experience.** At the time you submit your application for practicum or internship, you should meet with your advisor to discuss possible sites. At a meeting held each semester, your advisor will discuss with you the following:

   - Your interests, needs, and expectations for the experience
   - The kind of educational opportunities you wish to experience during your practicum or internship
   - The location, client population, and philosophy of various sites
   - Practicum or internship requirements for your program track
   - State requirements for supervised work experiences related to counseling licensure or certification
   - Qualities that you hope to find in your site supervisor
The Clinical Coordinator will provide you with contact information for possible sites. You should note, however, that it is your responsibility to contact the supervising counselor at the site.

You should be aware that we will not approve the following:

- In home counseling
- Placement where you perform “life coaching” or only psychoeducational counseling
- Career centers unless they are part of a clinical setting
- Sites that prohibit taping (exempt: state VR or VA/VRE sites)

Be certain to determine that the site has a staff member that meets requirements to provide supervision including

a) Master’s degree in rehabilitation counseling or a related field; b) minimum of two years clinical experience; and c) current resume or vita for submission

2. **Be prepared.** After meeting with the Clinical Coordinator, you are almost ready to begin interviewing possible field placement sites for yourself. Before you contact any site, however, you should attend to the following:

- Locate additional sources of information about various sites, such as other students, newspaper ads, internet sites or funding agencies
- Compose or update your resume or vita and make several copies

3. **Contact sites.** You are now ready to contact the supervising counselors at the sites the Clinical Coordinator has approved for you. This step involves the following:

- Make appointments with the supervising counselor(s) for informational interviews
- Dress appropriately and bring copies of your resume or vita with you to the interview
- Use the interview as an opportunity to present your talents and also as an opportunity to learn more about the site
- Follow up on all interviews with a thank-you note
- Follow up the thank-you notes with a phone call a week or so later
- Compare job descriptions, resources, and other information you obtained from each site
- Select a site
4. **Make it official.** Once you and a qualified supervising counselor have agreed to work together, you will need to formalize your commitment. Expectations and responsibilities for all parties should be made clear and explicit prior to the beginning of the field experience. This step involves the following:

- Obtain a “PRACTICUM/INTERNSHIP AGREEMENT” (see Appendices) and have it signed by your prospective supervising counselor
- Meet with your supervising counselor to formulate a “Prospectus.” The prospectus should outline your specific duties and responsibilities for the semester. Remember, this will be your job description
- Ask your supervising counselor how you can best prepare for your field experience
- Follow through on his or her suggestions
- Determine any academic areas relevant to the site that you need to review
- Read and review material pertinent to your new placement site so you will begin your placement feeling as competent and comfortable as possible

5. Lastly, a few details to take care of:

- **Obtain professional liability insurance.** Policies are available at discounted student rates through membership in the American Counseling Association and several of its larger divisions. Information about membership in and insurance coverage available through the ACA is available through the ACA website at www.counseling.org.
- **Complete any security or background check** that your site requires. These often take 30 to 45 days, so be sure to get the process started well before the semester begins
- If your site requires you to participate in an orientation or training program before you will be allowed to work with clients, try to have this completed before the semester begins
- Contact your university supervisor to determine if there is anything else that you need to do to prepare for the field experience

**Facilitators**

The following individuals will work with you toward completion of your practicum or internship.

**Clinical Coordinator**

- Discusses your specific requirements for practicum and internship as part of the Program of Study planning process
- Discusses and suggests possible site placements
- Approves appropriate sites for you to contact for field placement
- Approves your pre-registration
- Monitors your progress during practicum or internship as needed
- Reviews completed documentation in your file at the end of the semester
• Receive site agreement form, prospectus, and proof of insurance prior to the first day of the semester

University Supervisor

• Provides individual supervision for practicum students and interns as needed
• Conducts weekly group supervision sessions with practicum and internship students
• Monitors your compliance with and fulfillment of practicum or internship requirements
• Maintains communication with site supervisors
• Provides consultation to site supervisors as needed
• Periodically visits placement sites
• Assists in the resolution of on-site problems as needed
• Assigns your final grade (S/U) for the field placement experience

Site Supervisor

• Provides clinical experiences for you in accordance with training guidelines
• Makes provisions for orientation to the site buildings, facilities, policies, philosophies, and procedures for assigning clients, emergencies, and site-specific limits to confidentiality
• Attempts to help you meet program requirements, within site guidelines
• Provides office space for you to the extent feasible. As a minimum, you will be provided a private space to use while seeing clients
• Provides weekly face-to-face individual supervision during your internship
• Assists in the evaluation of your clinical performance relative to objectives of the experience. The site supervisor will notify the university supervisor of problems that may influence your completion of the field experience
• Ensures that all field experience placement students are properly supervised at all times

Professional Behavior

Although the primary purpose of practicum and internship is to assist you in the continued development and application of counseling skills, you are also an agent of the site. You are expected to operate under the norms of the site at all times. This includes punctuality, appropriate attire, and professional behavior, as well as adherence to all aspects of your prospectus and site agreement. Appropriate professional dispositions are outlined below.
Professional Dispositions—Clinical Rehabilitation Counseling Program

The student will:

• Exhibit and understand the importance of respectful, genuine, and empathic attitudes toward clients, thereby promoting client dignity, self-determination, and welfare.

• Exhibit and understand the importance of the ability to engage clients, acknowledging the unique nature and needs of individuals at all developmental levels and across cultures.

• Develop and value facilitative communication skills.

• Be aware of the importance of verbal and non-verbal communication.

• Demonstrate the ability to understand a client’s presenting problems or concerns.

• Acknowledge the importance of themes presented by clients as they relate to presenting concerns.

• Acknowledge the importance of conceptualizing client themes and problems within a theoretical framework, encouraging client growth and development to foster the client’s interests.

• Exhibit and understand the importance of the development and implementation of treatment goals.

• Recognize the need to develop and articulate a personal theoretical approach for working with clients.

• Recognize the importance of assessment of the counseling process and relationship.

• Value knowledge of the organizational structure of counseling settings.

• Appreciate the need for program development.

• Exhibit professional dress and demeanor in accordance with practice settings.

• Value self-awareness and self-examination, and take responsibility for seeking professional help for issues that might impede one’s counseling practice.

• Understand, appreciate, and adhere to professional standards of ethics and practice.

• Recognize the importance of professional growth and development.
Procedures for Field Experience Completion

Practicum and internship placements should be discussed with the Clinical Coordinator before being finalized. The Practicum and Internship Site Directory, found on the program website, lists placement sites successfully used in the past. You may request a site not listed in the directory, but this must meet with the approval of the Clinical Coordinator prior to placement. It may be necessary that you drive a considerable distance to your location. There is no financial remuneration for transportation or other costs related to your field experience placement.

Deadlines for application for both practicum and internship are:

- **Summer semester:** April 1 (INTERNSHIP ONLY)
- **Fall semester:** July 1
- **Spring semester:** November 1

Students will be assigned to practicum and internship class sections in accordance with accreditation standards; for that reason sections do not identify specific faculty since changes may be made up until the day classes begin.

**Practicum**

Rehabilitation counseling practicum involves a field placement in a human service agency setting similar to the environment in which you may seek employment upon completion of your degree. Factors such as site availability, site-specific requirements, and course requirements will influence placement.

Time requirements for client contact, administrative duties, and supervision hours will be given in the syllabus. In general, you should plan to spend eight to ten hours per week at your practicum site. All of the time you spend in relation to practicum should be documented (see Appendices). You will submit a log of your activities to your university supervisor during the final supervision session of the semester. This log will be placed in your file to verify that you have completed the required number of supervised hours of counseling practice. The minimum time requirement for practicum is 100 hours, 40 of which must be direct client contact hours.

You receive several types of supervision during practicum. You will participate in an *average of 90 minutes of group supervision each week*. You will have a supervising counselor at your site that is responsible for providing one hour per week of supervision.
You will be required to upload audio recordings and Counseling Summary reports to Cyberduck. You should review this recording before submitting it for supervision. It is mandatory that you first obtain your clients' formal written permission to be recorded, and that you inform your clients both of your status as a counselor-in-training and also that the recordings will be used in individual and group supervision.

**Internship**

The basic objective of internship is to provide the student with opportunities to merge theory and practice in a realistic setting. Internship provides the means for the student to perform, under supervision, all of the expected activities of a regularly employed counselor. The internship is a gradual transition from the academic setting to the professional work setting. In addition to continuing to build skills, interns will become familiar with all aspects of the counselor’s world of work. Participation in individual supervision with a supervising counselor should allow interns to become aware of their strengths and their challenges. Although the intern is viewed essentially as a counselor in training and not as an employee of the agency or school, the intern is expected to act in a professional manner at all times.

Internship is expected to come near the end of the counselor training process. After completion of coursework and practicum requirements, the intern is ready to become involved in the wide spectrum of institutional or agency services. The minimum time requirement for internship is 600 hours, including at least 240 hours of direct client contact over two semesters.

Procedures for interns vary only to the extent that professional roles and functions vary and in relation to the long-range objectives of the intern. A basic objective for all interns is to become involved in a developmental fashion in the internship in the designated agency. Variations in procedures exist to accommodate level of training, nature of profession, and placement.

**Supervision**

Supervision is conducted by both the university supervisor and the site supervisor. The university supervisor is involved in pre-internship orientation with the intern, visits to the site for supervisory purposes, evaluative discussion with the site supervisor and intern, and facilitation of group supervision for an average of 90 minutes per week in a classroom experience. Additionally, the university supervisor provides one hour per week of individual and/or triadic supervision for practicum. The site supervisor is involved in orientating the intern to the site and its policies and procedures, providing on-site training whereby the intern is exposed to all aspects of the counselor’s world of work, providing individual, face-to-face supervision for at least one hour per week, communicating with the university supervisor, providing, along with the university supervisor, formative and summative
evaluations of the intern’s performance, and case staffing administrative supervision, or additional group supervision as needed.

**Evaluation**

Grades are assigned by your practicum or internship university supervisor with input from your site supervisor. Evaluation forms are to be completed by your supervisors at mid-semester and again at the end of the term. Practicum and internship are evaluated at the satisfactory or unsatisfactory level.

**Clinical Training Phases**

The Field Experience portion of the program (Practicum and Internship) consists of three phases, (1) orientation, (2) observation, and (3) participation. Students are expected to participate fully in each phase.

1. **Orientation** includes activities, such as:
   a. Tour of the agency’s physical facilities
   b. Agencies functions and services
   c. Agency routines and office regulation
   d. Staff
   e. Clients
   f. Agency manuals

2. **Observation**: To understand the actual functioning of an agency, and a position, it is appropriate to provide a period of observation prior to the assignment of cases.
   a. Interviewing
   b. Procedures involved in diagnostic assessment
   c. Case or team meetings (staffing’s)
   d. Staff meetings
   e. Medical and psychological consultation
   f. Case recording and report writing
   g. Counselor rounds
   h. Job placement and follow-up services
   i. Agency programs and/or treatment services

3. **Participation**: Students should be encouraged to engage in as many activities as individual readiness and time will allow. It is crucial that the student has the opportunity to develop all of the competencies and achieve the learning goals established for practicum and internship.
   a. With clients: intake and screening interviews, vocational evaluation, compilation of information regarding clients, personal adjustment and vocational counseling, planning, restoration, and training, job development and placement, follow-up for training and/or placement
   b. With facilitating personnel and agencies: Individual consultation with other professional personnel (inside and outside the agency), such as social work,
medical, psychological, occupational, and physical therapy, vocational evaluations, employers, employment service, and other community resource personnel.

c. Criteria for case selection: The majority of cases should be representative of those served by the agency.

There should be a clear-cut function for the rehabilitation counselor.

There should not be too many reality limitations (client transportation problems, limited time available for appointments, client reluctance to keep appointments, etc.)

Optimally, there will be a balance of new and old cases, which would give the student an experience with various stages of rehabilitation.

There should be some prospect of change or movement giving the student an experience of success.

The nature of the case problems should be such as to allow the student and client to work through to problem solution and plan of action without undue pressure or need for precipitate actions.

Increasingly complex cases should be assigned as a student gains self-confidence and skill.

Cases selected should have potential usefulness in the instruction of students by the agency supervisor and should be a challenge to the professional development of the student.

d. Cases of increasing complexity should be assigned, including a variety of situations requiring multiple services and agencies. Students should have the opportunity to test their impressions and to develop awareness of their own use of the counseling relationship from intake to final contact with the client.

**General Fieldwork Expectations**

In addition to the above, the following general experiences are required components of the field experience. Each student should:

1. Become familiar with administrative and organizational policies.

2. Read agency forms, reference materials, technical materials, and other related resources.
3. Identify and describe differences in services offered by allied health fields to generate understanding and cooperation between professions.

4. Identify health professional resources, which can be responsive to specific functional questions

5. Identify community resources available to rehabilitation counselors

6. Identify appropriate community resources needed by clients in making vocational, social, and personal decisions.

7. Assist clients in making appropriate vocational choices

8. Identify and examine training and career programs available to clients

9. Identify critical issues or points in the counseling process when medical, psychological or other consultation is indicated

10. Read and translate medical and psychological reports into vocational and functional abilities.

11. Know how to assess residual and transferable vocational skills

12. Assist clients in understanding, interpreting, and following through on medical, psychological, and other consultation results, advocating the highest treatment.

13. Identify and work with clients’ families and other significant social networks to assist clients


15. Identify types of interventions, which are most likely to reduce physical, emotional, or intellectual barriers to effective functioning in training, work, home, and family life.

16. Use knowledge of labor market processes and direct employer contacts, to assist clients in the tasks of locating, obtaining, and progressing in employment.

17. Orient clients to the world of work and assist them in developing job-seeking skills.

18. Identify, describe, and make available, when necessary, alternative work situations

19. Enlighten clients to situations in their life roles involving prevention of illness, accidents, and environmental hazards
20. Prepare case reports and write case notes on clients.

**Professional Issues**

**Informed Consent**

Before initiation of a counseling relationship, you must inform your client of any limitations to confidentiality, you must inform your client of your counselor-in-training status, and you must inform your client of any site-specific information required by your placement. You must secure the client’s formal written permission to make audio or video recordings of counseling sessions which include that client. Examples of consent forms are included in the appendix to this manual.

**Emergency Procedures**

In order to perform effectively as a counselor, you must be aware of emergency procedures for a wide range of unusual things that can happen during counseling sessions or at any time during your field placement experience (i.e. high risk and suicidal client, fire, client meltdown, tornado, etc.). Ask your site supervisor about the emergency procedures under which your site operates, and be sure you know how to contact your supervisor in the case of an emergency.

**Ethical Guidelines**

When you enter into a counseling relationship, you are entering into an agreement with your client to keep his or her welfare uppermost in your mind during your time together. You are agreeing to provide the treatment most appropriate to address the client’s concern, to treat the client with respect, to refer when appropriate, and not to exceed your competence level. Practicum and internship students should be familiar with the CRC Code of Professional Ethics.

The Commission on Rehabilitation Counselor Certification (CRCC) has adopted a Code of Professional Ethics that covers its Certified Rehabilitation Counselors (CRCs). The standards of this mandatory code are intended to assure the community that the rehabilitation counseling profession accepts its responsibility to provide caring service to individuals with disabilities. All CRCs are bound to act in accordance with the Code that can be found at [http://www.crccertification.com/filebin/pdf/CRCCodeOfEthics.pdf](http://www.crccertification.com/filebin/pdf/CRCCodeOfEthics.pdf).

As a practicum student or intern, you are allowed to see clients only under supervision. You are not available to clients after hours or off-site. You should not give your personal telephone number or other personal information to
clients which might tempt them or enable them to contact you off-site or after hours. Do not call clients from your home (many clients have Caller ID systems that allow them to determine the telephone number of an incoming call). Your site will almost certainly have an emergency number to give clients in case they ask for it or if you should determine that an emergency number is necessary.

Professional Liability Insurance

Professional liability insurance is required and must be obtained prior to seeing any clients; hours cannot begin to be accrued until liability insurance is secured, a copy of which must be provided to the class section faculty member electronically, one week before the semester begins.

The ACA offers student members the opportunity to purchase professional liability insurance at competitive rates. Access to insurance coverage is also available through membership in the National Rehabilitation Association, AMHCA, ASCA, or IAMFC as well as through a number of independent providers.

Practicum and Internship experiences and evaluation of student performances will be conducted according to the requirements of the current Mercer University Practicum and Internship Field Placement Manual.

Periodic reviews of programs and policies will be conducted by the faculty of the Clinical Rehabilitation Counseling Program.

All practicum and internship students are covered by liability insurance furnished by the following source:

Risk Management
Core Administrative Services
(478)741-3521
(478)750-1705 (fax)

Credentials

Upon successful completion of the courses noted on your planned program of study, you will have completed the academic requirements for several professional counseling credentials. For further information you may contact the following individual credentialing agencies:

Certification

Commission on Rehabilitation Counselor Certification (CRCC)
1699 E. Woodfield Road, Suite 300
Schaumburg, IL 60173
Phone: 847-944-1325
Fax: 847-944-1346
Email: info@crccertification.com

National Board for Certified Counselors (NBCC)
Terrace Way, Suite D
Greensboro, NC 27403-3660
Telephone (336) 547-0607
Website http://www.nbcc.org

Licensure

Licensed Professional Counselors Association of Georgia, Inc. (LPCA-GA)
250 E Ponce de Leon Avenue, STE 427
Decatur, GA 30030
404-370-0200
Fax line, 404-370-0006
Email: LPCA@mindspring.com
Penfield College Application for Practicum (RHAB 609)

This form should be submitted according to the following application deadlines:

<table>
<thead>
<tr>
<th>Registration for RHAB 609</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>April 1</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>November 1</td>
</tr>
</tbody>
</table>

**Please Note:** The application dates for RHAB 609 are not negotiable. It is your responsibility to complete the practicum application form prior to the deadlines above.

Proof of liability insurance must be obtained prior to seeing any clients and a copy of the insurance presented to the section faculty member the first night of class.

For which term do you plan to enroll in RHAB 609 Practicum? (Check the appropriate block):

- □ Fall
- □ Spring

What is your program track? (Check the appropriate block)
- □ Clinical Rehabilitation Counseling

Name________________________________________Phone:____________________________

Cell phone:____________________________Fax:______________________________

MUID Number:____________________________Email:____________________________

Local Mailing Address:_____________________________________________________

**MERCER EMAIL ADDRESS:**______________________________________________
**Application for Practicum (RHAB 609) continued:**

Check the courses you have completed or will have completed by the time practicum begins, and indicate when the course was or will be completed:

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester taken or planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHAB 601 Introduction to Clinical Rehabilitation Counseling*</td>
<td></td>
</tr>
<tr>
<td>COUN 605 Group Techniques and Procedures*</td>
<td></td>
</tr>
<tr>
<td>COUN 606 Counseling Skills and Techniques I*</td>
<td></td>
</tr>
<tr>
<td>COUN 612 Counseling Theory*</td>
<td></td>
</tr>
<tr>
<td>COUN 625 Case Management*</td>
<td></td>
</tr>
<tr>
<td>RHAB 612 Medical Aspects of Disability*</td>
<td></td>
</tr>
<tr>
<td>COUN 618 Ethics and Professional Issues*</td>
<td></td>
</tr>
</tbody>
</table>

*Must be taken before entering RHAB 609.*

List a minimum of three sites you will contact for an interview. Before contacting these sites, you must obtain approval from the Clinical Coordinator.

1. _______________________________________________________
2. _______________________________________________________
3. _______________________________________________________
Penfield College Application for Internship (RHAB 610)

Instructions: Complete this form in its entirety and submit it to the Clinical Coordinator in counseling office. The application deadline for students planning to take internship in the fall or summer semester is the preceding April 1. The application deadline for students planning to take internship in the spring semester is the preceding November 1.

Proof of liability insurance must be obtained prior to seeing any clients and a copy of the insurance presented to the section faculty member the first night of class.

Which internship are you applying for? (Check the appropriate block):

☐ RHAB 610 – I  ☐ RHAB 610 – II

For which term to do you plan to enroll in RHAB 610 Internship (check the appropriate block):

☐ Fall  ☐ Spring  ☐ Summer

________________________________________  __________________________________

Name:  Phone:___________________________

Cell phone:____________________________  Fax:

MUID Number:_____________  MERCER Email: __________________________

Date of Completion of RHAB 609 ________________________________

List a minimum of three sites you will contact for an interview. Before contacting these sites, you must obtain approval from the Clinical Coordinator

1. _____________________________________________

2. _____________________________________________

3. _____________________________________________
Memorandum of Agreement by and between the Graduate Program in Clinical Rehabilitation Counseling, Penfield College at Mercer University, hereinafter referred to as the “Program” and _________________________, hereinafter referred to as the “Site,” for a period of ___________________________, beginning ___________________, and ending _______________________________.

The Site and the Program agree as follows:

A. Responsibilities of the Site: (Site representative must initial next to each responsibility)

1. The site will orient the practicum student or intern to its rules and regulations;
2. The site will share in the responsibility for training the practicum student or intern by providing appropriate client contact as well as appropriate instruction and supervision by qualified personnel;
3. Consider practicum students and interns as learners and not require of them services beyond the scope of the practicum/internship requirements;
4. There must be a master’s level supervisor at the site who will commit to one hour per week of supervision with the Intern.
5. The site supervisor agrees to review training materials provided by Mercer University and to correspond with the University supervisor on a biweekly basis.
6. The site commits to providing clients for the Intern to counsel. Interns must not be responsible for procuring their own clients.
7. The site agrees to providing opportunities for individual (and group if available) counseling for the practicum student or intern.
8. The site understands that practicum students or interns must have documentation of 40 hours of direct contact with clients during the Practicum semester and 140 hours of direct contact with clients during each of two Internship semesters. Total number of hours is 100 for Practicum and 300 per semester for Internship.
9. The site supervisor must either be on site when the Intern is seeing clients or available by telephone in an emergency.
10. Direct and Indirect hours are defined as outlined in Attachment I.
11. Interns should not be expected to act as filing clerks, receptionists, marketing people, or to take on non-counseling related roles at the site.
Memorandum of Agreement continued:

12. The site will provide formative and summative evaluative information to the practicum student or intern and to the Program;

13. The site will allow the practicum student or intern to record work samples for the purpose of receiving evaluative feedback;

14. The site will maintain its accreditation status;

15. The site will notify the Program of any problems regarding the student and his or her responsibilities, and to request withdrawal of any student whose conduct or performance does not meet the standards of the Site; and

16. The site will maintain professional and general liability insurance coverage in the amount agreeable to both parties, and further to cooperate with the Program in the event of an occurrence that gives rise to a claim. The site shall maintain the right to self-insure against any and all risk for which the Site is herein required to procure insurance coverage.

Responsibilities of the Program:

1. Send to the Site only those students who have been screened and have met all prerequisites for the practicum/internship;

2. Send to the Site only those students who are covered by liability insurance;

3. Provide faculty assistance for supervising and instructing practicum/internship students and to provide by name a faculty representative authorized to act for the Program in the event that a problem arises;

4. Help assure that all practicum students and interns placed at the Site conform to the rules and regulations of the Site, and that at the request of the Site, the Program will remove any student whose conduct or performance is regarded by the Site as inappropriate;

5. Cooperate with the Site in the event that there has been an occurrence involving a practicum student or intern that gives rise to a liability claim; and

6. Provide an average of 90 minutes of group supervision per week during the time in which the student is enrolled in practicum or internship;

7. Assure that all students, university supervisors and faculty members will procure and maintain throughout the Program, Professional Liability Insurance with policy limits of not less than $1,000,000 per occurrence and $3,000,000 aggregate. Mercer University will provide the Site with evidence of such insurance coverage prior to commencing any student or faculty member activities under the Program.

8. Acknowledges and agrees that students will participate in the Program at their own risk, and that the Site shall not be responsible for any accident, liability, claim, demand, cost, injury or other damage to any participant or faculty members person or property arising from activities in the Program or arising from acts of passive or active negligence on the part of the Site or its officers, employees or agents. Mercer University and the Site acknowledge and agree that no participants in the Program shall be permitted to engage in any aspect of clinical patient care for which he or she are not trained and confirmed by Mercer University.

C. Responsibilities of the Practicum Student or Intern: (Student to initial next to each responsibility)

1. Practicum students and interns must conduct themselves in a professional manner according to the rules and regulations of the Site. This includes, but is not limited to professional dress and appearance, arriving and leaving at the agreed upon time, working the schedule agreed upon, and interactions with staff, peers, and clients.

   2. Practicum students and interns will abide by all rules and regulations of the site as required in the Internship Agreement.

   3. If a practicum student or intern chooses to leave a particular site before completing the terms of the contract, the Intern must discuss the matter with the Clinical Coordinator.
Memorandum of Agreement continued:

at Mercer. If the Clinical Coordinator gives permission to leave the site after consultation with the site supervisor, the Intern must give a minimum of two weeks’ notice in writing to the site.

4. Practicum students and interns must not agree to counsel clients, groups, or families who have issues that are beyond the Intern’s scope of practice and training. An Intern should refer these clients whose issues are beyond the Intern’s training to a more experienced clinician.

5. Practicum students and interns agree to abide by the CRCC Professional Code of Ethics. They may not refer or refuse to counsel a client based solely on the client’s race, ethnicity, religion, sexual orientation, gender, age, or disability.

6. Practicum students and interns will offer proof of liability insurance coverage that is outside of the coverage provided by the Site or by Mercer University.

7. Practicum students and interns acknowledge intent to comply with all applicable conditions of the agreement.

D. It is mutually agreed that:

1. There will be no discrimination against any student because of gender, sexual orientation, age, marital status, race, color, creed, national origin, or disability;

2. The clinical experience assignments for practicum students and interns will be selected, planned, and made by the Site and will correspond to practicum/internship requirements outlined by the Program;

3. Students will behave professionally and will report promptly at the time and place designated by the Site;

4. Responsibility for patient/client care and related duties is retained by the Site and will take precedence over student clinical experience;

5. All electronic and redacted information used for supervision off-site will be transported and destroyed as needed to protect client privacy; and

6. This agreement is considered in effect for the period designated and may be reviewed at any time, for any reason, and may be terminated by either the Site or the Program.

For the Site:  

Signature of Site Supervisor

Title: ______________________________

Date ______________________________

For Mercer University:

Signature of University Supervisor or Clinical Coordinator

Title: ______________________________

Date ______________________________

For the Student:

Signature

Date

Printed Name

______________________________
Penfield College Practicum/Internship Prospectus

Practicum/Internship Site

Name_____________________________ Supervisor:______________________________

__________________________________ __________________________________________

Address

City, State, Zip

Phone:__________________ Supervisor’s Email: ________________________________

Job Description: A paragraph or bulleted description will be prepared with the site supervisor; it will be specific to the placement site.

Duties and Responsibilities:

Counseling:

1. 
2. 
3. 

Professional Development:

1. 
2. 
3. 

Professional Responsibilities:

1. 
2. 
3. 

Clinical Training Competencies: Indicate percentage of time estimated for these tasks:

1. Interpretation of Medical, Educational, Social and Vocational Evaluations _____
2. Rehabilitation Planning and Case Management ______
3. Career and Vocational Counseling ______
4. Personal and Social Counseling ______
5. Job Development and Placement ______
6. Community Resources Utilization ______
7. Recording and Reporting ______

8. Professional Participation and Development ______

9. Ethics ______

A practicum or internship student whose performance does not conform to the policies and standards that apply to all employees is subject to discipline, and his or her services may be terminated.

_________________________________  __________
Site Supervisor                 Date

_________________________________  __________
Practicum/Internship Student    Date

_________________________________  __________
University Supervisor          Date
Penfield College Practicum/Internship Statement of Confidentiality
Acknowledgement

I ________________________________ agree as follows:

1. Not to divulge any information regarding material, cases, names, concerns, etc. to any party outside of supervision (university/site) and class meetings. Failure to abide by this agreement will constitute violation of confidentiality and be representative of unprofessional conduct.

2. I have read and understand the terms and provisions of the practicum/internship agreement between Mercer University and the practicum/internship agency.

3. To abide by the policies, standards, and procedures of the Agency and the procedures required for the practicum/internship.

4. To comply with all applicable federal, state, and local statutes and regulations in connection with program activities.

5. To observe the highest standards of professional and ethical conduct, and to strictly maintain the Confidentiality of all patient/client information obtained through the privilege of participating in Agency program activities.

6. To obtain written approval from Agency, Department, and patient/client before making public or publishing any information or materials relating to practicum/internship activities.

7. I have printed a copy of the Practicum and Internship Field Placement Manual.

______________________________  ________________
Practicum/Internship Student Signature  Date
WHAT DO I DO FIRST?

1. Download and print a copy of the Clinical Rehabilitation Counseling Manual found at:

   Download and print a copy of the site database found on the same web page.

2. Turn in the application to Dr. Henderson fully completed. (Pages 14 or 15 etc. as applicable).

3. Complete the STATEMENT OF CONFIDENTIALITY (p. 21) and return immediately to Dr. Henderson.

4. Provide evidence of your own personal liability (malpractice) policy to Dr. Henderson immediately.


   Click "Order Now," and then "Purchase Now" (This is a Free training) Complete information and complete training

6. Begin your interview process.

7. After you have received an offer, get the PRACTICUM/INTERNSHIP AGREEMENT signed and return this document to Dr. Henderson as soon as possible and before the deadline. Print another copy of the Practicum and Internship Field Placement Manual and give it to your site supervisor.

8. Meet with your new site supervisor and complete the Practicum/Internship Prospectus (p. 20).

9. Return the signed PRACTICUM/INTERNSHIP AGREEMENT and Prospectus form to Dr. Henderson by the deadline date.
PRACTICUM AND INTERNSHIP FORMS
CASE CONCEPTUALIZATION OUTLINE

Background information Include:
• Demographic information, such as age, grade in school, employment, family unit, and history that seems relevant to the presenting problem.
• Presenting problem: Why did the client approach you, from the client's perspective? Or why did you approach the client?
• Was there a precipitating set of circumstances? How long has the problem(s) persisted (history of the problem)?
• If third parties are involved, what were their observations and concerns?
• Past counseling history

Overview of the session
Including the following:
• What did you talk about?
• What were the dominant issues and themes for this session?
• If this was a session beyond the initial meeting, what were your process and outcome goals going into the session?

Observations and assessment: Conceptualization of Problem Including the following:
• Describe your observations and impressions of the client?
• What is your view of the problem? What are the common themes?
• What are the client's barriers to growth and coping skills?
• What is the etiology of the client's present psychological capacity or incapacity?
• What is she/he trying to accomplish by various behaviors?
• What are your counseling goals?

Observations about self
• Describe significant themes and patterns you observed in your own behavior, noting what you did that you considered especially effective and areas that were troublesome for you.
• Describe your own internal experiencing during the session, with special focus on times or places where you felt confused, tense, angry, or at a loss.

Plans for the next session
• How do you hope to follow up in subsequent sessions?
• What issues and concerns do you think worthwhile to explore?
• What process goals will you try to accomplish?

Help
Specifically what kind of help you would like, either from your practicum/internship supervisor or from fellow students, about this client, this session, and your helping efforts?
Penfield College Department of Counseling and Human Sciences Graduate
Clinical Rehabilitation Counseling Program Client Release Form

I ______________________________________ agree to be counseled by a Practicum
or Internship student in the Master’s Clinical Rehabilitation Counseling Program at Mercer
University. I understand that my identity will remain anonymous and all information will be kept
in strictest confidence. I also understand the limitations of confidentiality.

I realize that the counselor is a graduate student being trained in counseling skills and
that he/she is receiving supervision from a faculty member in the Clinical Rehabilitation
Counseling Program at Mercer University.

I understand that my counselor will be recording our sessions for his/her educational purposes
only. I give permission for interviews to be recorded and for other counselors-in-training to listen
to and/or watch those counseling sessions only when used as a part of their counselor training
program.

____________________________________________________________________________
Client’s signature                                   Date

____________________________________________________________________________
Parent or Guardian's signature                      Date
(if client is under 18 years of age)

____________________________________________________________________________
Student Counselor's signature                      Date
Penfield College Clinical Rehabilitation Counseling Program
Weekly Time Log

Student________________________ Faculty Supervisor ____________________________

Site__________________________ Site Supervisor ____________________________

Phone __________________________

Check One:       Practicum _           Internship I _   Internship II _
Semester_______________ Year ___________

<table>
<thead>
<tr>
<th>Date</th>
<th>Direct Hours</th>
<th>Indirect Hours</th>
<th>Total</th>
<th>Running Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Supervision</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTALS

Student's Signature _______________________________ Date __________________

Site Supervisor’s Signature _______________________________ Date __________________
Penfield College
Field Experience On-Site Supervisor Information Sheet

Student Name: ___________________________________
Name of Site: __________________________________ Phone #: ______________
Supervisor’s Email: ____________________________
Full Address of Site: _____________________________________________
Site Supervisor Name: _______________________ Title: _______________________
Site Supervisor Highest Degree Earned: _________
License/Certification Type & #: ______ Exp. Date: _______ Yrs. of Experience: ______
(Site Supervisors are required to have at least three years of professional counseling experience.)
Please note any training you have had in counseling supervision (i.e., workshops, courses, etc.):
____________________________________________________________________
____________________________________________________________________

Please review and initial below to the conditions stated below:

<table>
<thead>
<tr>
<th>Initials</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I affirm that an employee of the site who holds at least a master’s degree in counseling or a related field and has at least 3 years of counseling experience.</td>
</tr>
<tr>
<td></td>
<td>I affirm that I have reviewed the Mercer University field experience orientation presentation and am aware of the program’s expectations, requirements, and evaluation procedures for students.</td>
</tr>
<tr>
<td></td>
<td>I affirm that I have relevant training in counseling supervision.</td>
</tr>
<tr>
<td></td>
<td>I agree to provide weekly supervision of the student's work and performance feedback.</td>
</tr>
<tr>
<td></td>
<td>I agree to consult with the Mercer University faculty concerning the student counselor’s performance on a bi-weekly basis.</td>
</tr>
</tbody>
</table>

Site Supervisor Signature: ________________________ Date: __________________
Penfield College Session Summary RHAB 609 Practicum/RHAB 610 Internship

To be completed and turned in with tapes submitted in Dropbox. Submit the summary in Dropbox as well.

Student Name: ____________________________________________________________

Tape # ________________________________________________

1. What was the major theme of this session? What was the important content related to the theme?
2. Describe the interpersonal dynamics between you and the client.
3. What did you learn about the client in this session?
4. What did you learn about yourself as a counselor? What specific strengths did you display? What specific weaknesses do you wish to improve? What were specific challenges with this client?
5. Goals: What specifically did you and the client accomplish or agree to accomplish in this session?
6. What progress was made toward the goal(s)?
7. Did anything happen during the session that led to a reconsideration of goals? How did you resolve this?
8. Based on what happened in this session and the overall goal(s) for treatment, what do you wish to accomplish next session?
9. What information, resource, or practice do you need to accomplish what you described in number 8?
10. What questions do you have or what feedback do you wish to receive from your instructor/graduate assistant about the taped session you have submitted?
# On-Site Supervisor’s Evaluation of the Student

**Name of Supervisor:**  
__________________________________________________

**Name of Student:**  
__________________________________________________

**Name of School/Agency:**  
__________________________________________________

---

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prompt</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>2. Dependable</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>3. Responsible</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>4. Shows initiative</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>5. Cooperative</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>6. Appropriate appearance</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>7. Rapport with staff members</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>8. Rapport with clients</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>9. Actively seeks new learning experiences</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>10. Composure under difficult circumstances</td>
<td>0 1 2 3</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accepts constructive criticism and recommendations</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>2. Open and honest in supervisory sessions</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>3. Seeks help and direction</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>4. Prepared</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>5. Is specific in dealing with problem areas</td>
<td>0 1 2 3</td>
</tr>
</tbody>
</table>
In this space, please provide any general comments regarding your above ratings and suggestions of areas of improvement.

Individual Counseling

1. Applies theoretical concepts to counseling situations

   (In this space, please comment on your own observations of trainee’s counseling ability and use of theory and techniques in counseling situations.)

2. Please comment on your observations of the trainee’s ability to establish and maintain the counseling relationship

3. Please comment on your observations of the trainee’s ability to bring about change in clients

4. Please comment on your observations of the trainee’s awareness of and sensitivity to multicultural issues.

5. Please comment on your observation of the trainee’s awareness of and sensitivity to ethical issues

Consultation
1. Indicate the trainee’s ability to act as a consultant
   0 1 2 3

2. Indicate the trainee’s ability to act as a source of referral to other persons or agencies
   0 1 2 3

3. Indicate the trainee’s ability to seek assistance through consultation with other professionals
   0 1 2 3

Overall Evaluation
   0 1 2 3

Additional Comments:

_________________________________________________________________________
On-site supervisor’s signature                        Date

_________________________________________________________________________
Student’s signature                                 Date

Date received by Mercer Faculty Supervisor (and initials)
Penfield College
Student Trainee Evaluation of On-Site Supervisor

The Practicum and Internship student at the end of the Practicum or Internship experience should complete this evaluation form. Discussion of the form with the site supervisor being evaluated is encouraged but not required.

Name of Internship Site Supervisor _________________________________________

Name of Site ___________________________________________________________

Semester/Year __________________/_________

Directions: Circle the number, which best represents how you, the Internship student, perceive the supervision received at your site.

(NO=Not Observed; then rate 1 – 5 with 1 being low and 5 meaning high)

MY SITE SUPERVISOR

1. Gives time and energy in observing and discussing cases N0 1 2 3 4 5

2. Accepts and respects me as a person N0 1 2 3 4 5

3. Recognizes and encourages further development of my strengths and weaknesses N0 1 2 3 4 5

4. gives me useful feedback when I do something well N0 1 2 3 4 5

5. Provides me the freedom to development flexible and effective counseling styles N0 1 2 3 4 5

6. encourages and listens to my ideas and suggestions for developing my counseling skills N0 1 2 3 4 5

7. Provides suggestions for developing my counseling skills N0 1 2 3 4 5

8. Helps me to understand the implications and dynamics of the counseling approaches I use N0 1 2 3 4 5

9. Encourages me to use new and different techniques when appropriate N0 1 2 3 4 5

10. is spontaneous and flexible in the supervisory sessions N0 1 2 3 4 5
11. Helps me to define and achieve specific concrete goals for myself during the Internship experience
   N0 1 2 3 4 5

12. Gives me useful feedback when I do something Inappropriate
   N0 1 2 3 4 5

13. Allows me to discuss problems I encounter in my Internship setting
   N0 1 2 3 4 5

14. Focuses on both my verbal and nonverbal behavior
   N0 1 2 3 4 5

15. Helps me define and maintain ethical behavior in counseling and case management
   N0 1 2 3 4 5

16. Encourages me to engage in professional behavior
   N0 1 2 3 4 5

17. Maintains confidentiality in material discussed in supervisory sessions
   N0 1 2 3 4 5

18. Deals with both content and process when supervising
   N0 1 2 3 4 5

19. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling supervision
   N0 1 2 3 4 5

20. Helps me organize relevant case data in planning goals and strategies for my clients
   N0 1 2 3 4 5

21. Helps me to formulate a theoretically sound rationale of human behavior
   N0 1 2 3 4 5

22. Offers resource information when I request or need it
   N0 1 2 3 4 5

23. Allows and encourages me to evaluate myself
   N0 1 2 3 4 5

24. Explains criteria for evaluation clearly
   N0 1 2 3 4 5

25. Applies criteria fairly in evaluating my performance
   N0 1 2 3 4 5

26. Encourages me to work with a diverse group of clients
   N0 1 2 3 4 5

How many tapes did your site supervisor listen to? __________

ADDITIONAL COMMENTS AND/OR SUGGESTIONS (Use back of sheet if necessary)

________________________________________________________________________
Penfield College SITE EVALUATION FORM

Directions: The student completes this form at the end of the practicum and/or internship. This should be turned in to the university supervisor or internship coordinator as indicated by the university program.

Name ___________________________ Site ___________________________
Dates of placement ________________________ Site supervisor ________________________
Faculty liaison __________________________________________________________________

Rate the following questions about your site and experiences with the following scale:

A. Very satisfactory  B. Moderately satisfactory  C. Moderately unsatisfactory  D. Very unsatisfactory

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

10. _______ Overall evaluation of the site

Comments: Include any suggestions for improvements in the experiences you have rated moderately (C) or very unsatisfactory (D).
SEMESTER SUMMARY OF CLINICAL HOURS

Student _______________________________________________________________
Semester/Year _____________________
Name of Site _______________________________________________________
Site Supervisor _______________________________________________________
Faculty Supervisor _____________________________________________________

Direct Hours: ______
Indirect Hours: ______
Total Hours: ______

Supervision Hours:

   Individual supervision at your site: ______
   Individual supervision at Mercer: ______
   Group supervision at your site: ______
   Group supervision at Mercer: ______
   Total hours of supervision: ______

________________________________________________________________
Student’s Signature  Date

________________________________________________________________
Site Supervisor’s Signature  Date

________________________________________________________________
Faculty Supervisor’s Signature  Date