Bethune Cookman University
Department of Counseling

Clinical Mental Health Counseling Program

COUNSELING INTERNSHIP
SITE SUPERVISOR
MANUAL

Revised: September 2015
Dear Prospective Supervisor:

Thank you for considering one of our counselors–in training for an internship in your professional setting. Your willingness to work with this candidate speaks to your interest in supporting the growth and development of a new professional.

The purpose of this manual is to familiarize you with the essential elements of an internship in counseling though Bethune Cookman University. This manual provides information regarding the standards for an internship experience for our students as required by our national accrediting organization, the Council for Accreditation of Counseling and Related Educational Programs (CACREP). This manual also identifies the qualifications required of all site supervisors. Lastly, this document will provide information regarding logistical, matter such as assessment of the intern, and the internship experience, liability insurance requirements, and the affiliation agreement used by Bethune Cookman University.

Should you agree to supervise this counselor-in training, he/she will contact you in the near future to discuss the University affiliation agreement and other details regarding the internship.

If you have any questions or require additional information please feel free to contact any member of the counseling faculty. The faculty contact information is included on page 3 of this manual.

Sincerely,

Jeffery Haynes, Ph.D., MSM, LMHC
Department Chair, Graduate Counseling Program
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The purpose of this manual is to provide guidelines for the counseling professional within the B.C.U. service area that have agreed to provide on-site supervision for students in the Clinical Mental Health Counseling program at Bethune Cookman University.

This manual includes the program's expectations for the students. Also included are the necessary forms that your Clinical Mental Health Counseling intern will ask you to sign and/or complete. It is understood that internship requirements will not always be met the same way at every agency or site; however, we will appreciate your support in helping the student fulfill the requirements needed for their internship.

Please do not hesitate to call Dr. Jeffery Haynes, Counseling Department Chair and Clinical Mental Health Counseling program supervisor (386-481-2496), if you have any questions or suggestions.

Thank you for offering to supervise a Clinical Mental Health Counselor intern. We very much appreciate your willingness to offer such an important service to our students, and hope the experience is also a productive one for you. If there is anything the Counseling program can do to assist you or to answer your questions, please do not hesitate to call us.
The Counseling Faculty

The counseling program faculty at Bethune Cookman University includes 3 full time faculty, and 3 adjunct faculty, who have continuing commitment to their students, the program, their profession, and their own professional development. Faculty members are involved in professional activities at the state and national levels, including research and publication, conference presentation and holding offices in professional organizations. Faculty offices are located in the L. Gale Lemerand, Nursing Building. The telephone number for the counseling department secretary is (386) 481-2831. Each faculty member can also be reached directly.

**Full-Time Faculty**

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M.A. Alabama A&M
Ed.D. Argosy University

Education
B.A. Minnesota State University
M.A. Minnesota State University
Ed.D. University of Massachusetts

Education
B.A. University of Florida
M.A. University of Miami
Ph.D. University of Miami
Purpose

The internship is the culmination of the academic preparation to become a professional counselor. It provides students with an opportunity to demonstrate and improve knowledge and skills learned in during the completion of their program’s coursework. Unlike the practicum, where the essential goal is to prepare students for internship by promoting the development and mastering of psychotherapeutic skills and the implementation of new methods while assuming responsibility for the well being of clients, the counseling internship provides a full-time professional experience over two semester. The experience includes counseling and related employment activities of a professional counselor. The internship ideally provides a supervised learning experience to meet the needs and goals of the student while providing a service to the mental health agency.

**INTERNSHIP** — a distinctly defined, post-practicum, supervised “capstone” clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills appropriate to his or her program and initial postgraduate professional placement (CACREP, 2009, p. 61).

Objectives

The primary objective of the internship is for students to acquire competence in the skills required by the work role of the professional Clinical Mental Health Counselor in a community mental health agency or behavioral healthcare organization setting. The internship requires that students demonstrate effective skills in:

1. Verbal communications that are clear and concise in daily interactions with coworkers and other professionals;
2. Effective consultation with professionals and during interdisciplinary team meetings;
3. Educating clients on such issues as parenting, education and other support services;
4. Effective referral skills;
5. Writing reports required by the site supervisor including progress notes and written client records;
6. Demonstrating computer skills for word processing, software application and the search of data bases;
7. Communicating with other professionals using appropriate terminology pertaining to counseling, psychopathology, special services and psychotropic medication;
8. Demonstrating skills in developing a counseling relationship;
9. Articulating a counseling approach that is consistent with personal values and theoretical beliefs;
10. Accurately identifying client concerns and issues;
11. Assessing clients from a multicultural perspective to understand their worldview, values, family structure and behavioral norms;
12. Demonstrating the appropriate use of assessment instruments based on a familiarity with validity and reliability of these instruments;
13. Interpreting data about clients in relation to diagnosis and treatment;
14. Demonstrating and understanding the DSM-5 and the ICD classification of disorders and the various diagnostic categories;
15. Making recommendations for clients based on available data and recognized best practices and consensus guidelines;
16. Providing individual and group counseling services from the beginning of the counseling relationship to termination;
17. Demonstrating an ability to provide information to a group through a presentation or workshop;
18. Presenting appropriate case conceptualizations and corresponding treatment plan.
19. Demonstrating an understanding of how to evaluate professional effectiveness.

**Internship Requirements**

The primary purpose of the internship is to become familiar with the work role of the counselor in specific settings. Students are required to be at the internship site every week day during regular hours of operation (approximately 40 hours per week for full time students or 20 hours per week for part time students) for a total of 900 hours. To achieve the required number of hours, full time students need to complete the internship over two (2) semesters. Full time students can complete 600 hours in the fall or spring semesters and 300 hours in the summer semester. Part time students need to complete the internship over three (3) semesters or more.

**Licensure Requirements**, as stated in the Florida Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling’s web page (2009) ([http://www.doh.state.fl.us/mbic/491/soc_lic_req.html#Mental%20Health%20Counseling](http://www.doh.state.fl.us/mbic/491/soc_lic_req.html#Mental%20Health%20Counseling)), include the following:

“The equivalent of at least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the standards for CACREP accredited mental health counseling programs. This experience may not be used to satisfy the post-master’s clinical experience requirement.” (Attachment 5).

“III. UNIVERSITY SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE.
You’ll be required to complete at least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Education Programs (CACREP) for mental health counseling programs. The accrediting standards of CACREP for these hours are:
• For every 100 clock hours, at least 40 of these hours in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups
• An average of one hour per week of individual and/or triadic supervision
• An average of 1 1/2 hours per week of group supervision
• The opportunity for the applicant to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings)
• The opportunity for the applicant to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant’s interactions with clients
• Evaluation of the applicant’s counseling performance throughout the practicum/internship, including a formal evaluation after the completion of the practicum/internship hours” (Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling’s Intern Registration Application and Instructions, 2009).

**DIRECT SERVICE:** Interaction with clients that includes the application of counseling, consultation, or human development skills. In general, the term is used in these standards to refer to time spent by practicum or internship students working directly with clients (CACREP, 2009, p. 60).

At the beginning of the term, **the internship site supervisor is expected to assist the student in completing the "Internship Experience Contract (Attachment 3):"** which will specify the interns’ assignments and experiences. These experiences must include:

• A minimum of 240 (fall or spring semester) or 120 hours (summer semester) of direct service with clients, i.e., individual counseling, group counseling, client evaluation or consultation. These are the actual hours spent counseling with a client, couple, family or group. They do not include supervision, write-ups, record keeping, clinical staff meetings, case conferences, consultation with other professionals, psychoeducational presentations, etc.
• The opportunity for a variety of professional activities other than direct service. Time spent in these activities, as well as time spent researching information to help you with your specific clients may be counted toward the internship hours. Time spent teaching classes or taking classes cannot be counted;
• The opportunity to be audio or video-taped with clients for supervision;
• The opportunity to be exposed to professional literature, research, assessment instruments, computers, print and nonprint media.

On site experiences should include but are not limited to:
• **orientation to the agency** including administration and programs;
• **individual and group counseling**;
• consultation with other professionals;
• intake and/or assessment procedures;
• other activities specific to the setting.

Student interns must also:

• arrange to visit at least three (3) other agencies providing related services or referral sources;
• attend and be prepared for individual supervision sessions;
• evaluate their counseling skills;
• attend on-campus intern meetings as scheduled;
• keep a daily log of intern activities;
• attend in-service training sessions, if available;
• evaluate their internship site supervisor;
• evaluate their internship site;
• write a double-space typed report (4 pages) of the internship experience
• provide a description of 3 sources most helpful in their particular setting.

Internship Supervision

The internship students are to have one hour per week in supervision with the internship site supervisor, one hour every other week in supervision with the university supervisor and one and one-half hours per week in group supervision with the university supervisor.

The internship site supervisor is expected to assist the student with the "Internship Experience Contract," acquaint the student with the site and its personnel, facilitate the student's learning experiences, meet once a week with the student to discuss progress, participate in a midterm and final evaluation of the student and consult with the university supervisor about the student's progress, as needed.

The requirements for the internship site supervisor are a Licensed Mental Health Counselor, a Licensed Social Worker, or a Licensed Psychologist who works for the organization and is able to supervise the student intern’s activities at the site and provide individual supervision once per week. The student’s monthly logged hour’s form and each of the onsite supervision hours require the original signature of your internship site supervisor.

Evaluations

This course is P/F (Pass/Fail) graded. Students will be given feedback throughout the semester as to their performance. The university and the internship site supervisors will collaborate in the evaluation of the student. A Pass grade will be earned if the student:

1) Completes all experiences agreed to in the "Internship Contract,"
2) Participates in and is prepared for the supervision sessions,
3) Completes a typed, well-written final report,
4) Completes all the required forms and documents,
5) Demonstrates good interpersonal relationships with clients and co-workers,
6) Demonstrates an ability to complete the internship experiences with a minimum of close supervision,
7) Demonstrates a willingness to address personal issues or professional limitations by following the recommendations of the faculty or site supervisor,
8) Obtains a good or outstanding on the Mid-point and Final Internship Site Supervisor’s Evaluation of Intern Counselor.

Note: Any student who fails to adhere to the laws governing the counseling professional or to the ethical code of the American Counseling Association (Attachment 2) will be dismissed from the internship site and receive an failing grade for the internship experience.

SUPERVISION REQUIREMENTS (Internship Site Supervisor)

Individual Supervision: Internship site supervisors are asked to conduct one hour of individual supervision with the intern each week. The purpose of this time is for the supervisor to provide feedback to the intern regarding her or his professional development. While it may not always seem necessary, this meeting offers a specific and formal time to give feedback. Please provide directly stated and specific feedback regarding areas the intern needs to strengthen. It is imperative that the site supervisor gives feedback to the intern regarding any areas of concern.

If areas of concern continue after specific feedback is given, please contact Dr. Jeffery Haynes (386-481-2496) immediately. If you have areas of concern, it is imperative you state these in writing on the midterm evaluation. If you wait until the end of the semester to address areas of concern, it will be too late to offer the intern the opportunity to correct deficiencies.

Group Supervision: Your intern will need to leave the agency once a week for group supervision with the faculty supervisor and every other week for individual supervision with the faculty supervisor. Under ordinary circumstances, these will be the only times the B.C.U. program will require them to be absent from their internship setting.

We appreciate your cooperation in allowing them to be away for these times. We do realize that occasionally an important activity will be scheduled during the same time as supervision; in these instances, students are excused from attending Group Supervision. It is anticipated that each student will be absent no more than once from Group Supervision.

Intern Evaluation:

Please complete and sign the Evaluation of Internship Competencies form for your intern for midterm and final reports. The intern will not receive credit for the internship without your final approval. The due date for the midterm evaluation is noted on the course schedule.
Summary of Supervisor Responsibilities:

(1) Sign Internship Agreement (in this manual) and return to BCU faculty supervisor through the intern;

(2) Meet weekly with intern, providing feedback as needed;

(3) Maintain accurate weekly attendance and activity logs in cooperation with the intern;

(4) Complete midterm and final evaluations of the intern.

(5) Sign the Supervision Log and the Monthly Internship Log
ETHICAL ISSUES IN COUNSELOR SUPERVISION

Informed Consent
Supervisors have a responsibility to incorporate the principles of informed consent as these relate to their supervisees and the clients they serve.

1. Supervisors adequately discuss with supervisees expectations, roles, and rules related to the supervisory relationship.
2. Supervisees should be aware of procedures for contacting their supervisors, or an alternate supervisor, in cases of crisis situations.
3. Supervisees and supervisors should clearly review expectations of performance (e.g., what the supervisees’ work assignments/responsibilities will entail), evaluation criteria and procedures, and due process and appeal procedures of their institution.
4. Supervisors must be sure that consumers are aware that their counselors are being supervised, the parameters of that supervision, and how this influences confidentiality (e.g., that tapes will be reviewed by supervisor and a supervision group).

Confidentiality
Supervisors make every effort to safeguard confidentiality within both the therapeutic and supervisory relationships.

1. Supervisors work to ensure supervisees’ awareness of and respect for consumers’ rights to privacy and confidentiality in their working relationship and the information resulting from it (e.g., case notes, test results).
2. Supervisors help supervisees differentiate between confidentiality, privacy, and privileged communication.
3. Supervisors are responsible for protecting supervisees’ right to privacy and confidentiality. It is important for supervisors and supervisees to review the limits of confidentiality within the supervision relationship.

Internship Graduate Students
4. Supervisees need to be aware of agency policies regarding procedures for obtaining consumers’ consent for release of information.
5. Supervisees should understand when confidentiality must be breached and how this should be done.
6. Graduate students do not discuss the events or contents of the supervision sessions outside the confines of the group or individual supervision sessions. Violation of this policy is considered a breach of ethical behavior and may result in dismissal from the program.

Multiple Relationships
Despite the inherent duality in the supervisory relationship, supervisors are responsible for creating and maintaining appropriate relationship boundaries with supervisees.

Social and Sexual Relationships
1. Supervisors clearly define and maintain ethical, professional, and social relationship boundaries with their supervisees. They are aware of the differential in power that exists and the supervisee’s possible incomprehension of that power differential.
2. Supervisors should not engage in social contact or interaction that would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor’s objectivity and professional judgment should be avoided and/or supervisory relationship terminated.

3. Supervisors do not engage in sexual relationships with supervisees and do not subject them to sexual harassment.

Counseling Internship Students:
1. Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.

2. If supervisees request counseling, supervisors provide them with acceptable referrals. Supervisors do not serve as counselors for supervisees over whom they hold administrative, teaching, or evaluative roles.

3. Supervisors do not accept close relatives as supervisees.

Multiple Supervisory Roles
1. Supervisors who have multiple roles with supervisees should minimize potential conflicts. When supervisors function in more than one role (e.g., clinical supervisor, administrative supervisor), the roles should be divided among different supervisors when possible. When this is not possible, it is important to carefully explain to supervisees the expectations and responsibilities associated with each supervisory role. Supervisors have multiple responsibilities. They must balance their responsibility to protect consumers’ well being while simultaneously promoting supervisees’ professional development.

2. Supervisors are responsible for making every effort to monitor consumer welfare, supervisee performance (actions and inactions) and professional development, and supervisee compliance with relevant legal, ethical, and professional standards of care.

3. To assist in monitoring both consumer welfare and supervisee development, supervisors should meet regularly in face-to-face sessions with their supervisees. Actual work samples (via tape or live observation) in addition to case notes should be reviewed by supervisors as a regular part of the ongoing supervisory process.

4. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

5. Supervisors encourage and assist supervisees in defining their own theoretical orientation toward their work, in establishing supervision goals for themselves, and in learning to monitor and evaluate their own progress toward meeting these goals.

6. Supervisors should be competent to assess supervisees’ skills and restrict supervisees’ activities to those that are commensurate with their current level of skills. At the same time, supervisors must be able to appropriately challenge supervisees in developing additional skills.
Supervisors are simultaneously facilitators of their supervisees’ growth and gatekeepers for the profession. They need to give supervisees every possible opportunity to succeed in their field placements and employment, to keep them informed of their progress, and to dismiss from the site or work settings supervisees who are unable to counsel effectively. They must be fair to supervisees whose performance is inadequate and help them improve, but also act as gatekeepers to the profession.

**Evaluation**

1. Supervisors clearly state to supervisees the levels of competency expected, appraisal methods, and timing of evaluations.
2. Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance.
3. Supervisors provide students and supervisees with periodic performance appraisal and evaluation feedback.

**Remediation and Dismissal**

1. Supervisors have the responsibility of recommending to and securing remedial assistance for supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees.
2. Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued or future employment if the supervisor believes that the supervisee is not qualified for the specific tasks associated with employment or are impaired in any way that would interfere with the performance of their duties.
3. Supervisors take reasonable steps to assist students or supervisees who are not certified for endorsement to become certified.
4. Supervisors seek professional consultation and document their decision to dismiss or refer students and supervisees for assistance. Supervisors assure that supervisees have recourse to address such decisions.

**Three Supervisory Responsibilities**

The chart, in next page, shows the three areas of responsibility that counselor educators are accountable for maintaining during the students’ training. It would be helpful if site supervisors were familiar with these areas and discussed them with students during the weekly hour of supervision.
Three Supervisory Responsibilities

**Professional & Skill Development of Internship Supervisee**
- Attending
- Appropriate Questions
- Encouraging
- Paraphrasing
- Summarizing
- Active Listening
- Positive Asset Search
- Reflecting Feelings
- Empathy
- Appropriate Self Disclosure

**Welfare of Clients/students**
- Ethical oversight
- Informed consent
- Appropriate use of techniques
- Maintenance of confidentiality
- Explanation of limits of confidentiality
- Sensitivity to diversity
- Ability to identify ethical concerns

**Evaluation**
- Appropriate use of consultation
- Self-awareness
- Awareness of client’s issues
- Cooperation with supervision
- Professional growth & development of supervisee

FINAL COMMENT: HINTS FOR SUCCESS

Each site placement is idiosyncratic so perhaps not all of the ideas and information that follow will apply to each field experience. The rule of thumb for the reader is common sense. Although these suggestions may appear to be obvious, historically, these are the areas where candidates have experienced problems.

1. Because you are entering the professional world you must dress appropriately and in accordance with existing dress codes within the site setting. Also, have the courtesy to call the site if you will be delayed or absent. Be on time for meetings with clients, staff, and the site in general. If you wish to be treated as a professional you need to act accordingly. Consider that dress and behavior reflect not only on the candidate counselor but also upon the university and future candidates.

2. Select a site that closely resembles the setting that you envision you would wish to work. The advantages are twofold: you will discover if you do want to work in such a setting and if so, you will make important career contacts.

3. Select a site early to avoid last minute, unsatisfactory placement. You will also reduce the risk of not meeting program approval. In addition, some sites require interviews and background checks that may take time to be completed.

4. Go to your site at least a week before the placement officially commences. You will then have the time to become acquainted with your co-workers and the institution’s procedures. You will also have an opportunity to learn your way around and to select and/or arrange office space. In essence, arriving ahead of schedule will permit you extra time to attend to many details before you actually are faced with the awesome task of counseling clients.

5. Take advantage of co-worker’s expertise; you have built-in resources and you must take the initiative in making the best use of your internship experience.

6. Become involved in a variety of on-site activities. For example you may want to run groups, organize career days, participate in staff development workshops, or training sessions. These are all unique learning opportunities. Not only do you gain valuable experience, but also you will have a chance to broaden your depth of knowledge and experience in the counseling profession.

It is recommended that a minimal number of additional courses be pursued during the final internships. Because of the time demands it is recommended that you not work outside of the field placement, or work only part time. If one must work full-time, you should be fully aware that family, friends, and hobbies will have limited room in your life. If you perceive that the field placement is a time for sacrifice and devotion, you are absolutely correct!
Clearly, the key to a successful field placement is involvement with clients, staff, supervisors and peers. You are encouraged to take calculated risks and try new behaviors. This is an opportunity for professional growth and experimentation while under intensive, and expert supervision. What you gain is directly proportional to the amount of work that you put into the internship. You will be expected to prepare case presentations regarding your clients, and to review literature pertaining to the issues that they bring to the counseling sessions. You will also be working as a professional and colleague in a work setting. It is your responsibility to fit in to that workplace and to deliver necessary counseling services. Your site and university supervisors are available for consultation outside of the regularly scheduled meetings.

THE NEXT SECTION INCLUDES RELEVANT FORMS
Student Internship Agreement
DEPARTMENT OF COUNSELING
BETHUNE-COOKMAN UNIVERSITY

Directions: Student is to complete this form in duplicate and submit a copy of this agreement to the university internship supervisor.

1. I hereby attest that I have read and understood the American Counseling Association ethical standards (Attachment 2 in this manual) and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from internship and a failing grade, and documentation of such behavior will become part of my permanent record.

2. I read and agree to adhere to CACREP 2009 Standards (Attachment 1 in this manual) and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from internship and a failing grade, and documentation of such behavior will become part of my permanent record.

3. I understand that it is my responsibility to provide the type and number of the professional license held by my on-site supervisor.

4. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.

5. I understand that my responsibilities include keeping my internship supervisor(s) informed regarding my practicum/internship experiences.

6. I understand that I will not be issued a passing grade in practicum/internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

Name _________________________________________________________________

Signature ______________________________________________________________

Date __________________________________________________________________
Internship Site Supervisor Information Form
DEPARTMENT OF COUNSELING
BETHUNE-COOKMAN UNIVERSITY

Site Information (This must be a complete mailing address that is legible, if not you will not be approved)

Name of Site: ________________________________________________________________

Address: ___________________________________________________________________

City, State, Zip: ___________________________________________________________________

Telephone Number: ___________________________________________________________________

Website: ___________________________________________________________________

Director: ___________________________________________________________________

On-Site Supervisor Information

Name of On-Site Supervisor: _______________________________________________________

Title: ___________________________________________________________________

Licensed as: ___________________________________________________________________
License No: ________________

Telephone Number: ________________ E-Mail Address: ________________

On-Site Supervisor’s Graduate Degrees(s): ___________________________________________

Number Years of Relevant Post Masters Experience: ________________________________

Note: All supervisors must submit a resume, be licensed in the State of Florida, work for the agency in which internship takes place, and have a minimum of two years post-Masters experience. By signing below, on-site supervisors certify the possession of the required credentials.

On-Site Supervisor Signature: ____________________________ Date: ________________
GOAL STATEMENTS
CLINICAL MENTAL HEALTH COUNSELING

Each student must develop goals for their own personal development for the internship Experience. These goals should be designed to move you toward your entry as a beginning professional counselor by the end of the semester. Several specific areas need to be addressed:

Knowledge Base: What specific goals do you want to set concerning a change in your personal knowledge base during the internship semester?

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Skill Sets: What counseling skills do you want to develop or further develop during the internship semester?

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**Attitudes:** What attitudinal changes do you think would be most beneficial for you to work toward during the internship semester?

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4. ..............................................................................................................................
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**Supports**

A primary support is your internship site supervisor. What specific things do you want from your site supervisor that will aid you in reaching the goals detailed above?

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4. ..............................................................................................................................
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A second support will come from the University. What specific things do you want from the University, the faculty, or the Internship Class to help you meet your goals as detailed above?

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4. ........................................................................................................................................................................
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Finally, as you consider the goals above, the support provided by the University and your site supervisor, there will be additional things that you will need to provide for yourself or seek out in other formats. What are some of the additional things that you must provide for yourself?

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## Internship Weekly Summary Sheet

**Clinical Mental Health Counseling**

Name: _______________________________________________  Month: _______________________

Date: From: _______________To: _______________

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<th>Activity/No Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>Individual counseling</td>
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<td>Intake interview</td>
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<td>Workshops/conferences</td>
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<td>Supervision-individual-BCU</td>
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<td>Supervision-Group-USF</td>
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<td>Supervision-individual-On site</td>
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<td>listening to tapes</td>
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<td>Other—Specify in Comments</td>
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</table>
INTERNSHIP SUMMARY SHEET
CLINICAL MENTAL HEALTH COUNSELING

Name: ___________________________________________ Student ID#: __________________

University Supervisor: ______________________________________________________________

Internship Site: ________________________________________________________________

Month: ___________________________ Date: From: _____________ To: ______________

Instructions: Total the number of hours for each activity listed on your monthly Internship Log. This
signed document will provide confirmation that you have completed the required number of hours to
meet internship requirements. Please keep a copy for future reference.

<table>
<thead>
<tr>
<th>Activity/Total number of hours</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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<tbody>
<tr>
<td>Individual counseling</td>
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<td>Intake interview</td>
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<td>Workshops/conferences</td>
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<td>Supervision-Group-BCU</td>
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<td>Supervision-individual-On site</td>
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<td>Case conference-On site</td>
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<td>Other—Specify in Comments</td>
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</table>

| Total hours for this month   |        |        |        |        |

Student Signature _____________________________ Date _____________

Internship Site Supervisor Signature _____________________________ Date _____________

Faculty Signature _____________________________ Date _____________
SEMESTER SUMMARY SHEET
CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP

Name: __________________________________________ Student ID#: __________________
University Supervisor: _____________________________________________________________
Internship Site: ___________________________________________________________________
Date: From: ___________ To: _____________

Instructions: Total the number of hours for each activity listed on your monthly Internship Log. This
signed document will provide confirmation that you have completed the required number of hours to
meet internship requirements. Please keep a copy for future reference.

<table>
<thead>
<tr>
<th>Internship</th>
<th>Activity</th>
<th>Total number of hours for semester</th>
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<tbody>
<tr>
<td>-- Direct Contact (“Face-to-face”) --</td>
<td>Individual counseling</td>
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<td>Intake interview</td>
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<td>Group counseling</td>
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<td>Assessment/testing</td>
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<tr>
<td>-- Other Counseling Related Activities --</td>
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<td>Psychoeducational activities</td>
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<td>Workshops/conferences</td>
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<tr>
<td>-- Supervision --</td>
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<td>Supervision-Group-BCU</td>
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<td>Supervision-individual-On site</td>
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<td>Case conference-BCU</td>
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<td>Case conference-On site</td>
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<td>-- Other --</td>
<td>phone calls/letter writing</td>
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**Total hours for internship**

Student Signature ________________________________________ Date __________________
Internship Site
Supervisor Signature ________________________________________ Date __________________
Faculty Signature ________________________________________ Date __________________
# Internship Site Supervisor Log

**Clinical Mental Health Counseling Internship**

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<th>Intern’s Signature</th>
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SITE SUPERVISOR EVALUATION
AT MID-POINT OF THE INTERN

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at mid semester.

Name of graduate student counselor ____________________________________________________

Date of evaluation __________________________________________________________________

Name of Agency ___________________________________________________________________

Address __________________________________________________________________________

Phone _____________________________________________________________

Name of Agency Supervisor ________________________________________________

Professional Title and Degree _________________________________________________________

Licensed as ____________________________________________ No. _____________

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester using the following scale:

4 = Outstanding  3 = Good  2 = Satisfactory  1 = Unsatisfactory  NA = Not applicable.

General Supervision Comments

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<tbody>
<tr>
<td>1</td>
<td>Demonstrates a personal commitment in developing professional</td>
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<tr>
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<td>competencies</td>
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<td>3</td>
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<td>1</td>
<td>NA</td>
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<tr>
<td>2</td>
<td>Invests time and energy in becoming a counselor</td>
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<td>2</td>
<td>1</td>
<td>NA</td>
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<td>3</td>
<td>Accepts and uses constructive criticism to enhance self-</td>
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<td></td>
<td>development and counseling skills</td>
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<td>3</td>
<td>2</td>
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<td>NA</td>
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<tr>
<td>4</td>
<td>Engages in open, comfortable, and clear communication with</td>
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<tr>
<td></td>
<td>peers and supervisors</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
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<tr>
<td>5</td>
<td>Recognizes own competencies and skills and shares these with</td>
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<tr>
<td></td>
<td>peers and supervisors</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>6</td>
<td>Recognizes own deficiencies and actively works to overcome</td>
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<tr>
<td></td>
<td>them with peers and supervisors</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
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<tr>
<td>7</td>
<td>Completes case reports and records punctually and conscientious</td>
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<td>NA</td>
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</table>
The Counseling Process

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<tbody>
<tr>
<td>8.</td>
<td>Researches the referral prior to the first interview</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>9.</td>
<td>Keeps appointments on time</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>10.</td>
<td>Begins the interview smoothly</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>11.</td>
<td>Explains the nature and objectives of counseling when appropriate</td>
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<td>3</td>
<td>2</td>
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<td>12.</td>
<td>Is relaxed and comfortable in the interview</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>13.</td>
<td>Communicates interest in and acceptance of the client</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>14.</td>
<td>Facilitates client expression of concerns and feelings</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>15.</td>
<td>Focuses on the content of the client’s problem</td>
<td>4</td>
<td>3</td>
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<tr>
<td>16.</td>
<td>Recognizes and resists manipulation by the client</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>17.</td>
<td>Recognizes and deals with positive affect of the client</td>
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<td>Reflection</td>
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<td>Psychosocial history</td>
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<td>Knowledge of assessment instruments</td>
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<td>Knowledge of current DSM and ICD</td>
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<td>Use of records</td>
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<td>Ability to formulate a preliminary diagnosis</td>
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<td>Ability to draw up a treatment plan</td>
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<td>Ability to make progress notes</td>
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<td>Ability to deal with various populations</td>
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<td>Ability to perform individual counseling</td>
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<td>Ability to perform group counseling</td>
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<td>Ability to work with couples</td>
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<td>Ability to work with families</td>
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<td>Crisis intervention skills</td>
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<td>Follow-up skills</td>
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<td>Referral skills</td>
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<td>Termination of counseling skills</td>
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### Case Management Skills

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<td>Knowledge of agency programs and professional staff roles</td>
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<td>Knowledge of community resources</td>
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<td>Discharge Planning</td>
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<td>68.</td>
<td>Record keeping of client management</td>
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<td></td>
<td>Knowledge of agency mission and structure</td>
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<td>69.</td>
<td>Knowledge of agency goals</td>
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<tr>
<td>70.</td>
<td>Understanding of agency care standards</td>
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<td>71.</td>
<td>Knowledge of agency professional policies</td>
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Additional comments and/or suggestions _____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Overall evaluation of intern counselor:

Unsatisfactory _____ Satisfactory _____ Good _____ Outstanding _____

Date __________ Signature of Internship Site Supervisor _______________________________

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date __________ Signature of Student Counselor ________________________________

31
SITE SUPERVISOR EVALUATION OF THE INTERN  
(END OF THE SEMESTER)

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at the end of the semester.

Name of graduate student counselor ____________________________________________________

Date of evaluation __________________________________________________________________

Name of Agency ________________________________________________________

Address __________________________________________________________________________

Phone ___________________________________________________________________________

Name of Agency Supervisor _______________________________________________________

Professional Title and Degree ______________________________________________________

Licensed as ______________________ No. _____________

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester using the following scale:

4 = Outstanding  3 = Good  2 = Satisfactory  1 = Unsatisfactory  NA = Not applicable.

**General Supervision Comments**

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<td>Demonstrates a personal commitment in developing professional competencies</td>
<td>4</td>
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<td>2.</td>
<td>Invests time and energy in becoming a counselor</td>
<td>4</td>
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<td>3.</td>
<td>Accepts and uses constructive criticism to enhance self-development and counseling skills</td>
<td>4</td>
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<td>4.</td>
<td>Engages in open, comfortable, and clear communication with peers and supervisors</td>
<td>4</td>
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<td>5.</td>
<td>Recognizes own competencies and skills and shares these with peers and supervisors</td>
<td>4</td>
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<td>6.</td>
<td>Recognizes own deficiencies and actively works to overcome them with peers and supervisors</td>
<td>4</td>
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<td>7.</td>
<td>Completes case reports and records punctually and conscientiously</td>
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<td>Researches the referral prior to the first interview</td>
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<td>9.</td>
<td>Keeps appointments on time</td>
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<td>10.</td>
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<td>11.</td>
<td>Explains the nature and objectives of counseling when appropriate</td>
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<td>12.</td>
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### Diagnostic Skills

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<td>Discharge Planning</td>
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<td>Record keeping of client management</td>
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Agency Operations and Administration

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<td>Understanding of agency care standards</td>
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Additional comments and/or suggestions _____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Overall evaluation of intern counselor:

Unsatisfactory _____  Satisfactory _____  Good _____  Outstanding _____

Date _________ Signature of Internship Site Supervisor _____________________________

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date _________ Signature of Student Counselor _____________________________
INTERN MID-POINT EVALUATION OF SITE SUPERVISOR

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at mid semester.

Name of graduate student counselor ____________________________________________________

Date of evaluation ________________________________________________

Name of Agency ___________________________________________________________________

Address __________________________________________________________________________

Phone  ___________________________________________________________________________

Name of Agency Supervisor _________________________________________________________

Professional Title and Degree _________________________________________________________

Licensed as ______________________________________________________ No. _____________

**Directions:** The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester using the following scale:

- **4 = Outstanding**
- **3 = Good**
- **2 = Satisfactory**
- **1 = Unsatisfactory**
- **NA = Not applicable.**

**General Supervision Comments**

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<td>Demonstrates a personal commitment in developing professional competencies</td>
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<td>2</td>
<td>Invests time and energy in becoming a counselor</td>
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<td>3</td>
<td>Accepts and uses constructive criticism to enhance self-development and counseling skills</td>
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<td>4</td>
<td>Engages in open, comfortable, and clear communication with peers and supervisors</td>
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<td>5</td>
<td>Recognizes own competencies and skills and shares these with peers and supervisors</td>
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<tr>
<td>6</td>
<td>Recognizes own deficiencies and actively works to overcome them with peers and supervisors</td>
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<td>7</td>
<td>Completes case reports and records punctually and conscientiously</td>
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### The Counseling Process

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<td>8.</td>
<td>Researches the referral prior to the first interview</td>
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<td>9.</td>
<td>Keeps appointments on time</td>
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<td>10.</td>
<td>Begins the interview smoothly</td>
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<td>11.</td>
<td>Explains the nature and objectives of counseling when appropriate</td>
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<td>12.</td>
<td>Is relaxed and comfortable in the interview</td>
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<td>13.</td>
<td>Communicates interest in and acceptance of the client</td>
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<td>14.</td>
<td>Facilitates client expression of concerns and feelings</td>
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<td>3</td>
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<tr>
<td>15.</td>
<td>Focuses on the content of the client’s problem</td>
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<td>16.</td>
<td>Recognizes and resists manipulation by the client</td>
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<td>Recognizes and deals with positive affect of the client</td>
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<td>3</td>
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<td>Recognizes and deals with negative affect of the client</td>
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<td>Is spontaneous in the interview</td>
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<td>Uses silence effectively in the interview</td>
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<td>Is aware of own feelings in the counseling session</td>
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<td>Communicates own feelings to the client when appropriate</td>
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<td>Recognizes and skillfully interprets the client's covert messages</td>
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<td>Encourages appropriate action-step planning with the client</td>
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<td>26.</td>
<td>Employs judgment in the timing and use of different techniques</td>
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<td>27.</td>
<td>Initiates periodic evaluation of goals, action-steps, and process during counseling</td>
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<td>28.</td>
<td>Explains, administers, and interprets tests correctly</td>
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### The Conceptualization Process

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<td>30.</td>
<td>Focuses on specific behaviors and their consequences, implications, and contingencies</td>
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<td>31.</td>
<td>Recognizes and pursues discrepancies and meaning of inconsistent information</td>
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<td>32.</td>
<td>Uses relevant case data in planning both immediate and long-range goals</td>
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<td>Bases decisions on a theoretically sound and consistent rationale of human behavior</td>
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<td>Is perceptive in evaluating the effects of own counseling techniques</td>
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<td>Demonstrates ethical behavior in the counseling activity and case management</td>
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### Communication Skills

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### Interviewing Skills

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<td>Follow-up skills</td>
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<td>65.</td>
<td>Knowledge of agency programs and professional staff roles</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>66.</td>
<td>Knowledge of community resources</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>67.</td>
<td>Discharge Planning</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>68.</td>
<td>Record keeping of client management</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Knowledge of agency mission and structure</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>69</td>
<td>Knowledge of agency goals</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>70</td>
<td>Understanding of agency care standards</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>71</td>
<td>Knowledge of agency professional policies</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Additional comments and/or suggestions
__________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Overall evaluation of intern counselor:

Unsatisfactory _____ Satisfactory _____ Good _____ Outstanding _____

Date ________ Signature of Internship Site Supervisor __________________________

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date ________ Signature of Student Counselor __________________________
INTERN EVALUATION OF SITE SUPERVISOR
(END OF THE SEMESTER)

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at the end of the semester.

Name of graduate student counselor ____________________________________________________

Date of evaluation __________________________________________________________________

Name of Agency ________________________________________________________________

Address _____________________________________________

Phone _____________________________________________________________________________

Name of Agency Supervisor _________________________________________________________

Professional Title and Degree _________________________________________________________

Licensed as ______________________________________________________ No. _____________

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester using the following scale:

4 = Outstanding       3 = Good       2 = Satisfactory       1 = Unsatisfactory       NA = Not applicable.

General Supervision Comments

<p>| | | | | | |</p>
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<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrates a personal commitment in developing professional competencies</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Invests time and energy in becoming a counselor</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Accepts and uses constructive criticism to enhance self-development and counseling skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Engages in open, comfortable, and clear communication with peers and supervisors</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Recognizes own competencies and skills and shares these with peers and supervisors</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Recognizes own deficiencies and actively works to overcome them with peers and supervisors</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Completes case reports and records punctually and conscientiously</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
### The Counseling Process

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Researches the referral prior to the first interview</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Keeps appointments on time</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Begins the interview smoothly</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Explains the nature and objectives of counseling when appropriate</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Is relaxed and comfortable in the interview</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>Communicates interest in and acceptance of the client</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>Facilitates client expression of concerns and feelings</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>Focuses on the content of the client’s problem</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>Recognizes and resists manipulation by the client</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Recognizes and deals with positive affect of the client</td>
<td>4</td>
</tr>
<tr>
<td>18</td>
<td>Recognizes and deals with negative affect of the client</td>
<td>4</td>
</tr>
<tr>
<td>19</td>
<td>Is spontaneous in the interview</td>
<td>4</td>
</tr>
<tr>
<td>20</td>
<td>Uses silence effectively in the interview</td>
<td>4</td>
</tr>
<tr>
<td>21</td>
<td>Is aware of own feelings in the counseling session</td>
<td>4</td>
</tr>
<tr>
<td>22</td>
<td>Communicates own feelings to the client when appropriate</td>
<td>4</td>
</tr>
<tr>
<td>23</td>
<td>Recognizes and skillfully interprets the client’s covert messages</td>
<td>4</td>
</tr>
<tr>
<td>24</td>
<td>Facilitates realistic goal setting with the client</td>
<td>4</td>
</tr>
<tr>
<td>25</td>
<td>Encourages appropriate action-step planning with the client</td>
<td>4</td>
</tr>
<tr>
<td>26</td>
<td>Employs judgment in the timing and use of different techniques</td>
<td>4</td>
</tr>
<tr>
<td>27</td>
<td>Initiates periodic evaluation of goals, action-steps, and process during counseling</td>
<td>4</td>
</tr>
<tr>
<td>28</td>
<td>Explains, administers, and interprets tests correctly</td>
<td>4</td>
</tr>
<tr>
<td>29</td>
<td>Terminates the interview smoothly</td>
<td>4</td>
</tr>
</tbody>
</table>

### The Conceptualization Process

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Focuses on specific behaviors and their consequences, implications, and contingencies</td>
<td>4</td>
</tr>
<tr>
<td>31</td>
<td>Recognizes and pursues discrepancies and meaning of inconsistent information</td>
<td>4</td>
</tr>
<tr>
<td>32</td>
<td>Uses relevant case data in planning both immediate and long-range goals</td>
<td>4</td>
</tr>
<tr>
<td>33</td>
<td>Uses relevant case data in considering various strategies and their implications</td>
<td>4</td>
</tr>
<tr>
<td>34</td>
<td>Bases decisions on a theoretically sound and consistent rationale of human behavior</td>
<td>4</td>
</tr>
<tr>
<td>35</td>
<td>Is perceptive in evaluating the effects of own counseling techniques</td>
<td>4</td>
</tr>
<tr>
<td>36</td>
<td>Demonstrates ethical behavior in the counseling activity and case management</td>
<td>4</td>
</tr>
</tbody>
</table>
## Communication Skills

<p>| | | | | |</p>
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<th></th>
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</thead>
<tbody>
<tr>
<td>37. Verbal Skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>38. Writing skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>39. Knowledge of nomenclature</td>
<td>4</td>
<td>3</td>
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</tbody>
</table>

## Interviewing Skills

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</thead>
<tbody>
<tr>
<td>40. Professional attitude</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>41. Empathy</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>42. Respect for differences</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>43. Attending behaviors</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>44. Active listening skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>45. Reflection</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>46. Use of questions</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>47. Interviewing techniques</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>48. Psychosocial history</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>49. Mental status evaluation</td>
<td>4</td>
<td>3</td>
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</table>

## Diagnostic Skills

<p>| | | | | |</p>
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</thead>
<tbody>
<tr>
<td>50. Knowledge of assessment instruments</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>51. Knowledge of current DSM and ICD</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>52. Use of records</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>53. Ability to formulate a preliminary diagnosis</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</tbody>
</table>

## Treatment Skills

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</thead>
<tbody>
<tr>
<td>54. Ability to draw up a treatment plan</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>55. Ability to make progress notes</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>56. Ability to deal with various populations</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>57. Ability to perform individual counseling</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>58. Ability to perform group counseling</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>59. Ability to work with couples</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>60. Ability to work with families</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>61. Crisis intervention skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>62. Follow-up skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>63. Referral skills</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>64. Termination of counseling skills</td>
<td>4</td>
<td>3</td>
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</tbody>
</table>

## Case Management Skills

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<tbody>
<tr>
<td>65. Knowledge of agency programs and professional staff roles</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>66. Knowledge of community resources</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>67. Discharge Planning</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>68. Record keeping of client management</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tbody>
</table>
## Agency Operations and Administration

<table>
<thead>
<tr>
<th></th>
<th>Knowledge of agency mission and structure</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.</td>
<td>Knowledge of agency goals</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>70.</td>
<td>Understanding of agency care standards</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>71.</td>
<td>Knowledge of agency professional policies</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
</tbody>
</table>

Additional comments and/or suggestions _____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Overall evaluation of intern counselor:**

Unsatisfactory _____  Satisfactory _____  Good _____ Outstanding _____

Date _________ Signature of Internship Site Supervisor _____________________________

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date _________ Signature of Student Counselor _____________________________
Intern Evaluation of Site
DEPARTMENT OF COUNSELING
BETHUNE-COOKMAN UNIVERSITY

Student Name: ______________________________________________________________
Semester Year: ________________________

Please provide the following general information about your internship site.

Placement: ________________________________________________________________
Placement Address: _______________________________________________________
Phone: ___________________________ Fax: ________________________________

Please describe the location of your placement below (e.g., city suburbs, accessible by public transportation)

________________________________________________________________________

Please refer to Internship Setting Codes Index in the back.
Type of setting: __________________________________________________________
Services provided: _________________________________________________________
Types of clients served: ____________________________________________________

Please describe the ethnic diversity of the population served below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Scheduled Placement:

Days per week: ___________________ Hours per week: _________________________
Required days and times: _____________________________________________________
Total hours completed at the placement site: _________________________________
Please indicate your site supervisors name and credentials:

Name: ____________________________________________________________
Highest Degree: __________________________ Credentials: ________________________________

Please summarize your internship activities (your typical week):

______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________

Please respond to the following questions using the rating scale outlined below:

1 Poor 2 Below Average 3 Average 4 Good 5 Excellent

_____ The quality of your professional learning experience at this site.
_____ The quality of your clinical learning experience at this site.
_____ The quantity of supervision you received at this site.
_____ The quality of supervision you received at this site.

Training at the Site Assessment/Testing:

Please indicate the number of formal test batteries that you have completed on the following individuals.

Children _____
Adolescent’s _____
Adults _____
Older Adults _____

Please indicate the types of assessments you have completed.

Intake/Diagnosis _____
Personality Assessment _____
Educational Testing _____
Neuropsychological Testing _____
Intelligence Testing _____

Please describe the nature of these batteries (i.e., types of referral questions, tests conducted, length of batteries)

______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________________________
**Training at the Site: Counseling**

Please indicate the number of clients that you treated in each of the following categories.

<table>
<thead>
<tr>
<th></th>
<th>Individual Counseling</th>
<th>Group Counseling</th>
<th>Advising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Couples Therapy: _____________________  Family Therapy: _____________________

Please specify if there was a primary theoretical orientation of the treatment you conducted (cognitive-behavioral, psychodynamic, behavioral systems, interpersonal, eclectic):

Please specify any other significant characteristics (e.g., average # of sessions, intake or assessment sessions only) of treatment you conducted:

Please specify total amount of hours per week:

Direct Services with Clients ______
Individual Supervision ______
Workshops/In-services ______
Assessment Reporting ______
Group Supervision ______
Paperwork/Case Notes ______
Other (specify) ____________________________________________ Hours ______

Did you make any case presentations?

_____ NO
_____ YES (How many?) ______
Other Training Activities:

Please indicate the number of opportunities you had to do the following:

_____ Attend case conferences or staffing
_____ Attend in-services or workshops
_____ Observe a senior level clinician provide direct services
_____ Attend ongoing seminars

Please provide a brief description of the topic areas covered in ongoing seminars:

Briefly indicate other training activities in which you participated (e.g., consultation, Program evaluation, rehabilitation, outreach programs, etc.)

Recommendations:

Would you recommend this site to another student?  Yes____  No____

Why?

### Internship Setting Codes

1. Community Health Counseling  
2. Health Maintenance Organization  
3. Medical Center  
4. Military Medical Center  
5. Private General Hospital  
6. General Hospital  
7. Veterans Affairs Medical Center  
8. Private Psychiatric Hospital  
9. State/County Hospital  
10. Correctional Facility  
11. School District/ System  
12. University Counseling Center  
13. Medical School  
14. Consortium  
33. Other (e.g., Consulting), please specify.

### Activity Codes (services provided by Site Student)

1. Administration  
2. Assessment  
   a. Intake/Diagnosis  
   b. Neuropsychological  
   c. Personality  
   d. Intelligence Testing  
   e. Educational  
3. Consultation  
4. Psychotherapy  
   a. Individual  
   b. Group  
   c. Short-Term  
   d. Long-Term  
5. Research  
6. Supervision  
7. Teaching  
33. Other (e.g., community based, intervention), please specify.

### Types of Clients Served

1. Infants/Toddlers (0-2)  
2. Pre-School Children  
3. School-aged children (6-12)  
4. Adolescents (13-17)  
5. Adults (18-64)  
6. Older Adults (65+)  
7. Couples  
8. Families  
9. Gay, Lesbian, Bisexual, Transsexual  
10. Disabled (physical, visual, deaf, developmental)  
11. Inpatient  
12. Outpatient  
13. Chronically Mentally Ill
COMMUNITY AGENCY VISITS
CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP

Internship in Community Agency Counseling
CON 640, CON 650, CON 660

[Please print and complete form in its entirety]

Student Name: ________________________________________ Date of Visit: ________
Agency Name: ________________________________________________
Agency Address: __________________________________________________

City: _______________________ State: ________ Zip+4: __________
Person in Charge of Agency: ____________________________
Title of Person in Charge of Agency: ____________________________
Agency Phone Number: (________) ______________________________
Agency FAX Number: (________) ______________________________
Agency Email Address: _______________________________________
Agency Web Site Address: ______________________________________
Agency Business Hours: _______________________________________

Describe population served: _______________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Opportunities for (check all that apply) Shadowing? (Yes __ No ___); Practicum? (Yes __ No ___); Internship (Yes __ No ___)? Do they have an on-site supervisor? (Yes __ No ___).
Describe population served: _______________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Describe main elements you learned from this experience: _______________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Would you refer a family member/friend to this facility? Why/why not?  ? ______________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Would you like to work in this facility? Why/why not? ______________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Additional Comments _________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
[Please print, complete form in its entirety, and duplicate if agency has more than one program]

Program/Service Name: ____________________________________________________________

Address of Program: (___ = Same as Agency) __________________________________________
_____________________________________________________________________________

City: ______________________ State: _______ Zip+4: ______________

Program Phone Number: (______)_________________________________________________

Program FAX Number: (______)___________________________________________________

Program TTY/TDD Number: (______)______________________________________________

Program Email Address: _________________________________________________________

Program Web Site Address: _______________________________________________________

Service Hours: _________________________________________________________________

Service Days: _________________________________________________________________

Person in Charge of Program: ___________________________________________________

Title of Person in Charge of Program: _____________________________________________

Program Eligibility Requirements: ________________________________________________
_____________________________________________________________________________

Client’s Fee(s): _________________________________________________________________

Intake Procedures: Call for Appointment: _____ Walk-in: _____ Other: ___________

Language Spoken: English: _____ Spanish: _____ French: _____
American Sign Language: _____ Vietnamese: _____ Chinese: _____ Other: _____

Areas Served by Program (City/County/Region): __________________________________________

Name of Agency/Program Person Supplying Information: ____________________________

Describe population served: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Describe main elements you learned from this experience: ______________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Would you refer a family member/friend to this facility? Why/why not?  ? __________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Would you like to work in this facility? Why/why not? ______________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Additional Comments
PROFESSIONAL WORKSHOP, CONFERENCE, OR COLLOQUIUM ATTENDANCE VERIFICATION
CLINICAL MENTAL HEALTH COUNSELING INTERNSHIP

Your Name:____________________________________________________________
Phone Number: ___________________________
Semester of Internship: ____________________________ Today’s Date:____________________
Title and Type of Workshop, Conference, or Colloquium: _____________________________
________________________________________________________________________________
Location of Workshop, Conference, or Colloquium:________________________________________
Presenter(s):___________
________________________________________________________________________________
Time spent in professional development activities at workshop, conference, or colloquium:_______________________
________________________________________________________________________________
Describe main elements you learned from this experience:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Signature of Student:______________________________

For Department Use Only
Verified By:_________________________________________________________________________
(Program, Agenda, Notes Taken, Signature of Presenter, or?)
Signature of Professor:____________________________________________________________
## INTERNSHIP CHECKLIST

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMESTER SUMMARY SHEET CLINICAL MENTAL HEALTH COUNSELING</td>
<td></td>
</tr>
<tr>
<td>INTERNSHIP SITE SUPERVISION LOG</td>
<td></td>
</tr>
<tr>
<td>MONTHLY INTERNSHIP LOGS</td>
<td></td>
</tr>
<tr>
<td>INTERNSHIP SITE SUPERVISOR’S EVALUATION OF INTERN COUNSELOR AT MID-POINT/SEMESTER</td>
<td></td>
</tr>
<tr>
<td>INTERNSHIP SITE SUPERVISOR’S EVALUATION OF INTERN COUNSELOR AT THE END OF THE SEMESTER</td>
<td></td>
</tr>
<tr>
<td>INTERN COUNSELOR STUDENT SELF-EVALUATION AT MID-POINT/SEMESTER</td>
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</tr>
<tr>
<td>SITE EVALUATION FORM</td>
<td></td>
</tr>
<tr>
<td>COMMUNITY AGENCY VISITS (3)</td>
<td></td>
</tr>
<tr>
<td>PROFESSIONAL WORKSHOP, CONFERENCE, OR COLLOQUIUM ATTENDANCE VERIFICATION</td>
<td></td>
</tr>
<tr>
<td>INTERN STUDENT SELF-EVALUATION OF SESSIONS (Attachment 4)</td>
<td></td>
</tr>
<tr>
<td>Report (4 typed pages) of internship experience</td>
<td></td>
</tr>
<tr>
<td>Listing of 3 sources most helpful in their particular setting</td>
<td></td>
</tr>
</tbody>
</table>

**HOURS**

- 240* hours of direct service with clients
- Other hours (318)
- 1 hour every week with the site supervisor (14*)
- 1 hour every other week with the university supervisor (7*)
- 1.5 hours per week in group supervision (21*)

**TOTAL** 600

*Indicates minimum number of hours to be observed in Internet Log (Calculations based on 14 weeks).
## INTERNSHIP CHECKLIST

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>SUMMER SEMESTER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT INTERNSHIP AGREEMENT</td>
<td></td>
</tr>
<tr>
<td>GOALS STATEMENTS</td>
<td></td>
</tr>
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<td>SEMESTER SUMMARY SHEET CLINICAL MENTAL HEALTH COUNSELING</td>
<td></td>
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</tr>
<tr>
<td>Listing of 3 sources most helpful in their particular setting</td>
<td></td>
</tr>
<tr>
<td>120* hours of direct service with clients</td>
<td>HOURS</td>
</tr>
<tr>
<td>Other hours (150)</td>
<td></td>
</tr>
<tr>
<td>1 hour every week with the site supervisor (10*)</td>
<td></td>
</tr>
<tr>
<td>1 hour every other week with the university supervisor (5*)</td>
<td></td>
</tr>
<tr>
<td>1.5 hours per week in group supervision (15*)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>300</td>
</tr>
</tbody>
</table>

**Indicates minimum number of hours to be observed in Internet Log (Calculations based on 10 weeks).**
INTERN AFFILIATION AGREEMENT REQUEST FORM

Counseling Practice
The Counseling Internship

This form is to be completed by the student and submitted to the Counseling Department administration prior to beginning internship.

Date: ________________
Full Name:
________________________________________________________________________

Proposed length of Internship: ______ weeks. From: ___ / ___ / ______ To: ___ / ___ / ______
Name of Affiliating Internship__________________________________________________________

Contact Information (MUST be AUTHORIZED to sign legal Agreement)
Name: ___________________________________________ Title: _______________________________
Department: ____________________________________________________________
Address: _____________________________________________________________
City: __________________________________ State: _____ Zip: _______________________
Phone: ___________________ Email: ____________________________________________

Faculty Advisor Signature
__________________________________________________________________________

For Counseling Department Use ONLY
Affiliation Agreement Currently in effect. Expires: _____/_____/_______
____ New BCU Contract
____ Renew BCU Contract- Expires: _____/_____/_______
____ Student Scheduled to start: _____/_____/_______
____ New Agency Contract: _____/_____/_______
____ Other: ________________________________________
# Internship Planner/ Application

A Step by Step Checklist

<table>
<thead>
<tr>
<th>Time Table Courses Depending on Part/Full Time (60 Credit Hours)</th>
<th>STEP</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Year</strong>&lt;br&gt;<strong>1st Semester</strong>&lt;br&gt;CON 0-24 Credit Hours</td>
<td>Meet With Advisor:&lt;br&gt;1. Plan Program of Study&lt;br&gt;2. Discuss professional goals in relation to the internship process.&lt;br&gt;3. Discuss internship plans.</td>
<td></td>
</tr>
<tr>
<td><strong>2nd Year</strong>&lt;br&gt;<strong>CON 24-48 Credit Hours</strong></td>
<td>Identify Approximately 3 Potential Sites:&lt;br&gt;1. Arrange and attend Interviews with potential site(s).&lt;br&gt;2. Apply for faculty approval of internship.&lt;br&gt;(Faculty approval is contingent on completion of program).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After receiving program approval letter:&lt;br&gt;1. Secure Liability Insurance.&lt;br&gt;2. Follow instructions for finding internship placement by completing the Affiliation Agreement if there is no existing agreement in place.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Faculty Advisor approval on turning in Site Supervisor information, and completed Affiliation of Agreement. Decide on number of credits you will register for after permission has been given. Register for the appropriate sections.&lt;br&gt;<strong>CON 640, CON 650, CON 660</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2nd/3rd Year</strong></td>
<td>Internship______:&lt;br&gt;1. Meet with Site Supervisor for one hour weekly.&lt;br&gt;2. Attend group supervision for your registered section.</td>
<td></td>
</tr>
</tbody>
</table>
Please follow the instructions below to apply for internship. Should you have any questions, please contact your advisor or Dr. Jeffery Haynes by phone at 386-481-2496 or by email at haynesje@cookman.edu for clarification.

<table>
<thead>
<tr>
<th>Special Note</th>
<th>Before starting the internship application process, you shall consult with your faculty advisor concerning your plans for internship, including what type of experiences to seek, what to look for in an internship site supervisor and how long you want to take to complete the internship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step One</td>
<td>Obtain an Internship application packet from the Department website________________________________________. Complete the Internship application only and return it by the stated deadline date with your unofficial transcript to: BCU Department of Counseling 739 West International Speedway Blvd Daytona Beach, FL 32114</td>
</tr>
</tbody>
</table>
| Step Two     | The Departments Administrative Assistant will process the application and present them to the faculty for review. Criteria for placement in internship may include:  
  - Successful completion of practicum  
  - Consideration of readiness to see client at internship site  
  - Available space in internship classes  
  - Proximity to graduation. (Students with more credits are generally given more preference over those with fewer credits). |
| Step Three   | A letter will be sent out by the Department Chair informing the applicant by the decision of the faculty. *If applicant is denied placement in internship, he/she should meet with their advisor for advisement. |
| Step Four    | Begin applying to internship sites:  
  It is recommended that before applying to internship sites, you should discuss with your faculty advisors what to look for in an internship site, site supervisor and intern experience. Experience is not only appropriate, but helps to enhance your skills and abilities. Complete the Internship Site Application.  
  1. Internship Site Application  
  2. Site Supervisor Information Sheet  
  Please insure that ALL forms are filled out completely, and make an appointment with your advisor to review your choice and site. |
| Step Five    | The site application will be reviewed by your faculty advisor. If the Site is approved, your advisor will sign off given permission for the student to register for the appropriate internship class. Approval form shall be submitted to the Departments Administrative Assistant who will allow students to register. If the site is not approved, the student will be required to work with their faculty advisor. *Please Note: Late applications will be accepted but not processed with online applications |
Internship Application/Deadlines

Fall Internship
March 15th

Winter Internship
October 15th

Spring/Summer Internship
January 15th

Please attach an unofficial copy of your transcript to this application. Unofficial copies of your transcript can be printed from your BCU Student Account.

Return To:
Dr. Jeffery Haynes, Department Chair
Bethune-Cookman University
739 West International Speedway Blvd
Daytona Beach, FL 32114
Check or list remaining courses on your program of study.

<table>
<thead>
<tr>
<th>Specialization</th>
<th>CON</th>
<th>CON</th>
<th>CON</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMH</strong></td>
<td>CON</td>
<td>CON</td>
<td>CON</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Electives</th>
<th>CON</th>
<th>CON</th>
<th>CON</th>
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<tbody>
<tr>
<td></td>
<td>CON</td>
<td>CON</td>
<td>CON</td>
</tr>
</tbody>
</table>

## Supervised Experiences:

I have NOT completed practicum. (Please note the semester year you will take practicum).

I have completed the practicum. (Please note the semester year you took the practicum).

Please list the semester and year you plan to be enrolled in the internship course and the number of credits you intend to take. (Please note: One credit hour equals 100 hours of internship activity. Three (3) hours = 300 internship hours)

<table>
<thead>
<tr>
<th>Semester/Year</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
Identify the internship site you are considering. (List no more than three sites).

1) ____________________________
   Agency Name
   ____________________________
   Address

2) ____________________________
   Agency Name
   ____________________________
   Address

3) ____________________________
   Agency Name
   ____________________________
   Address

[OFFICE USE ONLY]

<table>
<thead>
<tr>
<th>Faculty Approval</th>
<th>□ APPROVED</th>
<th>□ DENIED</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor Approval of Site</td>
<td>□ APPROVED</td>
<td>□ DENIED</td>
<td>Date:</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>