

CNL 865
GRADUATE PRACTICUM MANUAL
Community Counseling
Marriage & Family Counseling
Mental Health Counseling
School Counseling

Department of Human Services
College of Education and Human Services
Wright State University
M052 Creative Arts Center
3640 Colonel Glenn Highway
Dayton, Ohio 45435
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Purpose of Manual

The counseling program and staff are an integral part of the College of Education and Human Services. The counseling faculty trains counselors with the basic skills to work in a wide variety of settings such as schools, human service agencies, and community mental health centers. These settings represent sites in numerous counties in Southwestern Ohio. The counseling practicum is meant to be a culminating experience, in that the student should be able to display essential knowledge, skills, and values in an actual clinical setting. This practicum manual provides a more explicit liaison between Wright State University's counseling program and the various sites that voluntarily accept our practicum students. This manual contains the procedures and requirements relative to the practicum experience.

Prerequisite Experiences

A **Program of Study** signed by the student, his/her advisor, and the department chair, must be on file in the Department of Human Services Office **before** an application for practicum is filed. Each student must make an appointment with his/her advisor in order to complete the program of study. Students normally enter the practicum with a common core of academic experiences. Practicum students will have completed coursework related to the basic principles and procedures utilized by professional counselors, and will have been exposed to the major theories and techniques of counseling.

Community, Marriage & Family, Mental Health and School Counseling majors are required to have completed the following courses with a grade of “B” or better:

RHB 701	CNL 863	EDL 751
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Mental Health Counseling majors are required to have a minimum grade point average of 3.0 and have completed the following additional courses prior to beginning practicum:

RHB 705	CNL 663	CNL 664
CNL 667 or CNL 767	CNL 779	CNL 972

Community Counseling majors are required to have completed a minimum of half the coursework in their program of study with a minimum grade point average of 3.0 before beginning practicum. The following additional courses need to have been completed:

CNL 663	CNL 664	CNL 667 or CNL 767
CNL 779	CNL 972	RHB 705

Marriage and Family Counseling majors are required to have completed a minimum of half the coursework in their program of study with a minimum grade point average of 3.0 before beginning practicum. The following additional courses need to have been completed:

CNL 663	CNL 972	CNL 973
CNL 779	CNL 780	CNL 781
CNL 782 can be taken concurrently		RHB 705
CNL 670 Human Sexuality		

School Counseling majors are required to have a minimum grade point average of 3.0 and have completed the following additional courses prior to beginning practicum:

CNL 667 or CNL 767	CNL 972	CNL 765	CNL 662
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School Counseling majors completing their practicum in a community mental health setting must also take CNL 663 prior to practicum.

University Requirements for the Counseling Practicum

The following indicates the minimum requirements for counseling practicum placements (based on a ten-week quarter).

On-Site Requirements

Individual and Group Practicum (CNL 865): The student is required to spend a minimum of 10 hours per week (100 hours per quarter) at his/her site however; a site may require additional hours. Of these hours, at least 1 hour per week (10 hours per quarter) must be in group counseling; 3 hours per week (30 hours per quarter) should be in individual counseling. 1 hour per week (10 hours per quarter) must be direct supervision. For purposes of critique and evaluation, a minimum of one audio or video taped individual or group session per week is required. Intake interviews alone will not fulfill these requirements. Students have the responsibility for following site procedures, both for securing permission to tape and insuring the confidentiality of the obtained tape. Students are strongly encouraged to exceed the minimum number of required counseling hours per week.

On-Campus Requirements

The practicum student will receive regularly scheduled individual supervision by the university instructor. The student must reserve one hour per week (in addition to scheduled group supervision) for individual supervision. Regular attendance at class meetings is required of all practicum students. Opportunities will be available to use micro-counseling techniques, videos, videotape recorders, and other procedures to augment the counselor's performance at the practicum site.

Supervisor Responsibility

Faculty Supervision will include:

1. Meeting all practicum students for weekly group supervision (1.5 hours per week).
2. Meeting weekly for 1 hour with each practicum student individually to review student's work.
3. Contacts with practicum site supervisor, in which one of these may be a site visitation.

On-Site Supervision will include:

1. A weekly conference reviewing the work of the practicum student. A minimum of one hour per week of supervision.
2. Assignment of appropriate experiences to practicum student in accordance with university requirements.
3. Communication with university supervisor.
4. Completion and the submission of the evaluation form to the university.

Practicum Site Criteria

Please note: students should begin their search for a site several months before the paperwork is due. Sites should be contacted to determine their particular processes for interviewing and accepting practicum students. Be prepared to provide an up-to-date resume.

If students use their place of employment as the practicum site, arrangements must be made for them to be supervised by someone who is not their regular supervisor and in an area in which they are not employed. Sites may require hours on site in addition to the practicum requirements of 10 hours.

1. Site Supervisors

Community, Mental Health, and Marriage and Family Sites

Site supervisors must have a master's degree in counseling or a related profession with equivalent qualifications, licensure as a professional clinical counselor (PCC) in Ohio, a minimum of two years of pertinent professional experience in the program area the student is completing practicum, and supervising status with the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (OCSWMFT).

School Sites for School Counseling Majors

Site supervisors must have a master's degree in school counseling, certified or licensed as a school counselor by the Ohio Department of Education, and at least 2 years of experience as a school counselor.

2. The site must provide adequate and appropriate experiences and facilities.

3. The site supervisor and the student are jointly responsible for obtaining experiences that are suitable on the basis of the student's level of experience and training.

4. The university requires that there are opportunities for counseling sessions to be audio or video taped for purposes of supervision with the following criteria observed:

- a. consent of client and/or guardian
- b. no identifying information on the tape
- c. played only for university supervision and educational purposes except with permission of the site and parties involved

5. Practicum students and practicum sites are expected to abide by ethical standards

(American Counseling Association (ACA), American School Counselor Association (ASCA), National Board of Certified Counselors (NBCC), American Mental Health Counselors Association (AMHCA), International Association of Marriage and Family Counselors (IAMFC), Ohio Counselor, Social Worker, and Marriage and Family Therapist Licensure Board).

6. The university supervisor should be privileged to observe a practicum student at times that are mutually agreeable to each and to the site. When taping is not appropriate, another method of continuous feedback must be developed in order for the university supervisor to be apprised of the practicum student's progress.

7. If the student's site requires Counselor Trainee (CT) status, then the student must apply for Counselor Trainee status with the Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board. Students can download the application at: <http://cswmft.ohio.gov/FormsC.stm>. The student will need to print out the application, fill out the area designated for the student, and have the site supervisor(s) fill out the site supervisor section of the application. Once the application has been completely filled out, the student will need to attach a copy of their schedule, as proof that they are taking practicum, and mail it to the Ohio CSWMFT Board. The Board's address is 50 West Broad Street, Suite 1075, Columbus, OH 43215-5919.

Procedures for Registration for Practicum Classes

Application Deadlines

Summer and Fall Quarter- April 15

Winter Quarter- October 10

Spring Quarter- January 25

The following procedures are to be observed in order to register for practicum:

The student must file an application EACH QUARTER of practicum with the Graduate Assistant for Practicum and Internship in M052 CAC by the specified date.

Step 1

- Ohio Bureau of Criminal Identification and Investigation (BCI) and Federal Bureau of Investigation (FBI) Background Checks and Fingerprints (mail to the Ohio CSWMFT Board)
- Complete and submit the application (Appendix 1)
- Submit proof of insurance with the application
- Attach a copy of the academic advising report from Wings Express
- Program of Study must be completed and signed by the student's advisor and Dr. Fortson

Once this has been received, the student will be sent a conditional letter of acceptance and details about what is due next and by what date. The student will have approximately two weeks before the paperwork of Step 2 is due.

Step 2

Complete and submit the following:

- Appendix 2: Contract (to be completed by student)
STUDENTS MUST obtain the site supervisor's signature and date, and sign and date the form themselves, before submitting.
- Appendix 3: Site Supervisor information sheet (to be completed by site supervisor)
Attach a copy of the site supervisor's license (a supervisor who is a PCC-S is required for students working towards a PC license) to this appendix.
- Appendix 4: Site information sheet (to be completed by student)
- Copy of the Counselor Trainee Supervision Agreement (if required)

If a student's site requires that they have Counselor Trainee (CT) status, then they must obtain status as a counselor trainee which can be done by completing the Trainee Supervision Agreement Form and submitting it to the board.

The Trainee Supervision Agreement form should be retrieved from the CSWMFT board's website <http://www.cswmft.ohio.gov/forms.stm>.

This form should be completed and sent to the board (by the student) along with a copy of the student's schedule.

Copies of this paperwork (minus the schedule as you will not be able to register for your course until all paperwork has been submitted) should be submitted to the graduate assistant along with Appendix 2, 3, & 4.

Policies

A student will be admitted to practicum if all prerequisites have been met and all paperwork is complete and submitted by the due date. Once *all* paperwork has been received, the student will be notified when a registration slip may be picked up in M052 CAC for the student to turn in to the registrar.

Occasionally it is not possible to accommodate all students applying for practicum. Should this occur, a priority list will be developed based on the following criteria:

- a. full time student on a leave of absence or sabbatical
- b. percentage of coursework completed (students with a greater percentage of coursework completed will be given priority).
- c. grade point average (G.P.A.)
- d. order in which paperwork is submitted (i.e. first come, first serve).

All deadlines are strictly enforced. The application and site materials are current for one quarter only. If a student drops the class or does not register for the practicum without notifying the Graduate Assistant for Practicum and Internship, the student will not be eligible for practicum the following quarter unless there is space available after all other applications have been received. Registration fees must be paid or the student can be removed from the assigned practicum.

Appropriate Termination or Referral

In some cases termination or referral of a client is impractical, unethical, or counterproductive to on-going counseling. In such cases, whether the academic quarter has officially ended, it may be necessary for the student to continue working with the client until such time termination or referral is viewed as clinically appropriate. All practicum students must report to site and university supervisors regarding the termination or referral of all clients in a timely, ethical, and professional manner.

Student Evaluation

Feedback from the practicum site is essential for the purpose of evaluating student effectiveness. The Site Supervisor is to complete the Site Supervisor Evaluation for Practicum Students form (Appendix 5) and return the form to the university supervisor by week 10 of the practicum. Any additional comments the site supervisor wishes to make may be included. Issues or concerns that may arise during the course of any practicum may be discussed with the university supervisor at any time during the academic quarter.

Date: _____

Appendix 1

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

Application for Practicum- CNL 865

Application Due Dates: Summer & Fall-April 15; Winter-October 10; Spring-January 26

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
University ID Number _____

2. Major _____ Pursuing second master's degree: Yes or No _____

3. Application for: Quarter: _____ Year: _____

4. Number of credits, which will be completed by the start of practicum: _____

5. Please indicate when you completed the following prerequisites and the grade received:

Community Counseling Majors:

Prerequisite	Grade	Qtr. Completed	Prerequisite	Grade	Qtr. Completed
RHB 701			CNL 667 or 767		
CNL 863			CNL 779		
EDL 751			CNL 972		
CNL 663			RHB 705		
CNL 664					

Marriage and Family Counseling Majors:

Prerequisite	Grade	Qtr. Completed	Prerequisite	Grade	Qtr. Completed
RHB 701			CNL 779		
CNL 863			CNL 780		
EDL 751			CNL 781		
RHB 705			CNL 972		
CNL 663			CNL 973		
CNL 670 Human Sexuality			CNL 782 *can be taken concurrently		

Mental Health Counseling Majors:

Prerequisite	Grade	Qtr. Completed	Prerequisite	Grade	Qtr. Completed
RHB 701			CNL 664		
CNL 863			CNL 667 or 767		
EDL 751			CNL 779		
RHB 705			CNL 972		
CNL 663					

School Counseling Majors:

Prerequisite	Grade	Qtr. Completed	Prerequisite	Grade	Qtr. Completed
RHB 701			CNL 667 or 767		
CNL 972			CNL 765		
CNL 863			CNL 663*		
EDL 751					
CNL 662					

* School Counseling majors completing practicum in a community mental health setting must also take CNL 663 prior to beginning practicum.

6. List courses in which you are presently enrolled:

Course No.	Instructor
_____	_____
_____	_____

7. Anticipated Graduation Date _____ Full Time ___ or Part Time Student ___

8. Verification of liability insurance must be attached to this application. A photocopy of the application and check to insurance company will meet this requirement. No student will be permitted to enroll in practicum without such documentation.

9. A copy of your program of study must be attached to this application.

10. A copy of your academic advising report from Wings Express must be attached to this application.

11. List courses that may be taken simultaneously with practicum.

12. Are you on an approved, limited leave of absence or sabbatical? Yes _____ No _____
(If yes, please attach appropriate documentation from your employer.)

13. Registration Commitment

By registering for CNL865:

(1) I acknowledge the Counseling Department's commitment to hold a place for me until the mass registration date for this term as class size allows.

(2) I accept the responsibility for registering as indicated. I realize that failure to do so on my part deprives some other student of the opportunity and leaves the Department with partially filled classes and that my slot may be given to a student on the waiting list.

(3) If conditions arise so that registration is not possible, I will notify the Graduate Assistant (M052 CAC) before the mass registration date for the term.

(4) I certify that I will have completed all prescribed coursework and that I am eligible to take the course designated.

(5) I understand that failure to register and/or failure to provide notification may result in my being denied the opportunity to take this course for the next term.

(6) Other:

Signature _____ Date _____

Appendix 2

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

Counseling Practicum Contract/ Memo of Understanding – CNL 865

Quarter: _____ Fall _____ Winter _____ Spring _____ Summer Year: _____
Major: _____
Student's Name _____ Phone _____
Site _____
Site Address _____
City _____ State _____ Zip _____ Site phone _____

This Contract/Memo of Understanding is entered into by:

_____ for practicum student
(site supervisor's name)

_____ from Wright State University,
(student's name)

College of Education and Human Services, Counselor Education Program as represented by
_____.
(university supervisor's name)

The site supervisor agrees to assume responsibility for assisting the practicum student in conducting activities related to his/her practicum experience. These activities are here defined between the student and the College of Education and Human Services and are agreed to by the site supervisor. The university supervisor agrees to be available for consultation with the site supervisor.

The university supervisor agrees to:

- (1) Availability for consultation with site supervisor during the quarter.
- (2) Provide 1.5 hours minimum per week of group supervision and review student work on a weekly basis.
- (3) Collecting and verifying student logs, site supervisor evaluation, and student site evaluation and assigning student grade.
- (4) Complete University supervisory form and returning all the above paperwork for filing in student folder no later than one week following finals week.

The site supervisor agrees to:

- (1) Provide the CNL 865 student with a minimum of four (4) client contact hours per week (three Individual, one Group) and a minimum total of 100 clock hours over the 10-week quarter.
- (2) Provide a minimum of one (1) hour of supervision per week with the student.
- (3) Complete the Student Evaluation Form and communicate the same to student as final feedback on the student's progress.
- (4) Be available for consultation with university supervisor.
- (5) Permit a minimum of one (1) hour of audio taping or video taping per week.
- (6) Provide the student with adequate physical facilities in which to work.
- (7) Inform student of legal and ethical considerations and other rules that affect the practice of counseling at the site.

Please note: The student's start and end dates of practicum corresponds with the Wright State University academic calendar. In other words, a student begins practicum the first day of classes and terminates the last day of the finals week.

The student agrees to:

- (1) Act in a manner consistent with ACA, ASCA, NBCC, AMHCA, IAMFC, OCSWMFT board, as appropriate to the site.
- (2) Be responsible for a minimum of four (4) client contact hours per week (three (3) Individual, one (1) Group) and a minimum total of 100 clock hours over the 10 week quarter.
- (3) Be responsible for being available to the site supervisor for conferences (e.g. staff meetings, consultation, etc.).
- (4) Be responsible for a minimum of one (1) hour of audio taping or video taping per week.
- (5) Be responsible for meeting with university supervisor for one hour per week outside of group supervision.
- (6) Comply with the rules and regulations of site (e.g. report writing, in-service training, etc.).
- (7) Other _____
- (8) If student is required to have counselor trainee status at their site, please check here _____

(If checked, student is required to attach a copy of the Counselor Trainee application)

Site supervisor's signature, License/Certification and Date

** Please obtain **site supervisor's signature and date**, as well as **your own**, before handing in to the Graduate Assistant (M052 CAC)*

University supervisor's signature and Date

Student's signature and Date

Student Name _____ Date _____

Appendix 3

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

Site Supervisor Information Sheet – CNL 865

** Please attach a copy of the site supervisor's most recent renewal license card*

Dr., Ms., Mr., Mrs. _____

Site Name _____

Site Address _____

City _____ St _____ Zip _____ Work Phone _____

Present Position/Title _____

Professional Certification No. (if applicable) _____ Area _____

Authorizing State Board or State Dept. _____ Expiration Date _____

Counselor License No. (if applicable) _____

Authorizing State Board or State Dept. _____ Expiration Date _____

Number of years experience as Licensed/Certified Counselor _____

Have you supervised WSU counseling students in the past? _____ Yes _____ No

For PCC's only: Do you have current supervising counselor status with the Ohio Counselor,
Social Worker, Marriage & Family Therapist Board? _____ Yes _____ No

Education: (please begin with the most recent)

Institution _____

Major _____

Degree/Year _____

Institution _____

Major _____

Degree/Year _____

Institution _____

Major _____

Degree/Year _____

Other Related Educational Experiences: (please begin with the most recent)

1 _____

2 _____

3 _____

Professional Experience: (please begin with the most recent)

Current Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Please describe duties _____

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Please describe duties _____

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Please describe duties _____

Professional Affiliations:

1 _____
2 _____
3 _____
4 _____
5 _____

Supervisor Signature _____ Date _____

For your assistance with the education and training of Wright State University students, we would like to show our appreciation with a \$100 stipend, which is to be distributed the following quarter. If the student has two supervisors, the stipend will be split between the two. If you are able to receive this stipend, please complete one of the following sections:

I would like to have the check made out to my agency or school.

Site _____

Site Address _____

Tax ID # _____

I would like to have the check made out to myself.

Name _____

(as it appears on your social security card)

Home Address _____

Social Security # _____

I and/or my site are unable to accept the stipend.

If you have questions or concerns regarding the stipend, please direct them towards:

The Graduate Assistant for Practicum and Internship

M052 Creative Arts Center

937.775.4208

or

The Chair of the Department of Human Services

Stephen B. Fortson, Ed.D., LPCC

M052 Creative Arts Center

937.775.2075

Student Name _____ Date _____

Appendix 4

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

Student's Practicum Site Information Sheet – CNL 865

Site Name _____

Site Address _____

City _____ St _____ Zip _____

Site Phone Number _____ Web Address (if applicable) _____

Hours of operation _____

Site Supervisor _____ Site Supervisor's Work Phone _____

Clientele at Site _____

Directions to Site (include approximate mileage and time from WSU 1-way) _____

Appendix 5

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

CNL 865, Individual and Group Practicum Site Supervisor Evaluation of Practicum Student

To be completed at the end of practicum and submitted to university supervisor

Student Name (Print) _____

Site Supervisor (Print) _____

Name of Site _____

Please rate student's competency in the following areas using this scale

- 5 = Frequently demonstrates very high degree of competence.
- 4 = Frequently demonstrates high degree of competence.
- 3 = Demonstrates an adequate degree of competence.
- 2 = Demonstrates a relatively low degree of competence.
- 1 = Demonstrates an extremely low degree of competence.
- NA = Competency is not applicable to this setting.
- NO = No opportunity to observe.

I. Counseling Processes:

The Practicum student:

- _____ 1. Demonstrates basic interviewing and counseling skills that produce a therapeutic relationship.
- _____ 2. Demonstrates appropriate skills and procedures for initiating, maintaining, and terminating counseling sessions.
- _____ 3. Demonstrates appraisal skills that assist clients with exploration, insight, and goal attainment.
- _____ 4. Accurately identifies and/or assesses client's problem.
- _____ 5. Appropriately defines and articulates the dynamics of assigned cases.

- _____ 6. Appropriately recognizes the role of cultural factors (e.g. racial, ethnic, cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status), in understanding client presentation, issues, concerns, and help-seeking behaviors.
- _____ 7. Develops valid goal and/or treatment plans that include short and long-term goals as appropriate.
- _____ 8. Designs and implements appropriate intervention strategies.
- _____ 9. Keeps appropriate client progress notes.
- _____ 10. Evaluates client outcomes including evidence of client's transfer of learning to other situations.
- _____ 11. Appropriately executes referral processes and follow-up.
- _____ 12. Provides accurate information to client about community resources.
- _____ 13. Appropriately seeks consultation on client's case as necessary.

II. Group Counseling Skills:

The practicum student:

- _____ 1. Uses appropriate selection criteria and procedures for admission.
- _____ 2. Establishes group norms.
- _____ 3. Helps clients to identify individual goals.
- _____ 4. Collaborates with group to set group goals.
- _____ 5. Recognize various stages of a group.
- _____ 6. Uses exercises appropriate to group stages and situations.
- _____ 7. Recognizes and appropriately handles problem group behaviors.
- _____ 8. Facilitates member interaction.
- _____ 9. Accurately interprets the group process.
- _____ 10. Evaluates individual and group outcomes.
- _____ 11. Appropriately terminates group sessions.
- _____ 12. Models optimal group behaviors.
- _____ 13. Knows various approaches to group work including task groups, support groups, classroom guidance, psycho-educational groups, etc.

III. Self Development

The practicum student:

- _____ 1. Demonstrates awareness of areas and degrees of professional competence.
- _____ 2. Accepts feedback and recognizes constructive criticism during supervisory sessions.
- _____ 3. Commits to act on feedback and recommendations offered during supervisory sessions.
- _____ 4. Shows evidence of appropriate response to supervisor's recommendations.
- _____ 5. Performs in a professional manner.

- _____ 6. Maintains appropriate professional boundaries.
- _____ 7. Takes responsibility for growth and learning.
- _____ 8. Demonstrates appropriate oral and written communication skills.
- _____ 9. Demonstrates respect for others.
- _____ 10. Cooperates with others.
- _____ 11. Completes paperwork in a timely fashion.
- _____ 12. Demonstrates appropriate organizational and time management skills.
- _____ 13. Demonstrates punctuality and excellent attendance.
- _____ 14. Attires in appropriate dress.
- _____ 15. Serves as an advocate for the counseling profession.
- _____ 16. Serves as an advocate for the promotions of optimal human development and mental health.
- _____ 17. Practices according to legal, professional, and ethical standards.
- _____ 18. Adheres to organizational policies.
- _____ 19. Knows the role, function, and professional identity of the counselor in relation to the roles of other professional and support personnel in the organization.
- _____ 20. Communicates respectfully, authentically, and articulately.
- _____ 21. Conceptualizes factors in his or her personality that influence counseling style.
- _____ 22. Demonstrates emotional intelligence.
- _____ 23. Demonstrates knowledge of content essential for professional counseling.

IV. This section is for community and mental health settings only. Rate as appropriate for your setting and student assignment.

The Clinical Counselor Trainee:

- _____ 1. Demonstrates knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current Diagnostic and Statistical Manual.
- _____ 2. Knows theories of human development and concept of normalcy and psychopathology leading to diagnoses and appropriate counseling interventions.
- _____ 3. Demonstrates knowledge of modalities (brief, intermediate, and long-term approaches) for initiating, maintaining, and terminating counseling and psychotherapy with clients who are mentally and emotionally impaired.
- _____ 4. Demonstrates knowledge of crisis intervention strategies for clients who are mentally and emotional impaired.
- _____ 5. Knows basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and identifying effects and side effects of such medications.

Demonstrates competency in:

- _____ 6. conducting an intake interview.
- _____ 7. completing a mental status evaluation.
- _____ 8. completing a biopsychosocial history and assessment.
- _____ 9. completing a mental health history.
- _____ 10. completing a psychological assessment (scoring, profiling, report writing, and interpretation) for treatment planning, case management, diagnosis, and therapeutic goal attainment.

V. For School Counseling Sites Only

The School Counselor Trainee:

- _____ 1. Knows the procedures for in-school referral for individual and small group counseling (including self-referral).
- _____ 2. Uses age-appropriate counseling strategies and materials.
- _____ 3. Uses effective procedures to measure student outcomes (personal, social, career concerns).
- _____ 4. Accurately assesses the clients' academic standing and can generate appropriate counseling goals to address academic needs.
- _____ 5. Demonstrates effective observation skills of student behaviors for purposes of consultation and intervention.
- _____ 6. Constructs appropriate behavioral contracts and works with appropriate adults (e.g. teachers, parents) to monitor, sustain, and reinforce desirable client behaviors.
- _____ 7. Appropriately consults with teachers and parents regarding client goals.
- _____ 8. Knows and utilizes the services of other in-school support services for students and families.
- _____ 9. Knows, and adheres to rules and regulations regarding protection of student records.
- _____ 10. Understands the role of school counselor in your setting.
- _____ 11. Participates in various capacities, activities, and functions typically performed by school counselors in your setting.
- _____ 12. Understands the school counselor's role as consultant when serving on intervention teams.

VI. Final Comments

- 1. In your overall judgment, do you believe this student has the potential to be an effective counselor? Please explain.

2. Would you recommend this student for a counseling position in your setting? Please explain.

3. Provide any information, which may clarify above responses or provide insight into this student's performance at your site.

Name of Site Supervisor (Print)

Site Supervisor's Signature and Date

Name of Student (Print)

Student's Signature and Date

Profile Sheet

_____ Aggregate Mean for I, II, III, IV or V. (Sum of ratings divided by number of responses)

_____ Sum of ratings for I	_____ number of responses (13)
_____ Sum of ratings for II	_____ number of responses (13)
_____ Sum of ratings for III	_____ number of responses (23)
_____ Sum of ratings for IV or V	_____ number of responses (10) or (12)

_____ Mean for I. Counseling Processes (Sum of ratings divided by number of responses)

_____ Sum of ratings	_____ number of responses (13)
----------------------	--------------------------------

_____ Mean for II. Group Counseling Skills (Sum of ratings divided by number of responses)

_____ Sum of ratings	_____ number of responses (13)
----------------------	--------------------------------

_____ Mean for III. Self Development (Sum of ratings divided by number of responses)

_____ Sum of ratings	_____ number of responses (23)
----------------------	--------------------------------

_____ Mean for IV. The Clinical Counselor Trainee (Sum of ratings divided by number of responses)

_____ Sum of ratings	_____ number of responses (10)
----------------------	--------------------------------

_____ Mean for V. The School Counselor Trainee (Sum of ratings divided by number of responses)

_____ Sum of ratings	_____ number of responses (12)
----------------------	--------------------------------

Appendix 6

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fall: 937.775.2042

Student's Practicum Placement Evaluation – CNL 865

**to be completed at the end of practicum and submitted to university supervisor*

Student's Name _____ Qtr _____ Year _____

Major: _____

Site Name _____

Site Address _____

City _____ St _____ Zip _____

Site Phone _____ Site Supervisor _____

Site accessibility for individuals with disabilities: Yes or No

Type of clientele _____

University Supervisor _____

A. Please rate your site on the following areas from 1 (very poor) to 5 (very good).

- | | | | | | |
|--|---|---|---|---|---|
| 1. Adequate assistance in meeting university requirements. | 1 | 2 | 3 | 4 | 5 |
| 2. Staff acceptance of you as a counselor trainee. | 1 | 2 | 3 | 4 | 5 |
| 3. Support and cooperation of the administrative staff. | 1 | 2 | 3 | 4 | 5 |
| 4. Multicultural sensitivity. | 1 | 2 | 3 | 4 | 5 |
| 5. Physical facilities. | 1 | 2 | 3 | 4 | 5 |
| 6. Flexibility of site in meeting student's and client's needs. | 1 | 2 | 3 | 4 | 5 |
| 7. Site requirements were reasonable. | 1 | 2 | 3 | 4 | 5 |
| 8. Site and/or supervisor provided orientation regarding laws, policies
and regulations that govern the organization. | 1 | 2 | 3 | 4 | 5 |
| 9. Overall evaluation of site. | 1 | 2 | 3 | 4 | 5 |

B. Please rate your Site Supervisor on the following areas from 1 (infrequently) to 5 (frequently).

- | | | | | | |
|---|---|---|---|---|---|
| 1. He/she offered constructive criticism. | 1 | 2 | 3 | 4 | 5 |
| 2. He/she provided support when needed. | 1 | 2 | 3 | 4 | 5 |
| 3. He/she demonstrated multicultural sensitivity. | 1 | 2 | 3 | 4 | 5 |
| 4. He/she provided assistance or referred you to someone who could. | 1 | 2 | 3 | 4 | 5 |

- | | | | | | |
|---|---|---|---|---|---|
| 5. He/she allowed adequate time for individual supervision. | 1 | 2 | 3 | 4 | 5 |
| 6. He/she helped me integrate theory and practice. | 1 | 2 | 3 | 4 | 5 |
| 7. He/she coordinated assignments of your clients. | 1 | 2 | 3 | 4 | 5 |
| 8. Overall evaluation of supervisor. | 1 | 2 | 3 | 4 | 5 |

C. Please answer the following questions.

1. Is there anything not previously mentioned that you especially liked or disliked about the site or supervision?

2. Was the practicum a learning experience for you? Please explain.

3. What kind of supervision did you have? (Ex.: listening to tapes, direct observation, group supervision, etc.)

4. Number of hours required per week by site.

5. Other comments:

Student's Signature _____ **Date** _____

Please return one copy of Appendix 6 to the University Supervisor
and one copy to the Graduate Assistant.

Appendix 7

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

Time Log- CNL 865

Direct Service Hours						
Entry	Date	Individual	Group	Supervision	Non-direct Service Hours	Total/Day
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Total						

Site Supervisor Signature & Date _____

Student Signature & Date _____

*Please submit to your university supervisor.

Appendix 8

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

For student's working toward the PC or PCC license or completing your experience at a community mental health center, please Note:

Counselor Training Supervision Agreement forms must be filed with the Counselor, Social Worker, Marriage and Family Therapy Licensure Board **before** beginning your supervised experience, if your site requires that you have Counselor Trainee (CT) status. It is the **student's responsibility** to file this form with the Board.

Counselor, Social Worker, Marriage and Family Therapy Licensure Board
50 West Broad Street, Suite 1075
Columbus, OH 43215-5919
Phone (614) 466-6462

These forms can be retrieved from the board's website at <http://www.cswmft.ohio.gov/forms.stm>

The form to obtain status as a counselor trainee is to be submitted at the beginning of the practicum and again for the 1st quarter of internship: Trainee Supervision Agreement. *(For the following quarters of internship, the board only requires the student to send a copy of their class schedule, informing them of enrollment in the course and the need to renew CT status.)*

The form to be submitted within 30 days of completing the experience is
For practicum: Practicum Report Form
For internship: Internship Supervision Evaluation

Copies of the Trainee Supervision Agreement need to be submitted to the graduate assistant for practicum and internship when you submit appendix 2, 3, and 4 at the beginning of practicum and the 1st quarter of internship.

It is **highly recommended** each student obtain a copy of the Rules and Regulations for Licensure from the State Board. This document contains information vital to your future as a counselor!

Appendix 9
Wright State University
College of Education and Human Services
Impact on Student Learning/Client Needs

Candidate Name _____ School/Placement _____

Mentor/Cooperating Teacher/Supervisor _____ Date _____

Candidate Program: _____

Identify three students/clients (by an alias) whose performance you will document

Student/Client 1	Student/Client 2	Student/Client 3

Please indicate whether this is an academic or behavioral event. Then check the nature of the event.

Academic: <input type="checkbox"/> Reading, literacy, lang. arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Art/Music <input type="checkbox"/> Other <hr/> Counseling: <input type="checkbox"/> Personal/Social <input type="checkbox"/> Career <input type="checkbox"/> Crisis <input type="checkbox"/> Other: _____ <hr/>	Academic: <input type="checkbox"/> Reading, literacy, lang. arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Art/Music <input type="checkbox"/> Other <hr/> Counseling: <input type="checkbox"/> Personal/Social <input type="checkbox"/> Career <input type="checkbox"/> Crisis <input type="checkbox"/> Other: _____ <hr/>	Academic: <input type="checkbox"/> Reading, literacy, lang. arts <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Art/Music <input type="checkbox"/> Other <hr/> Counseling: <input type="checkbox"/> Personal/Social <input type="checkbox"/> Career <input type="checkbox"/> Crisis <input type="checkbox"/> Other: _____ <hr/>
--	--	--

OR

OR

OR

Behavioral <input type="checkbox"/> Increase/Decrease production <input type="checkbox"/> Increasing engagement	Behavioral <input type="checkbox"/> Increase/Decrease production <input type="checkbox"/> Increasing engagement	Behavioral <input type="checkbox"/> Increase/Decrease production <input type="checkbox"/> Increasing engagement
--	--	--

Write your goal for the student/client in regards to your instruction or actions. Cite specific standards for your goals.

--	--	--

Identify outcomes for each student/client, beginning with the most likely outcome. This would be the outcome expected to occur at the end of the instructional period. Next, describe two higher levels of success, which would be more than expected (+1) and much more than expected (+2). Do the same for the lower levels of progress as well, including less than the expected outcome (-1) and much less than expected (-2). Identify the date on which you will review the students' progress and who will rate the student (you, a mentor or cooperating teacher, assistant).

Level of Expected Outcome	Student/Client 1	Student/Client 2	Student/Client 3
Review Date			
Reviewer			
Much more than expected (+2)			
More than expected (+1)			
Most likely outcome			
Less than expected (-1)			
Much less than expected (-2)			

1. Identify the major ways you evaluated the outcomes for each of these students/clients. Specifically, what methods and steps did you use to evaluate them (observation, test, rubric, questions, participation in a lesson/activity, task completion, etc.).

What was the decision-making process utilized for evaluating these particular outcomes?

2. Estimate the degree to which your plan was carried out as intended:

- _____ As planned
- _____ Almost as planned
- _____ With a moderate amount of change
- _____ With many changes

3. Rate each student/client's outcome on the review date and report both the goal attainment scale and the reviewer/rater below:

Student/Client	Date	Goal Attainment Rating (-2, -1, 0, +1, +2)	Reviewer/Rater (self, cooperating teacher etc.)
Student/Client 1			
Student/Client 2			
Student/Client 3			

4. If you had another individual rate the goal attainment, what was the agreement of your ratings? For example, Student 1 ~ my rating was 1 and my cooperating teacher's rating was -1.

5/23/06

Impact on Student Learning/Client Needs

Directions for Implementation:

1. CEHS candidate chooses three students/clients to facilitate the use of the goal attainment task, after consultation with the cooperating educator and support from their supervisor.
2. At least two members of the team mentioned above should rate the degree of attained progress of the goal for the same three students/clients to triangulate the evidence. Therefore, the GAS needs to be completed during an observation when at least two of the three parties are present.
3. The assessment should be collected during the same field or clinical experience for all candidates within the program, preferably collected the quarter of the candidate's last field or clinical experience (during gate/decision point #3).
4. Completion of the task is designed for on-line submission electronically. Aggregated data per program area would be submitted to the data manager by the end of the quarter.