Welcome to the Practicum and Clinical Field Experiences of the Counselor Education & Services Program

This handbook has been prepared to assist in the delivery of information directly related to the practicum (CED 711) and clinical field (CED 712) courses within the Department of Counselor Education. It has been designed to give the graduate student, agency and school supervisors, and the faculty supervisor a better understanding of each other’s roles and expectations.

Comments about this handbook are encouraged so that this handbook can become more valuable to graduate students, faculty, and supporting schools and agencies. Please send your comments to:

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Note: Departmental faculty reserves the right to change any of the terms of the handbook in any section at any time.

Practicum and Clinical Field Handbook revised Fall 2017
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Mission Statement

The mission of the Department of Counselor Education is to prepare students with appropriate academic preparation and personal growth opportunities to serve as professional Master’s degree level counselors in their chosen specialty area. Graduate students are expected to develop a high level of self-awareness, a strong knowledge base, and competent counseling skills in order to practice ethically and professionally within a diverse society. Consistent with these expectations is the emphasis placed upon student growth in exhibiting the dimensions of warmth, empathy, unconditional positive regard, genuineness, and congruence, as well as the values of civility, integrity and responsibility. Faculty are expected to facilitate students’ development and model appropriate professional behavior.

Purpose of Clinical Experiences

The purpose of the clinical field experiences is to help counseling graduate students develop effective counseling skills that will serve them well in working with a variety of clients. In addition, students will learn to present cases to peers and to offer constructive criticism and ideas in a “treatment team” or “case conference” format. Class sessions will involve experiential exercises, discussions of theories, techniques, common problems, ideas, and analyses of case presentations. Specific counseling issues as addressed in recent professional literature will be reviewed.

Clinical Objectives

The practica and clinical fields provide for the development of counseling skills under supervision. The student’s practicum and/or clinical field include all of the following:

- Direct service with clients, including experience in individual counseling and group work;
- Supervision which occurs regularly over a minimum of one academic term by a program faculty member;
- Supervision which occurs weekly over a minimum of one academic term by an on-site supervisor; and
- Evaluation of the student’s performance throughout the practicum/clinical field including a formal evaluation at the end of the practicum/clinical field.

Students will continue to gain further understanding of:

- Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients;
- Ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling;
• Professional roles, functions, and relationships with other human service providers;
• Attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
• Individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
• Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;
• Counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;
• Essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship;
• An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status.
• The knowledge of prevention and crisis intervention strategies.

School Counselors will also gain further understanding of:

• Ethical and legal considerations related specifically to the practice of school counseling (e.g., the ACA Code of Ethics and the ASCA Ethical Standards for School Counselors).
• The knowledge of the school setting, environment, and pre-K-12 curriculum.
• Use of technology in the design, implementation, monitoring and evaluation of a comprehensive school counseling program.
• Individual and small-group counseling approaches that promote school success, through academic, career, and personal/social development for all.

Additionally, students will:

• Increase self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;
• Begin to develop a personal model of counseling; and will
• Integrate ethical and legal considerations into their counseling practice.
**Preparation for Clinical Experience**

**Prerequisites for Practicum**

To be eligible to take any of the practicum courses (CED 711), students must have been admitted to candidacy, have completed the following courses, and have their advisor’s approval:

- CED 700, Foundations of School Counseling OR CED 789 Intro to Clinical Mental Health Counseling;
- CED 702, Counseling Theories;
- CED 710, Counseling Skills and Techniques;
- CED 724, Experiential Group Process

**Deadline for Practicum Request Forms**

The availability of space in practicum classes is limited each semester. It is important that a student’s plan for practicum be made as early as possible. Practicum Request Forms must be turned in to your advisor by **February 1st** for the fall semester and by **October 1st** for the spring semester. Students not submitting forms by the above dates cannot be guaranteed practicum and may have to be placed on a waiting list. Advisors MUST sign the request forms. **Remember Practicum is not offered during the summer.**

**Prerequisites for Clinical Field**

To be eligible to take the clinical field course (CED 712 & 713), students must have been admitted to candidacy, have completed the following courses, and have their advisor’s approval:

- CED 700, Foundations of School Counseling OR CED 789 Intro to Clinical Mental Health Counseling
- CED 702, Counseling Theories;
- CED 705, Developmental Group Counseling;
- CED 710, Counseling Skills and Techniques;
- CED 711, Practicum; and
- CED 720, Cross Cultural Counseling
- CED 724, Experiential Group Process.

*NOTE: Clinical field is recommended to be taken during the last semesters of the program and with no other classes.*
Deadline for Clinical Field Request Forms

The availability of space in clinical field classes is limited each semester. It is important that a student’s plan for clinical field be made as early as possible. Clinical Field Request Forms must be turned in to your advisor by February 1st for the summer and fall semester and by October 1st for the spring semester. Students should submit the form even if you are not sure where you will do your clinical field. Students not submitting forms by the above dates cannot be guaranteed clinical field and may have to be placed on a waiting list. Advisors MUST sign the request forms.

*The majority of school counselors do not work all summer or have students available to meet the direct hour requirements. If a student seeking school counseling certification finds an appropriate school that meets the clinical field requirements, the student must submit a proposal to the field coordinator. The proposal will be reviewed by the faculty to determine if the site and site supervisor meets the department, PDE and CACREP clinical field requirements.

Supervisor Qualifications

Clinical Mental Health Agency-A site supervisor must have a minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, and a minimum of two (2) years of pertinent professional experience in the program area in which the student is completing the clinical experience.

Elementary and Secondary Schools-Site supervisors must have (2) years experience as a school counselor, minimum of a master’s degree in counseling or a related profession with equivalent qualifications and current school certification.

Expectations of Site Supervisors

It is expected that site supervisors have basic knowledge of the program’s expectations, requirements, and evaluation procedures for students. It is also expected that the on-site supervisor will provide the following services and supervision:
- An orientation to the agency and definition of specific intern duties.
- Written evaluations (mid-semester and end-of-semester) of the intern’s performance (Forms provided).
- At least one hour each week of one-to-one supervision.

Expectations of University Supervisors

University supervisors are expected to:
• Assist in planning in the practicum or clinical field when needed.
• Advise students regarding the types of agencies available for placement, various client groups served and the responsibilities of the students in the practicum or clinical field experience;
• Advise students as to the requirements involved in the practicum and/or clinical field (seminars, reports, evaluations); and
• Maintain periodic contacts with the agency supervisor and the student to discuss the student’s progress. In instances of logistical problems, either telephone contacts or written correspondence will be used.

University supervisors will contact the site where the practicum or clinical field student is placed at least once a semester and as needed. This contact will focus on the progress and areas in need of improvement of the student.

Requirements for Practicum Students

Practicum students should be at the school/agency for a minimum of 150 hours (with 50 hours being in direct student/client services). The practicum experience at the school/agency is required to last the entire semester. The practicum site must allow you to audio record your counseling sessions with students or clients. This is required for each three-credit practicum course taken. Additional requirements include:

Practicum (CED 711)

• Attend weekly practicum group supervision for 1 1/2 hours with faculty supervisor.
• Each student will also be required to meet weekly with a faculty supervisor for one hour of individual or triadic supervision.
• Keep a weekly log of activity in the agency or school.
• All students are required to turn in the following paperwork: evidence of liability insurance, ACTS 24, 34, 115, 141 clearances, evidence of completed Mandated Reporter Training, site agreement form, supervisor’s evaluation of performance, evaluation of practicum site, log of practicum hours, site development form, site supervisor resume, and practicum summary form. Other forms may be required, as necessary.
• You will be required to prepare a minimum of 5 audiotapes (5 in-class presentations) for presentation. The format for the presentation will be provided in class.
• Complete an evaluation of the practicum student’s experience in the agency/school to be submitted to the University supervisor at the end of the practicum.
• Any additional syllabus requirements.
Requirements for Clinical Field Students

Clinical field is a 6 credit, 600 hour experience and can be completed in one semester or over two semesters for 300 hours each. Forty percent or 240 hours MUST be direct hours working with clients in counseling. The clinical field experience at the school/agency is expected to last the entire semester. **The clinical field site must allow you to audio record your counseling sessions with students or clients.** This is required for each clinical field course taken. Additional requirements include:

- Attend weekly group supervision sessions for 1 1/2 hours.
- Keep a daily or weekly log of activity in the agency or school. This is a tabulation of how each hour is spent in the clinical field. The log is to be handed in to the faculty supervisor regularly and at the end of the semester.
- School counseling students need to keep separate logs for elementary, middle/secondary hours. PDE requires all school counseling students to have experience in all grade levels. Please see your advisor or faculty field supervisor for more detailed information.
- All students are required to turn in the following paperwork: evidence of liability insurance, ACTS 24, 34, 115, 141 clearances, evidence of Mandated Reporter Training, site agreement form, supervisor’s evaluation of performance, evaluation of practicum site, log of practicum hours, site development form, site supervisor resume, and field experience summary form. Other forms may be required, as necessary.
- Complete an evaluation of the intern’s experience in the agency to be submitted to the clinical field instructor at the end of the clinical field.
- Any additional syllabus requirements.

Direct Hours

**Direct hours are the interaction with clients.** This includes face-to-face individual counseling and group counseling, classroom guidance lessons, human development skills, and consultation. Consultation with other counselors, parents, and teachers regarding interventions for client success may count as direct hours (as approved by supervisors). Please see your faculty supervisor for clarification on direct hours. What are **NOT direct hours:** phone contacts, workshop presentation or training, casual conversation with clients or potential clients, and observing counseling.

Site Selection

Selecting your Practicum and/or Clinical field site is one of the most important steps in the development of your counseling skills and the successful completion of your clinical experiences. **Do NOT delay in securing a site!** Ultimately, the responsibility for finding
a practicum or clinical field site lies with you, the student. Aim for a site placement that represents a “good fit” with your personal and professional needs, interests, program requirements, and licensure/certification requirements. Once you have determined sites that match your interests and goals, request an interview to surmise the “fit” between you and the site. Meet with your advisor or field coordinator to discuss your site selection.

**Liability Insurance**

As part of the application process for each Practicum or Clinical field course, you must provide verification of your professional liability insurance.

*Be sure to obtain professional liability insurance several weeks before enrolling in Practicum or Clinical field. A copy of the declaration page of your policy is due on the first day of class. You must have liability insurance before seeing clients/students for Practicum or Clinical field credit.*

ACA and ASCA (American Counseling Association and American School Counseling Association) provide insurance liability **FREE** to students as part of your membership. Many professional organizations offer students special low rates for liability insurance when they join the organization. The American Counseling Association is one of the appropriate professional organizations for CED students. ACA offers student rates for both membership and liability insurance (Healthcare Providers Service Organization (HPSO)). Obtain information from:

American Counseling Association
Phone: 703-823-8700 OR 800-347-6647
TDD 703-370-1943
www.counseling.org

*The Counselor Education and Services Department does not make recommendations for the amount of liability coverage you should obtain. When making that decision, consider your personal and professional circumstances and risks.*
**Criminal Record and Child Abuse Clearance**

State law currently requires all of the following clearances for anyone who may come in contact with minors: 1) criminal background check 2) child abuse clearance 3) FBI background checks (fingerprinting). Additionally some sites also require, 4) health related clearances 5) drug testing and other such clearances. Further it is the policy of the Department of Counselor Education that ALL School Counseling and Clinical Mental Health students secure ACTS 24, 34, 114 & 151 clearances.

Certain types of criminal convictions and/or health related issues may affect the student’s ability to complete the master's degree and/or certification program. In addition, a number of employers, statewide licensing boards, state and national certifying organizations, etc. have policies regarding criminal histories which may limit employment and licensing options.

Therefore, the Department of Counselor Education strongly recommends that all Counselor Education students request clearances proactively prior to, or early, in their program.

**Obtaining Clearances**

Commencing May 11, 2015, all Counselor Education Students are required to obtain ACT 24, 34, 151 and 114 clearances prior to any participation in a Counselor Education sanctioned clinical field experience. Since it is possible that some clearances may take as long as six weeks to process, students are encouraged to begin the application process well in advance of any anticipated field experience.

Obtained clearances must be renewed every twelve months. The department, prior to beginning or continuing any field experiences, must receive evidence of the renewal. Procedures for obtaining and submitting clearances will be provided.

**Clearances with Infractions**

Counselor Education students with any type of record, on any clearance, will be required to meet with their advisor. While citations do not automatically limit licensure or certification opportunities, students should be aware of potential future issues with the Department of Education and/or State and future employers.
Professional Considerations

Personal Challenges

During your clinical experiences, you will likely encounter clients and supervisors who you will find to be resistant and/or difficult to deal with. This is a normal and desirable process that will challenge you to grow by facing and acknowledging unresolved issues that may block your effectiveness as a counselor. Although this may be painful at first, openness to the experience is an important quality for you to develop.

It is equally crucial for you to become aware of your biases, attitudes, values, and beliefs and how they affect the counseling process. Rigidity in these areas can seriously inhibit your effectiveness as a counselor. Acknowledging and accepting your deeply ingrained viewpoints and the limits they place on your work as a counselor is a critical aspect of your professional development.

Many students choose to invest in their professional futures by participating in personal counseling. Counseling may be a choice you also will make. In addition to counseling resources available in your own community, you may contact the University Counseling Center (724.938.4191) for information about free counseling services available to California University students.

*Note: Clinical field is the most important clinical experience you will receive during this program. Ideally, it should NOT be taken with other classes in order not to be overloaded and to be able to focus your energy on clinical field.*
Supervision and Feedback

During your clinical experiences you will receive extensive supervision and feedback from your site supervisor, faculty supervisor, and peers. Who you are as a person greatly influences your effectiveness as a counselor. Therefore, there will be times when the supervision and feedback you receive will address your personal qualities as well as your use of counseling skills. To take full advantage of supervision, it is critical that you prepare for the supervision session. The following sections provide information about these important areas: scheduling your time, receiving feedback, giving feedback, and preparing for supervision.

Scheduling your Time: Extensive supervision is required for Practicum and Clinical field. Schedule regular meetings with your site supervisor and attend weekly university sessions.

Receiving Feedback and Supervision: There is probably no other time in your counseling career that you will receive the amount of close supervision, as you will experience in Practicum and Clinical field courses. You are urged to take advantage of this opportunity by being non-defensive and open to supervision and feedback.

Giving Feedback: Another critical aspect of supervision is the feedback you can offer to other counselors-in-training. This is an important opportunity for you to demonstrate the ability to give honest concrete and specific feedback in a tactful sensitive manner. It is often tempting to give non-specific feedback such as, “You were wonderful with her” or “I thought you were a little off base.” However, such vague statements do not provide useful information to the others in training with you.

Preparing For Supervision: Being prepared for supervision sessions will enable you to take maximum advantage of this component of your clinical experiences. Minimum preparation includes:

- **Paperwork**
  Completing all required paperwork before supervision.

- **Tape Review**
  Before the supervision session, review your tape and complete your critique as assigned by your faculty supervisor.

- **Supervision Questions**
  Writing down specific questions you have for the supervisor.
Distance Supervision
CED 712, 713 & 780 Internship in Counselor Education

Policy

This policy addresses the qualifying criteria and procedures for completing CED 712, 713 or CED 780 (summer internship) at a site location that does not permit the student to attend regular group supervision at CalU.

Distance supervision applications are approved based on the faculty’s assessment of the student’s ability to successfully complete distance supervision, student needs, faculty availability, and departmental funding levels.

Appropriate student needs include:

1. Family issues that necessitate the student’s presence at their home
2. Significant promise of employment by completing an internship at a site requiring distance supervision
3. Financial issues necessitating the student live away from reasonable travel to and from CalU.
4. Other serious matters

*Distance supervision is not available for CED 711, Practicum.

I. Qualifying Criteria

Students requesting distance supervision to fulfill the requirements of CED 712/713/780 must:

1. Have completed all required on-site coursework for their degree (or within one semester)
2. Identified a site within 400 miles of CalU
3. Completed the Application Request for Distance Supervision
4. Received endorsements on form from his/her advisor, coordinator of field experiences and departmental chairperson.
5. Attached the necessary documentation and clearances to the Application and submitted the information in its entirety to the Coordinator of Field Experiences by:

   • March 15th for Summer semester internship
   • June 15th for Fall semester internship
   • October 15th for Spring semester internship
II. Responsibilities of Students
Engaging in Distance Supervision

Distance students must:

1. Meet all course requirements per the course syllabus for CED 712/713/780
2. Receive a minimum of one hour of regularly scheduled on-site supervision
3. Regularly mail signed/scanned weekly logs/other documentation to the course instructor
4. Arrange all secure technological needs per the requirements of the course instructor, (may be FaceTime, Skype or telephonic) during regular class meeting times. (failed tech connections will be considered missed classes)
5. Make logistical arrangements for at least one faculty site visit and at least one telephone contact with the site supervisor (as requested by faculty member)

III. Clearances

Students completing CED 712/780 via distance supervision must complete and provide to the CED all criminal/child abuse clearances as required by the field site and CalU.

For instance, students completing clinical field requirements in Maryland must meet and complete clearance criteria for both Pennsylvania and Maryland and provide copies of both state clearances to CED within the proscribed time limits.

IV. Required Documentation

The following documentation is required to be considered for a distance Supervision Field Experience:

1. A completed Application Request for Distance Supervision
2. A 300 word explanation of why this request is being submitted
3. A current unofficial copy of the student’s transcript
4. A copy of the Site Supervisor’s resume
5. A copy of all PA clearances valid for the full term of the proposed distance field experience
6. A completed/signed Field Experience Site Agreement form.
7. A copy of all out of state clearances valid for the full term of the proposed distance field experience (within 45 days of approval of this application)
Code of Ethics and Standards of Practice

The Counselor Education and Services department expect and require both faculty and students to adhere to the American Counseling Association (ACA) Code of Ethics and Standards of Practice. As a counselor-in-training, you are required to meet your professional obligations regarding ethical practice. Therefore, without exception, you are expected to meet the minimum responsibilities outlined below:

- Obtain a copy of the ACA Code of Ethics and Standards of Practice (can be obtained at the ACA website: www.counseling.org) and become familiar with the contents of this document.
- Abide by the ethical behavior and standards of practice endorsed by ACA.
- Bring your general, non-emergency ethical questions to supervision.
- Immediately consult with your site supervisor and/or faculty supervisor when emergency or ethical dilemmas arise (i.e., suicide, homicide, child/elder abuse, etc.). You may also consult your faculty supervisor.
- Become familiar with and abide by policies and procedures established by your Practicum or Clinical field site.
- Abide by the laws of the state in which you conduct your Practicum or Clinical field.

You also are required to become familiar with and abide by the policies and procedures established by the agency/institution in which you are conducting your Practicum and/or Clinical field course requirements. Consult with your site supervisor for specifics before beginning your clinical experience. Additionally, you must abide by the laws of the state in which your site is located. Failure to adhere to appropriate professional codes of ethics, standards of practice, and state laws governing the professional behavior and activities of counselors may result in disciplinary action and/or dismissal from the Department of Counselor Education.
Practicum Forms

Appendix A: Practicum/Clinical field Request Form
REQUEST FOR PRACTICUM/CLINICAL FIELD

Name ___________________________ Address ____________________________
Email __________________________ Date ________________________________
Phone: Home _____________________ Work _________________________ Cell ______________________

This request is for: (circle one) Practicum ____ Clinical field ____ circle: 3 or 6 credits
The practicum/clinical field is in: (circle one) School ____ Clinical MH
Please write the type of experience you prefer. (e.g.: children, drug and alcohol, geriatric, etc.)

________________________

For which semester are you registering?
Fall ____ Spring____ Summer (clinical field only) ____ Year_______

Please name and rank the institutions you prefer.
1.) _______________________________________________________
2.) _______________________________________________________
3.) _______________________________________________________

Check the courses you will have completed by the time you are ready for practicum:

____ CED 700 School Counseling or CED 789 Intro to Clinical Mental Health Counseling
____ CED 702, Counseling Theories
____ CED 705, Developmental Group Counseling
____ CED 710, Counseling Skills and Techniques
____ CED 711, Practicum (If applying for CED 712 & 713)
____ CED 724, Experiential Group Process

Date of Candidacy __________
When do you plan to graduate? __________________________

I understand that as a practicum student I may be responsible for any liability claims brought against me in the
performance of my counseling activities. The university does not carry liability insurance to protect intern students. I
am aware that I must provide evidence at the first practicum class that I have personal liability insurance or am
covered under the liability policy of the school/agency that I work at.

__________________________________ __________________________
Student Signature Date

__________________________________ __________________________
Advisor Approval Date

Due dates:
October 1 for spring semester
February 1 for fall semester
February 1 for summer clinical field/internship
Practicum Forms

Appendix B: Site Development Form
SITE DEVELOPMENT FORM

CLINICAL MENTAL HEALTH

Agency: ____________________________ Date __________________
Address: ________________________________________________________________
City: __________________ Zip: __________ County: ____________________________
Contact Person: __________________________ Phone: _________________________
E-Mail: ________________________________________________________________

Agency Services Available to Practicum Student: (Check all that apply)
_____ Inpatient _____ Outpatient _____ Family Therapy _____ Marital Therapy _____ Individual
Therapy _____ Group Therapy _____ Aftercare _____ Occupational Therapy _____ Addictions
Counseling _____ Other ________________

Primary Clientele Profile: (Check all that apply)
Sex: ______ Male ______ Female
Ethnicity: _____ African American _____ Hispanic _____ Caucasian _____ Asian American
_____ American Indian _____ Other
Age: _____ Child _____ Teen _____ Young Adult _____ Adult _____ Senior
Disabilities: _____ Physical _____ Developmental _____ Emotional

Administrative Experience Available: (Check all that apply)
_____ Intake Interviewing _____ Testing _____ Interviewing _____ Report Writing
_____ Consultation _____ Record Keeping _____ Treatment Plan Development
_____ Case Summary Development _____ Staff Meetings
_____ Referral Opportunities ________________ Other

Continuing Education Opportunities:
_____ Professional Seminars _____ In-service Meetings _____ Research Possibilities
_____ Other: _______________________________________

Special Considerations:
Is stipend money available? Yes No
Are there opportunities available for evening/weekend hours? Yes No
Has the agency had other practicum/clinical field students? Yes No
How many practicum students are on site during a semester? _____
Is there any possibility of audio taping of clients? Yes No
Additional comments about your site or expectations of practicum/clinical field students:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please attach RESUME of site supervisor(s)
SITE DEVELOPMENT FORM

SCHOOL COUNSELING

School District: _______________________ School Name: _______________________
Address: ______________________________________ Date ______________________
City: _______________________ Zip: __________ County: _______________________
Contact Person: _______________________ Phone: ______________________
E-Mail: ________________________
Check all that apply: ______ Elementary ______ Middle _____ High School

Services Available to Practicum Student: (Check all that apply)
_____ Inpatient _____ Outpatient _____ Family Therapy _____ Marital Therapy _____ Individual
Therapy _____ Group Therapy _____ Aftercare _____ Occupational Therapy _____ Addictions
Counseling _____ Other ______________________

Primary Clientele Profile: (Check all that apply)
Sex: ______ Male ______ Female
Ethnicity: _____ African American _____ Hispanic _____ Caucasian _____ Asian American
_____ American Indian ______ Other
Age: _____ Child _____ Teen _____ Young Adult _____ Adult _____ Senior
Disabilities: _____ Physical _____ Developmental _____ Emotional

Administrative Experience Available: (Check all that apply)
_____ Intake Interviewing _____ Testing _____ Interviewing _____ Report Writing
_____ Consultation _____ Record Keeping _____ Treatment Plan Development
_____ Case Summary Development ______ Staff Meetings
_____ Referral Opportunities _____________ Other

Continuing Education Opportunities:
_____ Professional Seminars _____ In-service Meetings _____ Research Possibilities
_____ Other ______________________________________________________

Special Considerations:
Is stipend money available? Yes No
Are there opportunities available for evening/weekend hours? Yes No
Has the agency had other practicum/clinical field students? Yes No
How many practicum students are on sight during a semester? _____
Is there any possibility of audio taping of clients? Yes No
Additional comments about your site or expectations of practicum/clinical field students:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please attach RESUME of site supervisor(s)
Practicum Forms

Appendix C: Practicum/Clinical field Placement Agreement Form
California University of Pennsylvania  
Department of Counselor Education  
Telephone: (724) 938-4123  
Practicum I or Clinical field (CED 711, 712, 713)  
Placement Agreement

_____Clinical MH Agency          _____School Counseling

The Department of Counselor Education and Services at California University of Pennsylvania and ______________________________ agree that

_________________________________________ will serve as a Practicum/Clinical field student for the period ____________________ to ____________________.

Site Address:_____________________________________________

Zip Code: ________ Phone Number:_______________ Email________________

Supervision Requirements: Both parties agree that ______________________________ will serve as practicum/clinical field instructor and ______________________________ will serve as on-site supervisor. A site supervisor must have:

• A minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses;
• A minimum of two (2) years of pertinent professional experience in the program area in which the student is completing clinical instruction; and
• Knowledge of the program’s expectations, requirements, and evaluation procedures for students.

It is also expected that the on-site supervisor will provide the following services and supervision:

• Provide an orientation to the school/agency and definition of specific practicum duties.
• Written evaluations (mid-semester and end-of-semester) of the student’s performance (Forms provided).
• Review and sign student logs of the field experience.
• At least one hour each week set aside for one-to-one supervision, with periodic reviews of work sample.
• Provide a resume and complete a site development form

A. Student Requirements:

• Attend weekly supervision sessions
• Be at the school/agency on the agreed days and times. A total of 150 hours (with 50 hours being in direct client services) is required for each three-credit 24 practicum. 300 or 600 hours (40% in direct services) are required for clinical field.
• Each student will be required to meet weekly outside of class with a faculty supervisor for one hour.
• Keep up to date logs of activity in the agency. The log is to be handed in to the practicum instructor as required and at the end of the semester.
• All students are required to turn in the following paperwork: evidence of liability insurance, site agreement form, supervisor’s evaluation of performance, evaluation of practicum site, log of practicum hours, and practicum summary form. Other forms may be required, as necessary.
• **Audio Taping of direct care sessions is required for supervision.**
• Complete an evaluation of the intern’s experience in the agency to be submitted to the practicum instructor at midterm and the end of the practicum/clinical field.
• Complete all requirements on the syllabus.
• Individual and Group Counseling are required.

**B. University Supervision Requirements:**
• Assist in planning in the practicum/clinical field when needed.
• Advise students as to the requirements involved in the practicum (seminars, reports, evaluations)
• Maintain periodic contacts with the agency supervisor and the student to discuss the student’s progress.
• University supervisors will contact the site where the practicum student is placed at least once a semester. This contact will focus on the progress and areas in need of improvement of the student. The practicum site supervisor and the intern should be present.

**C. ____________________________ understands that a grade will be earned on the basis of:**
• Attendance and satisfactory participation in practicum/clinical field class.
• Successful counseling performance done at the practicum/clinical field site.
• Approved documentation of counseling, such as: video tapes, audio tapes, case reports, journal, work, logs, and workbook sheet.

The following signatures verify agreement to the above stated conditions:

**SITE ____________________________ Date __________
School/Agency Supervisor**

**California University of Pennsylvania**

**Student ____________________________ Date __________**

**Faculty Member ____________________________ Date __________**
Practicum Forms

Appendix D: Practicum Log Form
Practicum Log

Name of Student: ___________________________ Semester/ Year: __________

Name of Site: _______________________________ Log#: __________

Activity Summary:

Direct Services: Individual Counseling: _______ hours

Group Counseling: _______ hours

Indirect (all other activity): _______ hours

Supervision: _______ hours

Multicultural/diverse learning

Reflections:

<table>
<thead>
<tr>
<th>Counseling Hours</th>
<th>This Entry</th>
<th>Previous Log</th>
<th>Cumulative Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Hours</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Indirect Hours</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Intern Supervision</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Total Hours</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

Date of Log Entry __________________________

Student Signature ____________________________________________

Site Supervisor Signature ____________________________________
Practicum/ Clinical field Forms

Appendix E: Site Supervisor’s Evaluation of Supervisee’s Performance Form

School Counseling and Clinical Mental Health Agency

Midterm
California University of Pennsylvania
Department of Counselor Education
Practicum and Field Experience
Site Supervisor’s Evaluation of Student Counselor’s Performance

MIDTERM

This form is to be used to check performance in counseling practicum or internship.

Name of Student _________________________________________

Date of Evaluation _________________________________________

Name of Supervisor _________________________________________

Agency or school ___________________________________________

Phone Number _____________________________________________

Please rate each item using the following scale:
1- Far below expectation, needs close supervision, a concern
2- Below expectations
3- Acceptable, meets standards for interns
4- Above expectations for the average intern
5- Exceeds expectations, works well beyond average level for interns

Professional Behavior:
1. ___ Arrives on time and completes hours and days on site.
2. ___ Appropriate dress and behavior
3. ___ Completes paperwork, case notes, and assigned tasks on time.
4. ___ Communicates written information clearly and effectively.
5. ___ Communicates orally clearly and effectively.
6. ___ Demonstrates respectful behavior toward peers and clients.

Ethical Awareness:
7. ___ Demonstrates knowledge and awareness of ethical and legal standards.
8. ___ Personal behavior consistent with ethical guidelines.
9. ___ Consults with supervisor about ethical issues as needed.

Skill Development:
10. ___ Listens to verbal and nonverbal communication.
11. ___ Assists clients in goal setting.
12. ___ Communicates empathy, acceptance, and genuineness with clients.
13. ___ Understands resistance to assist clients.
14. ___ Uses silence as an effective intervention technique.
15. ___ Uses basic skills as paraphrasing, reflections, questions, and summaries effectively.
16. ____ Identifies client themes and patterns,
17. ____ Uses client cultural background in assessment, diagnosis, and treatment.
18. ____ Works effectively with clients who are culturally different. (ex. race, ethnicity, gender, religion, etc.)
19. ____ Sets and maintains personal boundaries.
20. ____ Understands differences between self and client.

Please rate each item using the following scale:
1- Far below expectation, needs close supervision, a concern
2- Below expectations
3- Acceptable, meets standards for interns
4- Above expectations for the average intern
5- Exceeds expectations, works well beyond average level for interns

Interaction with clients/students:

21. ____ Initiates interaction with clients.
22. ____ Builds rapport and respect with clients.
23. ____ Sensitive to client’s needs.
24. ____ Sensitive to gender and cultural differences; ex. race, ethnicity, gender, religion, etc.
25. ____ Understands and addresses transference and countertransference.

Supervision:

26. ____ Initiates supervision when necessary.
27. ____ Prepared at supervision sessions.
28. ____ Shows interest in learning.
29. ____ Receptive to encouragement, feedback and constructive criticism from supervisor.
30. ____ Willingness to explore personal strengths and weaknesses.

Strengths:

Challenges:

Additional Comments:

Signature of site supervisor ____________________________ date: ___________
Signature of intern ____________________________ date: ___________
Practicum/ Clinical field Forms

Appendix F: Site Supervisor’s Evaluation of Supervisee’s Performance Form

Clinical Mental Health Counseling

Final
California University of Pennsylvania  
Site Supervisor’s Evaluation of Student Counselor’s Performance  
Department of Counselor Education  
California University of PA  
Clinical Mental Health

FINAL

This form is to be used to evaluate performance in counseling practicum or clinical field. This form must be completed at the end of the semester. This form is appropriate for individual or group counseling.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Supervision/Semester</td>
<td>________________________________</td>
</tr>
<tr>
<td>Name of Supervisor</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Agency</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

**Directions:** The supervisor is to circle a number which best evaluates the student counselor on each performance at that point in time.

**A) General Supervision Comments:**

1. Demonstrates a personal commitment in developing professional competencies.
   - 1 2 3 4 5 N/A

2. Accepts and uses constructive feedback and criticism to enhance self-development and counseling skills.
   - 1 2 3 4 5 N/A

3. Engages in open, comfortable, and clear communication with peers and supervisors.
   - 1 2 3 4 5 N/A

4. Recognizes own competencies and skills and shares these with peers and supervisors.
   - 1 2 3 4 5 N/A

5. Recognizes own deficiencies and actively works to overcome them with peers and supervisors.
   - 1 2 3 4 5 N/A

6. Completes case reports and charts punctually and conscientiously.
   - 1 2 3 4 5 N/A

7. Keeps appointments on time.
   - 1 2 3 4 5 N/A

8. Seems to be relaxed and comfortable in the interview.
   - 1 2 3 4 5 N/A
<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Communicates interest in and acceptance of the client.</td>
<td>Poor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Communicates orally clearly and effectively</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11.</td>
<td>Able to build appropriate relationships with coworkers, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>Recognizes and resists manipulation by the client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13.</td>
<td>Dresses appropriately for the work setting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14.</td>
<td>Uses silence effectively in the interview.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15.</td>
<td>Is aware of own feelings in the counseling interview.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16.</td>
<td>Facilitates realistic goal-setting with the client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17.</td>
<td>Encourages appropriate action-step planning with the client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18.</td>
<td>Employs judgment in the timing and use of different techniques and strategies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19.</td>
<td>Understands counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20.</td>
<td>Understands counseling supervision models, practices, and processes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21.</td>
<td>Understands the effects of crises, disasters, and other trauma-causing events on persons of all ages.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22.</td>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23.</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
24. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.

25. Applies effective strategies to promote client understanding of and access to a variety of Clinical Mental Health resources.

26. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.

27. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

28. Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

29. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.

30. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

31. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling (CACREP Clinical B.2).

32. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

**Educational Attainment:**

33. Is able to professionally identify with the counseling profession.
34. Demonstrates an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society.

35. Shows the ability to incorporate the nature and needs of individuals at all developmental levels into the counseling process.

36. Has a working knowledge of career development and related life factors.

37. Demonstrates knowledge of counseling and consultation processes.

38. Knows both the theoretical and experiential understandings of group purpose, development, dynamics, and other group approaches.

39. Understands individual and group approaches to assessment and evaluation.

40. Has an understanding of research methods, statistical analysis, needs assessment, and program evaluation as it relates to the counseling process.

41. Demonstrates ongoing development of counseling skills.

Additional comments and/or suggestions:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date_______________ Signature of Supervisor _________________________________

Student Counselor comments and/or suggestions:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

Date_______________ Signature of Student Counselor _________________________________
Practicum/ Clinical field Forms

Appendix G: Site Supervisor’s Evaluation of Supervisee’s Performance Form

School Counseling

Final
This form is to be used to evaluate performance in counseling practicum or clinical field. This form must be completed at the end of the semester. This form is appropriate for individual or group counseling.

**Name of Student**

**Date of Supervision/Semester**

**Name of Supervisor**

**School**

**Phone Number**

**Directions:** The supervisor is to circle a number which best evaluates the student counselor on each performance at that point in time.

**A) General Supervision Comments:**

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates a personal commitment in developing professional competencies.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>2. Accepts and uses constructive feedback and criticism to enhance self-development and counseling skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Engages in open, comfortable, and clear communication with peers and supervisors.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>4. Recognizes own competencies and skills and shares these with peers and supervisors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Recognizes own deficiencies and actively works to overcome them with peers and supervisors.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Completes case reports and charts punctually and conscientiously.</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>7. Keeps appointments on time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Seems to be relaxed and comfortable in the interview.</td>
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<td>4</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Communicates interest in and acceptance of the client.</td>
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<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Communicates orally clearly and effectively</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. Able to build appropriate relationships with coworkers, etc.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Recognizes and resists manipulation by the client.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Dresses appropriately for the work setting</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. Uses silence effectively in the interview.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Is aware of own feelings in the counseling interview.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. Facilitates realistic goal-setting with the client.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. Encourages appropriate action-step planning with the client.</td>
<td></td>
<td></td>
<td>1</td>
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<td>18. Employs judgment in the timing and use of different techniques and strategies.</td>
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<td></td>
<td>1</td>
<td>2</td>
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<tr>
<td>19. Understands counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event.</td>
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<td></td>
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<td>20. Understands counseling supervision models, practices, and processes</td>
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<td></td>
<td>1</td>
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</tr>
<tr>
<td>21. Understands the effects of crises, disasters, and other trauma-causing events on persons of all ages.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22. Demonstrates the ability to apply and adhere to ethical and legal standards in school counseling.</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23. Demonstrates the ability to articulate, model, and advocate for an appropriate school counselor identity and program.</td>
<td></td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24. Provides individual and group counseling and classroom guidance to promote the academic, career, and personal/social development of students.</td>
<td></td>
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<td>2</td>
</tr>
</tbody>
</table>
25. Demonstrates the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

26. Advocates for the learning and academic experiences necessary to promote the academic, career, and personal/social development of students.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

27. Advocates for school policies, programs, and services that enhance a positive school climate and are equitable and responsive to multicultural student populations.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
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</table>

28. Engages parents, guardians, and families to promote the academic, career, and personal/social development of students.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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</table>

29. Assesses and interprets students’ strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

30. Selects and implements appropriate assessment strategies that can be used to evaluate a student’s academic, career, and personal/social development.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
</tbody>
</table>

31. Analyzes assessment information in a manner that produces valid inferences when evaluating the needs of individual students and assessing the effectiveness of educational programs.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>4</td>
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</tbody>
</table>

32. Makes appropriate referrals to school and/or Clinical Mental Health resources.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1</td>
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<td>4</td>
</tr>
</tbody>
</table>

33. Assesses barriers that impede students’ academic, career, and personal/social development.

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<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
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</tbody>
</table>

34. Conducts programs designed to enhance student academic development.

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<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>N/A</th>
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</table>

35. Implements strategies and activities to prepare students for a full range of postsecondary options and opportunities.

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<th>Good</th>
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</table>
36. Implements differentiated instructional strategies that draw on subject matter and pedagogical content knowledge and skills to promote student achievement.

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<tr>
<th>Poor</th>
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<tr>
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<tr>
<td>4</td>
<td>5</td>
<td>N/A</td>
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37. Works with parents, guardians, and families to act on behalf of their children to address problems that affect student success in school.

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<td>4</td>
<td>5</td>
<td>N/A</td>
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38. Locates resources in the community that can be used in the school to improve student achievement and success.

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<td>4</td>
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<td>N/A</td>
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</table>

39. Consults with teachers, staff, and community-based organizations to promote student academic, career, and personal/social development.

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<td>4</td>
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<td>N/A</td>
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40. Uses peer helping strategies in the school counseling program.

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<td>4</td>
<td>5</td>
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</table>

41. Uses referral procedures with helping agents in the community (e.g., mental health centers, businesses, service groups) to secure assistance for students and their families.

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42. Participates in the design, implementation, management, and evaluation of a comprehensive developmental school counseling program.

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<td>4</td>
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<td>N/A</td>
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</table>

**Educational Attainment:**

43. Is able to professionally identify with the counseling profession.

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<td>4</td>
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<td>N/A</td>
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44. Demonstrates an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society.

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45. Shows the ability to incorporate the nature and needs of individuals at all developmental levels into the counseling process.

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<td>N/A</td>
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46. Has a working knowledge of career development and related life factors.

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<td>N/A</td>
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</table>

47. Demonstrates knowledge of counseling and consultation processes.

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<th>Poor</th>
<th>Average</th>
<th>Good</th>
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<tr>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</table>
48. Knows both the theoretical and experiential understandings of group purpose, development, dynamics, and other group approaches.

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<th>Poor</th>
<th>Average</th>
<th>Good</th>
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<td>3 4</td>
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</table>

49. Understands individual and group approaches to assessment and evaluation.

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<th>Average</th>
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<td>3 4</td>
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</table>

50. Has an understanding of research methods, statistical analysis, needs assessment, and program evaluation as it relates to the counseling process.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
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<tbody>
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<td>3 4</td>
</tr>
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</table>

51. Demonstrates ongoing development of counseling skills.

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<tr>
<th>Poor</th>
<th>Average</th>
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<tbody>
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<td>3 4</td>
</tr>
</tbody>
</table>

Additional comments and/or suggestions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Date_______________ Signature of Supervisor _________________________________

Student Counselor comments and/or suggestions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

Date_______________ Signature of Student Counselor _________________________________
STUDENT PRACTICUM/ CLINICAL FIELD SITE EVALUATION FORM

Name: ___________________________ Date: __________________________

Agency: ___________________________ Campus: ___________________________

Would you be willing to be contacted regarding this practicum/field experience? ______
If so, please provide either a telephone number or e-mail address. ___________________________

Respond to each of the following questions by giving a rating based on the following scale:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>Not at all</td>
<td>A little</td>
<td>Sometimes</td>
<td>Usually</td>
<td>Very much</td>
</tr>
</tbody>
</table>

1. Practicum Experience:
   a. Were you involved in professional activities? ______
   b. Were your counseling experiences appropriate for your skill level? ______

2. Client Treatment Standards:
   a. Is the agency responsive to client needs? ______
   b. Is the agency sensitive to multi-cultural diversity? ______

3. Supervision:
   a. Did you meet with your supervisor weekly? ______
   b. Did your supervisor display good supervision skills? ______
   c. Was your supervisor appropriately confrontational? ______
   d. Were your mistakes welcomed as a learning experience? ______
   e. Were practical skills taught? ______
   f. During supervisory sessions, were the sessions free of distractions and interruptions? ______
   g. Was your supervisor open to feedback and different points of view? ______

4. Training Component:
   a. Were you oriented to the agency’s policies and procedures? ______
   b. Were you provided with enrichment in the form of books, videos, and special training skills? ______
   c. Did you attend in-service training programs? ______

5. Would you recommend this site as a future practicum site? ______

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

43
Optional Forms

Appendix I: Parental Permission to Audio/Video Tape (Minor) Form
Parental Permission to Audiotape/Videotape

Department of Counselor Education Graduate Program
California University of Pennsylvania

Parent/Legal Guardian’s Name: ____________________________________________________

Address: ______________________________________________________________________

Phone: _____________________

The Counselor Education & Services Department at California University of Pennsylvania conducts a Counseling Practicum/Clinical field course each semester at the University. This course is an advanced course in counseling required of all Degree Candidates in the Counseling Program. Students are required to audio tape counseling sessions as part of their course and degree requirements at their school or agency.

Student’s Name: _______________________________ would like to work with your son/daughter, a student at ________________________________ School/Agency.

The counseling sessions conducted with your child will be audio taped and will be reviewed by the Student’s Supervisor (Name) _________________, and Faculty Supervisor (Name) _____________________. Brief segments without any identifying information may be presented in the practicum/clinical field course. All audio tapes made will be destroyed at the completion semester. The taping is for purpose of supervision of the practicum/clinical field student.

This consent may be revoked by notifying ________________ and will be considered revoked no earlier than the date of request. This consent will expire automatically after 120 days from the date on which it is signed, or upon fulfillment of the above purposes. If you have any questions regarding this form, please call ____________________________ at ________________.

We hope you will take the opportunity to have your child become involved in the Counseling Program. If you approve of having your child participate, please sign the form where indicated.

Thank you for your cooperation.

Parent/Legal Guardian’s Signature: ________________________________

Site Address: ______________________________________________________________________

Counselor Signature: ______________________________________________

Counselor Trainee Signature: ______________________________________________ Date: ___________
Optional Forms

Appendix J: Permission to Audio/Video Tape
(Adult) Form
Client Permission to Audio or Video Tape

Department of Counselor Education Graduate Program
California University of Pennsylvania

I ___________________________ agree to be counseled at site by a practicum/intern student in the Counselor Education Program at California University of Pennsylvania and who has completed advanced coursework in counseling/therapy. I further understand that I will participate in counseling interviews that may be audio taped or video taped and that these tapes may be viewed by students participating in my practicum/clinical field class for this semester. Brief segments without any identifying information may be presented in the practicum/clinical field course. All audio and/or video tapes made will be erased at the completion of your involvement in counseling.

I understand that the counselor will be supervised by a faculty supervisor ________________ and a site supervisor ________________.

The purpose of the tape is for school counselor training purposes.

All audio and/or video tapes made will be erased and destroyed at the completion of the semester.

This consent may be revoked by notifying _________________ and will be considered revoked no earlier than the date of request. This consent will expire automatically after 120 days from the date on which it is signed, or upon fulfillment of the above purposes. If you have any questions regarding this form, please call _________________ at ________________.

We hope you will take the opportunity to have you become involved in the Counseling Program. If you approve of participating, please sign the form where indicated.

Thank you for your cooperation.

Client’s Signature: ______________________________________

Site Address: ____________________________________________

Counselor Signature: ________________________________

Counselor Trainee Signature: ___________________________ Date: ________
Clinical Field Forms

Appendix K: Clinical Field Log Sheet Form
California University of PA  
School Of Education  
Department of Counseling Education  
Clinical Field Log

Name of Student: ___________________________  Semester/ Year: _________

Name of Site: ___________________________________  Log#: __________

Activity Summary:

Direct Services:  Individual Counseling:  ________ hours

Group Counseling:  ________ hours

Indirect (all other activity):  ________ hours

Supervision:  ________ hours

Multicultural/diverse learning

Reflections:

<table>
<thead>
<tr>
<th>Counseling Hours</th>
<th>This Entry</th>
<th>Previous Log</th>
<th>Cumulative Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Hours</td>
<td>_________</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Indirect Hours</td>
<td>_________</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Intern Supervision</td>
<td>_________</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Total Hours</td>
<td>_________</td>
<td>_________</td>
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</tbody>
</table>

Date of Log Entry __________________________

Student Signature ____________________________________________

Site Supervisor Signature _____________________________________
Practicum/ Clinical Field Forms

Appendix L: Site Summary Form
California University of PA
Practicum/Clinical field Site Summary Form

The Site Summary Form is to be signed by your Site and Faculty Supervisors.

Practicum______ Clinical field______ Semester/Year _____________

Name of Student: ___________________________ Date____________________

Address:________________________________ Zip:____________________

Home Phone: (_) ______________________ Work Phone :(_ )_____________

Name of Site: ________________________________________________

Address:_______________________________________________________

Site Phone: ___________________________________________________

Hours completed:

_____Direct Hours _____Indirect Hours _____Supervision Hours

TOTAL HOURS: ______

Summary of practicumclinical field experience and self-evaluation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature:_______________________________________Date:____________

Signature of Field Site Supervisor:____________________________ Date:___________

Print/Type Site Supervisor Name:_______________________________

Faculty Supervisor: _________________________________ Date:________________
Clinical Field Forms

Appendix M: Field Experience Competencies Form
Student Counselor Field Experience Competencies Form

The Cal U Department of Counselor Education continually seeks to upgrade our curriculum to ensure that we consistently graduate new counselors of the highest quality. The Field Experience that you supervise is one of the most important aspects of a student counselor’s training and you play a very important role in this process.

About a month prior to the end of the semester, you will receive via email the Student Counselor Field Experience Competencies Form. The survey measures specific aspects of our clinical field student’s performance at your site. This rating form helps to fulfill a requirement of PDE that we thoroughly assess field experience competencies.

Within a week of receiving this survey our student will approach you and request that you schedule a meeting with them to review your responses. To facilitate the discussion, the student will have previously conducted a self-rating using the same survey. In order to minimize your work, we have instructed our student to return both forms to us following your meeting.

Both the student’s and your survey will be included in the student’s electronic portfolio and reviewed by the Counselor Education faculty prior to the student’s graduation.
This form is to be used to evaluate the field experience competencies of the school counselor trainee that you are supervising this semester. Please complete this form at the end of the semester.

**Name of Student**

**Date of Supervision/Semester**

**Name of Supervisor**

**School**

**Phone Number**

**Directions:** The supervisor is to circle a number (1=Poor to 5=Excellent) which best evaluates the student counselor on each competency.

**Assessment and Evaluation**

1. Demonstrates the appropriate use of data in forming decisions, utilizing resources, setting targets and interpreting results aimed at continuous improvement in curriculum, personnel and/or programs.

   1 2 3 4 5 Did Not Observe

2. Accesses and interprets data from available technologies and resources to address long-term and strategic planning needs of the school in areas of personnel, fiscal operations, facilities, technology and/or other school district initiatives.

   1 2 3 4 5 Did Not Observe

3. Examines data from local, state and national sources to monitor and enhance student achievement.

   1 2 3 4 5 Did Not Observe

4. Determines the type of data that is communicated to each group of stakeholders, how data is presented and the implications of information dissemination.

   1 2 3 4 5 Did Not Observe
Curriculum and Instruction

5. Demonstrates clear connections between theory and practice in curricular and instructional leadership.

1 2 3 4 5 Did Not Observe

6. Participates in the process of development, assessment and/or refinement of standards-based curriculum.

1 2 3 4 5 Did Not Observe

7. Demonstrates knowledge, skills and dispositions related to one’s leadership responsibility to support curricular and instructional excellence.

1 2 3 4 5 Did Not Observe

8. Articulates a vision for student success and a positive school climate that supports equal access to curricular and instructional excellence.

1 2 3 4 5 Did Not Observe

Professional Development

9. Fosters relationships with stakeholders and acts with integrity, fairness and in an ethical manner as stated in the “PA Code of Professional Practice and Conduct for Educators.”

1 2 3 4 5 Did Not Observe

10. Evaluates the effectiveness of his/her actions and interactions with all stakeholders via verbal and non-verbal communication.

1 2 3 4 5 Did Not Observe

11. Actively seeks current information to support their on-going short- and long-term professional development goals.

1 2 3 4 5 Did Not Observe

12. Maintains a current level of knowledge of school district, state and federal regulations, policies and professional practices.

1 2 3 4 5 Did Not Observe

Statutory and Regulatory Compliance
13. Reports on examples of field-based federal, state and local legislation, regulations, mandates, policies, and procedures that impact school district operations at macro and micro levels.

   1  2  3  4  5  Did Not Observe

14. Determines specific roles and responsibilities for adherence/compliance with federal, state and local legislation, regulations, mandates, policies and procedures.

   1  2  3  4  5  Did Not Observe

15. Assists with the completion of all compliance documentation.

   1  2  3  4  5  Did Not Observe

16. Reports on how the school district disseminates information on regulatory changes to appropriate stakeholders.

   1  2  3  4  5  Did Not Observe

17. Identifies example(s) of compliance problems and assists with alternative actions to resolve targeted compliance issues.

   1  2  3  4  5  Did Not Observe

**Organizational Leadership**

18. Describes the working relationships within the school district’s organizational chart including external partnerships.

   1  2  3  4  5  Did Not Observe

19. Demonstrates knowledge of functional relationships in the organizational chart to systemic functions.

   1  2  3  4  5  Did Not Observe

20. Identifies the role of their certification area within the organization to include responsibilities, relationships, constraints, opportunities and resources.

   1  2  3  4  5  Did Not Observe

21. Identifies a problem within the scope of their certification area and creates a visionary action plan, consistent with the organization and sensitive to the change process; including resolution of conflicts, communication, collaboration, needs assessment and advocacy.

   1  2  3  4  5  Did Not Observe
Diverse Learners

22. Reports on current policies and practices designed to support children, caregivers and families from diverse backgrounds.

1 2 3 4 5 Did Not Observe

23. Analyzes current efforts to support diverse learners and how the broader community views learning differences.

1 2 3 4 5 Did Not Observe

24. Fosters communication with families of English language learners (ELL) to ensure that learners and their families have access to communication in the native language.

1 2 3 4 5 Did Not Observe

25. Identifies the use of strategies and resources for students with diverse needs including, but not limited to, gifted, ELL and students with disabilities.

1 2 3 4 5 Did Not Observe

26. Advises and supports educators in modifications to the learning environment that are evidence-based practices that do not compromise curricular intent and rigor.

1 2 3 4 5 Did Not Observe

27. Demonstrates positive and appropriate interactions with all stakeholders in the school environment and community at large.

1 2 3 4 5 Did Not Observe

28. Participates with educators and social agencies working with diverse learners to create learning opportunities.

1 2 3 4 5 Did Not Observe

Additional comments and/or suggestions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Date________________ Signature of Supervisor _________________________________
Student School Counselor comments and/or suggestions:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

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

Date_______________ Signature of Student Counselor __________________________
Clinical Field Forms

Appendix N: Application/Request for Distance Supervision
Application/Request for Distance Supervision
To Complete the Requirements for CED 712/78
Application for: (enter year) Fall ___Spring ___Summer ___

I. Student Information
Student Name:________________________________ Phone/Campus Email:_____________________
Reason/s requesting distance supervision: (check one)
___Family Issues ___Financial ___Significant Promise of Employment ___Other
(attach a brief, 300 words or less, explanation for the above or other reason/s )
Current Cumulative GPA: ________
(attach current unofficial transcript to this application)

II. Site Information:
Name of Site: ______________________________________________________________
Full Site Address and website address: _____________________________________________

III. Site Supervisor Information
Site Supervisor’s Name, Degree and Job Title: _______________________________________
(attach recent resume):
Supervisor’s Phone & Email Address: _____________________________________________
Proposed beginning/end of Internship: (mm/dd/yr) ___________ to ____________

IV. State Clearances Required:
(state) Pennsylvania (clearances) ACTS 24, 34, 115, 141
(state) ________________ (clearances) ____________________________
(Attach copies of PA clearances. Out of state clearances must be submitted within 45 days of approval of
this application).

I hereby agree that I have read the Practicum/Clinical Field Handbook, The Site Supervisor’s Handbook
and provided both to my proposed site supervisor.

Further I agree to all abide by all requirements set forth in the CED 712/713/780 syllabus, the Policy
Statement for Distance Supervision, the ACA Code of Ethics and the policies and procedures of my site.

I understand that it is my responsibility to determine if this internship meets out-of-state
licensing/certification requirements.

I also understand that the instructor may discontinue the distance supervision experience and my
internship if he/she believes that my clients or my own educational needs are not being met.

Student Signature and Date: _________________________________________________

I support this student’s application for distance supervision of CED 712/713/780:
Student Advisor’s Signature and Date: ___________________________________________
Departmental Chairperson Signature and Date: _____________________________________
Coordinator of Field Experience Signature and Date: ________________________________

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Practicum/ Clinical Field Forms

Appendix O: Obtaining Clearances
Criminal and child abuse clearances must be completed prior to participation in any clinical field experience. Per the College of Education guidelines, those clearances are valid for only one year. You are responsible for keeping your clearances up to date at all times. Students participating in CED 711, Practicum and CED 712, Clinical Field will not be permitted to begin those classes if their clearances are not valid throughout the entire semester they take those courses. How to get each clearance:

- **ACT 24 – Arrest or Conviction Form:** These FREE forms can be picked up outside of the counselor education main office (Keystone 412) or if you search online for Act 24 clearance forms.
- **ACT 34 – PA Criminal History Record:** Go to [https://epatch.state.pa.us/Home.jsp](https://epatch.state.pa.us/Home.jsp)
  - Under “Record Check”, click “New Record Check”
  - Fill in your personal information and hit “Next”
  - Fill in credit card information to pay the $8 fee
  - Hit “Enter this Request”
- **ACT 114 – FBI Fingerprint Clearances:** Go to [https://www.pa.cogentid.com](https://www.pa.cogentid.com)
  - If you are in CMHC, click the box that says “Department of Human Services”
  - If you are in School Counseling, click the box that says “Department of Education”
  - Under the “Registration” tab, click “Register online”
  - Proceed through memorandums by clicking the box, scrolling down and hitting “continue”
  - Enter personal information and credit card info to pay the $28.75 fee
  - Print a copy of your registration form
  - Look up your closest fingerprint site using the link on the left side of the page
  - Take your registration form and proof of identity to the fingerprinting site
  - After fingerprinting, you will be given a registration number. If you do not receive your fingerprint report within 6 weeks, reenter the website and access the status of your fingerprint request online and print out a copy. **Start this process early!**
- **ACT 151 – PA Child Abuse History Clearance:** Go to [https://www.compass.state.pa.us/cwis/Public/Home](https://www.compass.state.pa.us/cwis/Public/Home)
  - If you haven’t used this site before, you must create a new profile
  - You will be emailed a password. Log in using this password, and change it afterward.
  - Review terms and conditions, and proceed through submitting a request for clearances. This clearance costs $10.
  - This clearance takes up to 6 weeks, so it would be best to complete this request early.

Please submit copies of all four documents in one sealed envelope. Don’t send any clearances until you have all four clearances. Do not submit clearances via email. **Hard copies only are accepted. Keep the originals for future reference; we will not make copies for you.** Clearance envelopes can be given to Georgette who will place them in my mailbox. It is your responsibility to make sure all of your clearances are up to date.