

APPENDICES

- Appendix 1- Evaluation of Argosy Practicum
- Appendix 2- Application Process Calendar and Deadlines
- Appendix 3- Practicum Supervisor FAQs
- Appendix 4- Professional Liability Certificate Insurance Request Form
- Appendix 5- Summary of BBS Hours of Experience Rules
- Appendix 6- Practicum Application/Advisement Form
- Appendix 7- Requesting Letters of Recommendation
- Appendix 8- Consent for Audio/Video
- Appendix 9- Criteria for Evaluating Potential Practicum Sites
- Appendix 10- Practicum Site Application for Approval
- Appendix 11- Practicum Contract
- Appendix 12- Responsibility Statement for Supervisors
- Appendix 13- Weekly Log of Hours
- Appendix 14- Supervisor Evaluation of Counseling Student Form
- Appendix 15- Student Evaluation of Supervisor Form
- Appendix 16- Student Evaluation of Placement Form
- Appendix 17- MACP Course Descriptions
- Appendix 18- Evaluation of Student Progress
- Appendix 19- Self-Assessment of Basic Helping Skills and Procedural Skills
- Appendix 20- Practicum Forms Checklist



EVALUATION OF ARGOSY PRACTICUM

Please return the completed form to:

**Director of Counseling Training
Argosy University
1005 Atlantic Ave.
Alameda, CA 94501
Fax: 510-217.4808**

Name of Supervisor: _____ Date: _____

Name of Agency: _____

Student (s): _____

	Poor	Adequate	Good	Excellent	
1. Knowledge base/skill level of practicum students comments:	1	2	3	4	5
2. Practicum Placement Process comments:	1	2	3	4	5
3. Helpfulness of Practicum Handbook comments:	1	2	3	4	5
4. What do you perceive as the strength(s) of our practicum program?					
5. What comments/suggestion can you offer to help us improve our practicum program?					

*We would like to extend our gratitude for your participation in our practicum program. You provide valuable enriching educational experiences and help shape the professional counselors of tomorrow. THANK YOU!

PRACTICUM APPLICATION PROCESS CALENDAR
Fall (September) & Summer (May) Starts

September, 2007	Read and carefully review the Practicum Handbook
October, 2007	<p>Practicum Orientation Meeting with Practicum Training Staff. An overview of the application and placement process will be presented. <i>Date and time TBA via e-mail.</i></p> <p>Begin to review approved practicum agencies. Search computer files and hard copy files in the Student Lounge to select potential agencies.</p>
November, 2007	<p>Begin developing your CV and Letter of Intent, as well as requesting Letters of Recommendation to be returned to you by the August.</p> <p>Practicum Application/Advisement Form form due. Decide on 4-6 agencies to apply to. <i>Date and time TBA via e-mail.</i></p>
December 2007 & January 2008	<p>Schedule your Pre-Interview Advisement Meeting with practicum training staff in the Practicum Training Office. Email to schedule an interview.</p>
January & February 2009	<p>Mail application packets to agencies. Be aware: Agencies have differing deadlines!! Verify with the agency when they are accepting applications for Fall practicum.</p> <p>“Successful Interviewing” Meeting Learn what interviewers are looking for. Hear from students who survived the interview. <i>Date and time TBA via e-mail.</i></p>
February & March 2008	Agencies begin calling and interviews are scheduled.
April 2008	<p>Contact the Practicum Training Office when you accept a Practicum Site. All site placements MUST be approved by Director of Practicum Training.</p> <p>CAPIC Uniform Notification Day. After this date, many agencies now begin to extend offers to practicum students. Check CAPIC website for date.</p>
May 2008	Still no luck? Do not freak out! Make an individual appointment with Practicum Training Staff to discuss course of action.
June & July 2008	Post-Interview Meeting. All required forms and processes for beginning Practicum will be covered. <i>Date and time TBA via e-mail.</i>

Make an appointment with your site to complete your Practicum Contract and Supervisor Responsibility Statement.

August 2008

Contracts and Responsibility Statements are due in the Practicum Training Office by August 15th.

August 15, 2008

If your contract is not in by this date, you will not be able to begin your Practicum until January.

Please send to:

**Attn: Counseling Training Director
MACP Program
Argosy University
1005 Atlantic Ave.
Alameda, CA 94501
Fax: 510.217.4808**

Congratulations! You are done with the application process.

PRACTICUM APPLICATION PROCESS CALENDAR
Spring (January) Starts

January-March 2008	Read and carefully review the Practicum Handbook
April, 2008	Practicum Information Meeting with Practicum Staff. An overview of the application and placement process will be presented. <i>Date and time TBA via e-mail.</i> Begin to review approved practicum agencies. Search computer files and hard copy files in the Student Lounge to select potential agencies.
May, 2008	Begin developing your CV and Letter of Intent , as well as requesting Letters of Recommendation to be returned to you by the August.
July, 2008	Practicum Application/Advisement Form form due. Decide on 4-6 agencies to apply to. <i>Date and time TBA via e-mail.</i>
July & August, 2008	Schedule your Pre-Interview Advisement Meeting with staff in the Practicum Training Office. E-mail staff to schedule an interview.
September, 2008	Mail application packets to agencies. Be aware: Agencies have differing deadlines!! Verify with the agency when they are accepting applications for January practicum. “Successful Interviewing” Meeting Learn what interviewers are looking for. Hear from students who survived the interview. <i>Date and time TBA via e-mail.</i>
October, 2008	Agencies begin calling and interviews are scheduled. Contact the Practicum Training Office when you accept a Practicum Site. All site placements MUST be approved by Practicum Training Director.
End of October, 2008	Still no luck? Do not freak out! Make an individual appointment with staff in the Counseling Training office to discuss course of action.
November, 2008	Post-Interview Meeting. All required forms and processes for beginning Practicum will be covered. <i>Date and time TBA via e-mail.</i> Make an appointment with your site to complete your Practicum Contract and Supervisor Responsibility Statement.

December, 2008

**Contracts and Responsibility Statements are due
December 15th.**

December 15, 2008

If your contract is not in by this date, you will not be able to
begin your Practicum until May.

Please send to:

**Attn: Counseling Training Director
MACP Program
1005 Atlantic Avenue
Alameda, CA 94501
FAX: 510.217.4808**

Congratulations! You are done with the application process.

Practicum Supervision FAQs
Master of Arts in Counseling Psychology Program

What qualifications must a supervisor have in order to supervise me in Practicum?

Supervisors must:

- Be licensed in California for at least 2 years prior to commencing supervision.
- Hold a current and valid California license as an MFT, LCSW, psychologist, or physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a physician who has completed a residency in psychiatry.
- Have practiced psychotherapy for at least 2 years within the 5 year period immediately preceding any supervision and has averaged at least 5 patient/client contact hours per week.
- Have completed a minimum of six (6) hours of supervision training or coursework in the past 2 years.

What if my supervisor has not taken a supervisory course? Will my hours count towards practicum and the licensure experience requirement?

In order for your hours to count towards practicum and your licensure experience requirement, your supervisor **MUST** take a supervisory course within 60 days of beginning supervision.

How much supervision is required in a practicum?

The BBS requires that you must receive “One hour of direct supervisor contact” for each week of experience claimed. In addition you must receive an **AVERAGE** of at least “one hour of direct supervisory contact” for every 5 hours of client contact.

What does “one hour of direct supervisory contact” mean?

It means **ONE** hour of one-on-one, individual, face-to-face contact with your supervisor. In lieu of this individual supervision, the board also allows **TWO** hours of face-to-face supervisory contact in a group of not more than 8 persons to count.

What if I see clients for 10 hours or more a week? How much supervision would I need?

You could meet this requirement in a number of ways. Some examples would be:

1. Meet individually with your supervisor for 2 hours/week.
2. Meet individually with your supervisor for 1 hour/week, **AND** meet with your supervisor for 2 hours/week in a group in which no more than 8 persons are present.
3. Meet individually with your supervisor for 1 hour/week, **AND** meet with your supervisor in case conference where no more than 8 persons are present, every 2 weeks for 4 hours.
4. Meet with your supervisor for 4 hours/week in a group in which no more than 8 persons are present.

My supervisor doesn't work for my agency. Are their special rules that apply to this situation?

Yes. Supervisors may work at an agency on either a paid or voluntary basis. When the basis is voluntary, a written agreement must be executed between the supervisor and the organization, prior to beginning supervision, in which the supervisor agrees to the responsibilities as required by the BBS, and the employer agrees to provide the supervisor access to clinical records of the clients counseled by the student, and agrees not to interfere with the supervisors' legal and ethical obligations to ensure compliance with licensing laws and regulations.

What are the supervisor's responsibilities as outlined by the BBS?

Supervisors are responsible for:

1. Monitoring of ALL experience gained by a student;
2. Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training and experience of the student;
3. Reviewing client/patient record, monitoring and evaluating assessment, diagnosis, and treatment decisions of the student;
4. Monitoring and evaluating the ability of the student to provide services at the site(s) where he or she will be practicing and the particular clientele being served;
5. Ensuring compliance with all laws and regulations governing the practice of marriage and family therapy as performed by the student

Provide the student with the original signed "Responsibility Statement for Supervisors of a Marriage and Family Therapist" (rev. 12/05) prior to the beginning of any counseling or supervision.



**ARGOSY UNIVERSITY/SAN FRANCISCO BAY AREA CAMPUS
PROFESSIONAL LIABILITY CERTIFICATE OF INSURANCE REQUEST**

Each school is insured under a blanket professional liability policy placed by Willis of Pennsylvania. Certificates of Insurance may be requested for training sites by completing the information below:

Student Name: _____ Campus: _____

Send this completed form to:

[Willis](#) of Pennsylvania, Inc.
Four Gateway Center
444 Liberty Ave., Suite 505
Pittsburgh, Pa 15222
ATTN: Lisa Gilbert
(412) 586-1401 (Direct)
(412) 586-3525 (FAX)
lisa.gilbert@willis.com

Certificate of Insurance on the above named student should be sent to:

Site Name: _____

Address: _____

City _____ State _____ Zip Code _____

Fax _____

Attention _____

SUMMARY OF BBS HOURS OF EXPERIENCE RULES AU/SFBA MACP Practicum Training Department

The following Rules delineate mandates and exceptions regarding what type and how much experience is required in specific areas while earning your 3000 hours of clinical experience required for licensure as an MFT in California. Students should consider these rules when choosing a Practicum.

- No less than 500 hours in diagnosing and treating couples, families and children.
- No more than 40 hours of experience per week.
- No more than 500 hours for group therapy or counseling provided by you.
- No more than 5 hours of supervisions, whether group or individual shall be credited during any single week.
- No more than 250 hours for telephone counseling or crisis counseling on the telephone.
- No more than 250 hours may be counted for administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.
- No more than 250 hours of verified attendance, *with the approval of the applicant's supervisor*, at workshops, seminars, training sessions, or conferences directly related to marriage, family and child counseling,
- No more than 100 hours of psychotherapy, which will be triple counted as 300 hours towards your professional experience. *[This includes group, marital or conjoint, family or individual psychotherapy received by you. It may include up to 100 hours taken after your enrollment and beginning classes in the program. Therapy must be performed by a licensed MFT, LCSW, Psychologist, or Psychiatrist.]*

Maximum Hours Allowed Pre-Degree

Trainees may earn a maximum of **1,300 hours of pre-degree experience**. This may include a maximum of 750 hours of clinical experience (THIS DOES NOT INCLUDE HOURS FOR ADMINISTERING AND EVALUATING PSYCHOLOGICAL TESTS, WRITING CLINICAL REPORTS AND WRITING PROGRESS AND/OR PROCESS NOTES), 250 hours of workshops, seminars, etc., and 300 hours for personal psychotherapy.

Hours Log

Trainees and Interns must maintain a log of all hours of experience gained toward licensure. The log shall be in a specified form, and shall be signed by the supervisor on a weekly basis. The applicant shall retain all logs until he/she is licensed. The board may request to review the hours log as it sees fit.

Practicum Application/Advisement Form

Master of Arts in Counseling Psychology, Argosy University/SFBA

Students Name: _____

Daytime Number: _____

Email: _____

INSTRUCTIONS

- (1) Review the site descriptions located at www.ausfba.com or in the Student Lounge..
- (2) Fill out this form and return it to the Practicum Director before specified due date.

PROFESSIONAL OBJECTIVES

1. Student's long-range goals/ interests (e.g. Treatment setting, population, etc.)

2. Preference List

List at least four preferences for practicum placement, rank order from most to least preferred. Every effort will be made to assist you in gaining placement to at least one of your listed sites. However, sites in the Bay Area are very competitive and make their decisions regarding trainees based on student experience, quality of recommendations and availability.

3. Please list specific populations of interest (i.e. children, substance abuse, inpatient...):

4. Please list specific populations you preferred NOT to work with:

BACKGROUND INFORMATION

This information will be utilized in considering your options. Please be specific about your level of experience in each instance. (Additionally, *please attach a current resume*).

1. Previous and present counseling employment or volunteer experience (give name and type of agency; describe your duties accurately).

2. Previous counseling training (employment and non-employment, including previous practica, etc...).

3. Special competencies acquired (e.g., Testing, treatment modalities, specific population, foreign language etc...).

4. Special concerns/needs (e.g., documented disability, transportation, potential conflict of interest, time constraints etc...).

SEMINAR PREFERENCE:

Practicum Seminars are scheduled based on student indicated preference, classroom availability, and instructor availability. Please rank preferred day and time (1 being most preferred).

___MO ___TU ___WED ___TH ___FR ___SAT

___ 9-12:30 am ___ 1:30-5pm ___ 6-9:30pm ___ 6-7 pm

I have read, understand, and agree to abide by the Practicum Handbook:

Student Signature

Date



MA COUNSELING PSYCHOLOGY PROGRAM

Requesting Letters of Recommendation

When requesting a Letter of Recommendation from a faculty or staff member there are certain steps outlined below that are recommended to enhance the letter and ultimately the potential impact of your application. These steps also help streamline the process making the task easier for both you and the person writing your letter. Make sure all materials listed below are given to the person writing your letter at one time.

- **Any forms** required by the agency to fill out by the person writing your letter of recommendation.
- **A list of sites** that you are applying to. These should be saved on a disk or e-mailed. Make sure you use an up-to-date virus checker before giving someone your disc. With each site, provide the following:
 - Address of the site, contact person (if different from the addressee), phone and fax number.
 - The named addressee and title.
 - Deadline for the receipt of letter (point out sites with the earliest deadline)
 - A description of type of work you will be doing at the site (theoretical orientation, population served, treatment modality, etc).
- **A list of all the role(s)** and dates in which the letter writer has known you. (Ex. Instructor, seminar leader, committee member or advisor.)
- An up to date **curriculum vitae and cover letter**.
- A list of **your strengths and weaknesses**, as you perceive them especially as these might relate to the goals at the site.
- Any other information that will help the writer (ex. Copies of evaluations, transcripts, awards, other letters of recommendation, etc.)
- **A follow up phone call** to the writer one week prior to your first practicum deadline.

(printed on agency letterhead)

CONSENT FOR AUDIO/VIDEOTAPING

I/We give permission for audio/videotaping (circle one) of therapy/assessment (circle one or both) sessions with _____ (name of student).

I/We understand that this permission may be withdrawn at any time.

I/We understand that tapes will be reviewed exclusively for the purpose of supervision and training by graduate students and their supervisor or practicum seminar leaders at the American School of Professional Psychology, AU/SFBA, where the strictest standards regarding confidentiality are maintained. Any and all tapes will be erased immediately after supervision, and no identifying information [e.g., my/our name(s)] will be on or accompany the tape(s).

_____ Signature of Client	_____ Date
_____ Signature of Client	_____ Date
_____ Signature of Parent	_____ Date
_____ Signature of Witness	_____ Date

Argosy University/SFBA
Master of Arts in Counseling Psychology
CRITERIA FOR EVALUATING POTENTIAL PRACTICUM SITES

Approved Training Sites

1. State or county mental health programs, out-patient clinics, psychiatric hospitals, schools, private non-profit mental health agencies, and treatment centers for developmentally disabled, behavior disordered and/or emotionally disturbed adults and children, chemical dependence treatment programs plus a variety of specialized programs such as eating disorders, rehabilitation, etc., are included in the School's current list of approved sites.
2. Private practice settings are NOT approved for training at the practicum level.

Approach to Training

1. The agency should submit a mission statement which includes the philosophy and general objectives of the agency.
2. It is preferable that the site indicate interest in training by approaching the School, rather than the student approaching the site.
3. The site should have a clearly articulated philosophy of training that is congruent with the training philosophy of the School.
4. The agency adheres to the ACA Ethical Principles and/or APA Ethical Principles for Psychologists.

Experience in Training

1. Because of the importance of peer learning, the training site should ideally have at least two practicum students or interns.
2. It is preferable that the site has trained students in the past. The School will review the experience the site has had with training mental health counseling students, as well as students in other disciplines (e.g., psychology, social work, etc.).
3. The site should have clearly articulated policies and procedures for trainee selection, supervision, didactic and collegial experiences, evaluation and remediation. For supervision, the absolute minimum commitment 1 hour a week of individual supervision, and/or 2 hours/week of group supervision in a group of not more than 8 persons, for every 5 hours of direct therapy services provided by the student. Two hours of individual supervision is highly preferable. It is also desirable that the agency provide didactic and collegial experience in the form of seminars, group supervision, case conferences and workshops.
4. The student's practicum experience should roughly be divided as follows: one-third direct client contact; one-third supervision and training; and one-third meetings, administration duties and record keeping.

5. The agency and trainee must communicate the 'student status' to the client.

Staff

1. The site should have at least two qualified and experienced supervisors on staff. Qualifications and credentials of the supervisor(s) include:
 - a. Licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, or licensed psychiatrist with a minimum of two years of licensed experience.
 - b. Secondary supervision may include individual or group supervision by a licensed Master's or doctoral practitioner as specified above.
 - c. Having taken a supervision course as required by the CA Board of Behavioral Sciences in the past 6 months.
 - d. Demonstrated knowledge and skill for competent clinical practice.
2. The School will assess supervisors' attitudes toward students and their ability to provide supportive, helpful, discerning supervision and mentoring.
3. Supervisors must have knowledge of and willingness to comply with the School's requirements and procedures, including student evaluations once per semester. Supervision should be provided at regular pre-set supervision times with clearly articulated expectations.
4. Supervisors should provide guidance and opportunities for the student to tape clinical sessions. Students may be required to present at least one clinical tape in their seminars each semester (in accordance with ethical guidelines). They may also be required to submit a formal sample of their work, consisting of a taped session, a transcription of the session, and a written report, to their seminar leaders in the Spring.
5. Supervisors should endeavor to provide opportunities for the student to observe professional staff in the delivery of clinical services, as well as to be directly observed by professional staff, particularly in the early stages of the practicum placement.
6. Clear expectations of student participation should be communicated to students and administration and staff at the agency at the beginning of the practicum.
7. Agency personnel who emphasize responsiveness to cultural diversity, e.g., gender, race, sexual orientation, disability, and religion; and abide by a code of conduct and ethics as delineated by mental health professions (e.g. psychology, counseling, social work, psychiatry) is required.

Treatment Orientation

1. Supervisors should be able to articulate their own and the agency's philosophy of treatment, and that statement should meet the School's standards.

2. The School does not favor a particular theoretical orientation. The Faculty and curriculum are representative of the major clinical orientations. Students are encouraged to keep an open mind in order to get the full benefit of this general theoretical exposure, and to explore and experiment with a variety of treatment modalities in their practica.

Treatment Population

1. There must be a sufficient number of patients/clients to provide the trainee(s) with treatment opportunities.
2. The population must be appropriate to trainee's level of skill and experience (e.g., sufficiently challenging, but not overwhelming).
3. There must be sufficient variation in the treatment population to provide the trainee(s) with a well-rounded experience.
4. The treatment population may be appropriate for an experienced trainee seeking advanced or specialized experience.

Remediation

1. If there are deficiencies in any of these areas, supervisory staff must be amenable to working with the School's Department to develop and strengthen the training program.
2. Agency staff must be willing to liaison with the Practicum Training Department to coordinate the training of the student and to communicate important information. AU/SFBA is committed to working with practicum sites to address concerns or problems regarding our students.

**Argosy University/San Francisco Bay Area
Master of Arts in Counseling Psychology
PRACTICUM SITE APPLICATION FOR APPROVAL**

AGENCY NAME: _____

Address: _____

Contact Person: _____ **Phone:** _____

E-mail: _____ **Website:** _____

Fax #: _____ **Is this site a Non-Profit?** _____

1. Our agency type is (please check all that apply):

- State or county mental health program Out-patient clinic
 Private non-profit mental health agency Psychiatric hospital
 Treatment center for behavior disordered and/or emotionally disturbed adults
 Treatment center for behavior disordered and/or emotionally disturbed children
 Chemical dependence treatment School
 Private Practice
 Other (specify) _____

2. Please write or attach your agency's mission statement which includes the philosophy and general objectives of the agency.

3. What is your agency's philosophy of training for MFT trainees?

4. To which professional code of ethics does your agency adhere?

- American Psychological Association
 California Association of Marriage and Family Therapists
 National Association of Social Workers
 Other _____

5. Please describe the population(s) which your agency serves. Attach a brochure or listing if available.

6. Please check the function(s) which best describe the primary therapeutic activities that MFT trainees perform at your site. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Individual therapy with adults | <input type="checkbox"/> Individual therapy with adolescents |
| <input type="checkbox"/> Individual therapy with children | <input type="checkbox"/> Group therapy with adolescents |
| <input type="checkbox"/> Group therapy with adults | <input type="checkbox"/> Family therapy |
| <input type="checkbox"/> Group therapy with children | <input type="checkbox"/> Couples therapy |
| <input type="checkbox"/> Group therapy with adolescents | <input type="checkbox"/> Case management |
- Other (please describe) _____

7. Is there a sufficient number of clients throughout the year to provide the trainee(s) with 150 hours of direct client treatment opportunities (i.e. therapy)?

8. How many years has your site been providing training for psychology students, as well as students in other disciplines (e.g., social work, etc.)?

9. How many practicum students or interns are trained annually at your site?

Practicum Students Interns

10. At what time(s) of the year may trainees at your site begin training?

September(Fall) January (Spring) May (Summer) Any month

11. Please attach or provide your policies and procedures for trainee selection, evaluation and remediation.

A. Is there an application required for your site?

B. Is there a deadline for applying?

12. Approximately how many hours/week are trainees required to work at your site?

Of those hours, what percentage of time is spent in each of the following activities?

- direct client contact
 supervision and training
 administrative duties and record keeping.

13. What types of didactic training and/or collegial experience do you provide and how often? Check all that apply.

Seminars: ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly
 Workshops: ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly
 Case
 Conferences: ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly
 Staff
 Meetings: ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly
 Peer Groups: ___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly

14. What types of supervision experiences do you provide trainees? Check all that apply.

___ Individual supervision 1 hour/week
 ___ Individual supervision 2 hours/week
 ___ Group supervision 2 hours/week in a group of not more than 8 persons
 ___ Other (specify) _____

15. Is supervision at your site provided at regular pre-set times, and with clearly articulated expectations?

16. Please list the names, qualifications and credentials of your supervisors on staff which work with MFT trainees.

Name	License/Yr.	Supervision Course?	Yrs of Experience	Demonstrated Knowledge & Skill

17. Are opportunities available for students to tape clinical sessions?

YES NO

18. Are opportunities available for students to observe professional staff in the delivery of clinical services, as well as to be directly observed by professional staff?

19. How does your agency emphasize responsiveness to cultural diversity e.g., gender, race, sexual orientation, disability, and religion in your training program?

20. On what theoretical orientation is treatment at your agency based?

21. What other theoretical orientations do supervisors use?

22. Are agency and supervisory staff willing to liaison with the Practicum Training Department to coordinate the training of the student and to communicate important information?

Please return to:
Practicum Training Office
Master of Arts in Counseling Psychology Program
Argosy University
San Francisco Bay Area
1005 Atlantic Ave.
Alameda, CA 94501.

ARGOSY UNIVERSITY/SFBA PRACTICUM CONTRACT

Master of Arts in Counseling Psychology

Student Name: _____ Phone () _____

Address: _____ City _____ Zip _____

Placed as a practicum trainee at:

Name of Agency: _____ County _____

Address: _____ City _____ Zip _____ Phone _____

The primary supervisor will be:

Name, Degree, CA Mental Health Lic. #	Year Licensed	Ind. Hrs/Wk
_____	_____	_____

Description of practicum activities and hours per week (please specify exact number of hours):

# of Hours	# of Hours	# of Hours
Direct Services:	Supervision:	Additional Info.
_____ individual, couple and/or family therapy	_____ individual supervision	Type of setting (e.g.,
_____ group therapy	_____ group supervision	Outpt, clinic, residential,
_____ intake interviewing	Training:	school, hospital
_____ assessment and testing	_____ training seminars	_____
_____ other _____	_____ case conferences	Populations served
Indirect Services:	_____ didactic training	_____
administrative/paperwork	_____ staff meetings	Theoretical Orientation
_____ other _____	_____ other (co-therapy, etc.)	_____
_____ Total Hours/Services	_____ Total Hours/Supr. & Training	

TOTAL HRS / WEEK _____ **# OF WEEKS** _____ **TOTAL PROPOSED HRS / YEAR** _____

This practicum will begin _____ and ends _____. The stipend is \$ _____ per _____, or _____ No stipend.
m / d / y m / d / y

The student agrees to fulfill the responsibilities and terms as outlined (*on the reverse side of contract*). The agency agrees to provide training and supervision as indicated (*see reverse side*). The primary supervisor will complete written evaluations of the student, and the student will complete a written evaluation of the practicum experience.

Signatures: Student: _____
(signature) (print name) (date)

Primary Supervisor: _____
(signature) (print name) (date)

Agency Training Director: _____
(signature) (print name) (date)

School Representative: _____
signature) Director of Training, MACP (date)

The ARGOSY UNIVERSITY/SFBA Training Department is pleased that you have accepted our student for your Practicum site. We are committed to facilitating a positive relationship between you and our student, and believe there is a mutual responsibility in insuring that this happens. Below are minimum standards that we have identified for each student and for the Practicum site. By signing this *Practicum agreement*, the student, you as the Practicum site Director, and the Director of Training at ARGOSY UNIVERSITY/SFBA are committing to abide by these standards of practice and training.

This student agrees with the following:

- Is in good academic standing, is taking required courses, and is maintaining the required grade-point average for ARGOSY UNIVERSITY/SFBA students.
- Has been enrolled a minimum of three semesters, and has completed all prerequisite courses prior to the start of the practicum training year.
- Is fully covered under the ARGOSY UNIVERSITY malpractice liability insurance policy. Proof of coverage and policy inclusions can be requested from the Director of Training.
- Makes a professional and ethical commitment to the site and to its personnel and clients, in accepting this Practicum placement.
- Abides by a code of ethics and conduct as delineated by mental health professions, such as psychology, counseling, social work, psychiatry, etc.
- Is on site to meet the required number of hours for the practicum, as specified by the student's program at ARGOSY UNIVERSITY/SFBA. One-hundred, fifty (150) of these hours should be in direct clinical contact, such as individual, couple, family or group therapy or counseling sessions, intake and assessment interviews, crisis intervention, and psychoeducational groups.²
- To notify the Practicum site Director and the ARGOSY UNIVERSITY/SFBA Training Director about any concerns, problems, or changes in his/her status as a student or trainee.

The Practicum site Director agrees to the following:

- Provide supervision as required under the Board of Behavioral Science's *Responsibility Statement for Supervision of a Marriage, Family and Child Counselor Intern or Trainee (7/02)*. Each supervisor will provide a signed copy of this statement to the student prior to commencing supervision.
- Provide a minimum of 1 hour a week of individual supervision, and/or 2 hours/week of group supervision in a group of not more than 8 persons, for every 5 hours of direct therapy services provided by the student. Supervision is provided on a consistent, scheduled basis.
- Provide a minimum of 500 hours for the practicum year, as required by the student's program at ARGOSY UNIVERSITY/SFBA—150 of which must be in direct clinical contact (see above for specific hours and examples of direct clinical contact). Students need to have a sufficiently available, appropriate, and diverse clientele with whom to work.
- Allot other Practicum hours for supervision, other learning experiences, and written clinical reports (e.g. progress notes, intakes). Learning experiences include seminars, workshops, case conferences, and program development.
- Complete a *Practicum Evaluation Form* at the end of each semester (i.e. December, April, or August) on the student's training progress. Review the student's *Practicum Experience/Hours*, at the end of each semester, which documents the hours the student performed in essential training activities.
- Provide guidance and opportunities for the student to tape clinical sessions. Students may be required to present at least one clinical tape in their seminars each semester. They may also be required to submit a formal sample of their work, consisting of a taped session, a transcription of the session, and a written report, to their seminar leaders in the Spring.
- Be in contact with the student's seminar leader and/or Training Director to coordinate the training of the student and to communicate important information. ARGOSY UNIVERSITY/SFBA is committed to working with practicum sites to address concerns or problems regarding our students.
- Overall:
 - a) provide a training program that is supported and understood by the administration and staff at the agency;
 - b) provide a training milieu that is safe, supportive and challenging, with appropriate space to conduct clinical work;
 - c) have agency personnel who emphasize responsiveness to cultural diversity, e.g., gender, race, sexual orientation, disability, and religion; and, d) abide by a code of conduct and ethics as delineated by mental health professions (e.g. psychology, counseling, social work, psychiatry etc.).

Signatures:

Student: _____
(signature) (print name) (date)

Primary Supervisor: _____
(signature) (print name) (date)

Agency Training Director: _____
(signature) (print name) (date)



SAN FRANCISCO BAY AREA

Supervisor Evaluation of Counseling Psychology Student

Student: _____ Site: _____

Supervisor: _____ Semester: Fall _____ (year)

Spring _____ (year)

Date evaluation was completed: _____ Summer _____ (year)

Contracted Hours: The **total number of hours** completed to date is: _____ hours (required)
 The **number of direct hours** completed to date is: _____ hours (required)

This form is designed to provide *constructive feedback* to students and Argosy faculty regarding the student's clinical proficiency and training progress. Please rate the student compared to the expected competency level of *students at the same level of training*. Also, please provide additional feedback in the comments sections. This evaluation is to be completed by the primary supervisor in consultation with other relevant supervisors. **Please review the completed evaluation with the student before returning to Argosy.**

Observation of Student's Work: How did you observe student's work (circle all that apply):

- 1. Student Report
- 2. Audiotape
- 3. Videotape
- 4. Direct Observation (one way mirror)
- 5. Review of Progress Notes
- 6. Other, please specify: _____

EVALUATION SCALE: Please use the following response scale for this evaluation:*

1	2	3	4	5
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

**If item does not apply, circle "n/a" for not applicable.*

A. Psychological Evaluation and Assessment	Ratings
1. Organizes clinical material and formulates accurate diagnoses.	1 2 3 4 5
2. Develops relevant treatment plans based on initial interviews.	1 2 3 4 5
3. Evaluation of dangerousness, suicide, abuse, and other reporting concerns.	1 2 3 4 5
4. Conceptualizes problems within theoretical framework.	1 2 3 4 5
5. Provides appropriate feedback to clients based on evaluation and assessment.	1 2 3 4 5
6. Considers cultural/ethnic context in evaluating and assessing clients.	1 2 3 4 5
Overall Rating	1 2 3 4 5

Additional comments

EVALUATION SCALE: Please use the following response scale for this evaluation:*				
1	2	3	4	5
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

B. Clinical Interventions	Ratings
1. Establishes rapport and therapeutic alliance with clients.	1 2 3 4 5
2. Communicates and demonstrates empathy, warmth, and genuineness with clients.	1 2 3 4 5
3. Provides appropriate help to clients under their care.	1 2 3 4 5
4. Can be relied on to perform effectively in crisis situations.	1 2 3 4 5
5. Applies theoretical/conceptual understanding to interventions.	1 2 3 4 5
6. Understands and manages professional boundaries with clients.	1 2 3 4 5
7. Identifies therapeutic problems and works toward their resolution.	1 2 3 4 5
8. Shows flexibility and creativity in clinical work.	1 2 3 4 5
9. Utilizes effective cognitive interventions.	1 2 3 4 5 n/a
10. Utilizes effective psychodynamic interventions.	1 2 3 4 5 n/a
11. Utilizes effective behavioral interventions.	1 2 3 4 5 n/a
12. Utilizes effective systemic interventions.	1 2 3 4 5 n/a
13. Able to terminate therapy appropriately and effectively.	1 2 3 4 5
14. Demonstrates understanding and skill in working with diverse clients (e.g., gender, ethnicity, religion, disability, sexual orientation, class, and lifestyle).	1 2 3 4 5
Overall Rating	1 2 3 4 5

Additional comments (comments on scores below 3 required):

C. Professional Roles and Behaviors	Ratings
1. Executes duties and responsibilities in a professional and conscientious manner.	1 2 3 4 5
2. Demonstrates appropriate professional demeanor.	1 2 3 4 5
3. Fulfills required administrative duties (timely progress notes, charting, reports, etc.).	1 2 3 4 5
4. Produces accurate and concise written materials.	
4. Interacts and communicates effectively with administrative staff.	1 2 3 4 5
5. Maintains cooperative working relationships with peers.	1 2 3 4 5
6. Active and helpful participation in training and case conferences.	1 2 3 4 5
7. Organization and quality of presentations in case conferences and training.	1 2 3 4 5
8. Shows awareness of and sensitivity to multicultural issues in professional roles.	1 2 3 4 5
9. Demonstrates responsible handling of ethical and legal issues in accordance with ethical standards of marriage and family therapists.	1 2 3 4 5
Overall Rating	1 2 3 4 5

Additional comments (comments on scores below 3 required):

EVALUATION SCALE: Please use the following response scale for this evaluation:*				
1	2	3	4	5
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

D. Self Examination and Development	Ratings
1. Motivated and takes initiative to learn and grow as a clinician.	1 2 3 4 5
2. Engages in self-reflection & self-examination regarding clinical work.	1 2 3 4 5
3. Recognizes limits of own skills and capabilities.	1 2 3 4 5
4. Effectively manages demands of work and stress.	1 2 3 4 5
5. Aware of personal issues which could interfere with professional roles.	1 2 3 4 5
6. Manages/makes use of personal reactions to clinical work (countertransference).	1 2 3 4 5
7. Examines and utilizes personal reactions to multicultural differences.	1 2 3 4 5
8. Continues to develop a professional identity.	1 2 3 4 5
Overall Rating	1 2 3 4 5

Additional comments (comments on scores below 3 required):

E. Supervision	Ratings
1. Approaches supervision in an open and collaborative manner.	1 2 3 4 5
2. Takes initiative in developing the content of supervisory sessions.	1 2 3 4 5
3. Actively seeks out clinical and professional consultation when appropriate.	1 2 3 4 5
4. Uses supervision feedback to improve clinical effectiveness.	1 2 3 4 5
5. Examines and attends to multicultural issues in supervision.	1 2 3 4 5
Overall Rating	1 2 3 4 5 n/a

Additional comments (comments on scores below 3 required):

F. OVERALL EVALUATION AND COMMENTS

1. Strengths: What strengths does the student bring to their work? Where has the student particularly demonstrated growth during this course of training?

2. Areas for Improvement: What areas need improvement and development? Note any specific concerns about the student progressing to the next level of training. Please include an attachment if necessary.

3. Goals for Next Stage of Training: Please note goals for student in next stage of clinical training.

4. Preparation: Please indicate your view of the student's academic preparation to successfully complete the duties of this practicum (circle one).

Very Poor Poor Adequate Very Good Excellent

Please note areas where student was well prepared by the academic program.

Please address how our academic program could better prepare students for your training program.

5. Progress: Please rate the student's **overall improvement** during this evaluation period. (circle one)

Worsened Stayed the same Somewhat improved Very improved Greatly improved

6. Overall Evaluation: Based on the student's level of training and the above items, please evaluate the student's **overall professional competence** during this period? **(Please circle *one* number.)**

1	2	3	4	5
Significantly Below Expected Competency	Below Expected Competency	Meets Expected Competency	Above Expected Competency	Significantly Above Expected Competency

SIGNATURES

Primary Supervisor: _____

Date: _____

Secondary Supervisor: _____

Date: _____

Student: _____

Date: _____

AU Director of Counseling Training: _____

Date: _____

**STUDENT EVALUATION OF SUPERVISOR
ARGOSY UNIVERSITY/SFBA**

Student Name _____ Date _____

Site Name: _____ Supervisor _____

Dates of Placement: From _____ To _____

Enter the appropriate number next to each statement using the following scale:

RATING SCALE:

1=Strongly Agree 2=Agree 3=Mildly Agree 4= Mildly Disagree 5=Disagree 6=Strongly Disagree

TIME/STRUCTURE

1. _____ Helps me define and structure the goals and objective for my overall practicum experience.
2. _____ Is consistent in providing the agreed-upon supervision time.
3. _____ Availability (or has provided appropriate back-up resources) for consultation between supervision sessions, if needed.
4. _____ Gives time and energy to observing me and/or processing my tapes.
5. _____ Structures supervision appropriately.

SUPERVISORY RELATIONSHIP

6. _____ Helps me minimize defensiveness and feel appropriately at ease in the supervision sessions.
7. _____ Accepts and respects me as a person.
8. _____ Recognizes when I do something well and encourages the development of my strengths and capabilities.
9. _____ Encourages me to express opinions, questions and concerns about my counseling.
10. _____ Allows me to discuss appropriate personal issues related to my counseling.
11. _____ Allows me to discuss problems I encounter in my practicum setting.
12. _____ Conveys competence.
13. _____ Maintains appropriate confidentiality about material discussed in supervisory sessions.
14. _____ Accepts feedback from me about the supervisory process.

COUNSELING AND RELATED SKILLS

15. _____ Provides me with the opportunity to adequately discuss any major difficulties I am facing with my clients.
16. _____ Challenges me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling.
17. _____ Helps me to understand the implications and dynamics of the counseling approaches I use.
18. _____ Encourages and helps me to conceptualize in new ways about my clients.
19. _____ Encourages me to consider and use new and different counseling techniques when appropriate.
20. _____ Helps me organize relevant case data in planning goals and strategies with my clients.
21. _____ Gives me useful feedback regarding my counseling skills.
22. _____ Helps me define and maintain ethical behavior in counseling and case management.
23. _____ Helps me understand how my counseling behavior influences the client.
24. _____ Provides suggestions and specific help in the areas I need to work on.
25. _____ Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.
26. _____ Is helpful in critiquing report-writing
27. _____ Helps me use tests constructively in counseling.
28. _____ Helps me with resource and referral ideas/information.
29. _____ Encourages me to engage in professional behavior.
30. _____ Addresses issues relevant to my current concerns as a counselor.

EVALUATION

31. _____ Allows and encourages me to evaluate myself.
32. _____ Explains the criteria for evaluation clearly and in behavioral terms.
33. _____ Applies criteria fairly in evaluating my counseling performance.

ADDITIONAL COMMENTS AND/OR SUGGESTIONS:

Student Signature _____ Date: _____

ARGOSY UNIVERSITY/San Francisco Bay Area

1005 Atlantic Ave. Alameda, CA 94501

PH: 510-217-4742 FAX: 510-217.4808

STUDENT EVALUATION OF PLACEMENT

NAME OF INTERN: _____ GENDER: F M

AGE: _____

RACE: African American Asian or Pacific Islander Caucasian Native American Hispanic
Other: _____

HAVE YOU HAD PREVIOUS PAID PSYCHOLOGICAL EXPERIENCE:

Yes No.

If yes, please list title(s):

1. _____

2. _____

YEAR YOU BEGAN MACP PROGRAM: Semester: _____ Year: _____

INTERNSHIP SITE:

Please, provide site's full name_____
Site address_____
City/State/Zip_____
Phone

Primary Supervisor: _____

Director of Training: _____

Date Internship began: _____ ended: _____

Stipend \$: _____ # of fellow interns: _____

Benefits (Y/N): Vacation: _____ Sick Leave: _____ Health Insurance: _____

EDUCATIONAL AND RESEARCH OPPORTUNITIES

EDUCATIONAL	1. Training seminars are available to interns?	Yes	No
	2. Is seminar attendance mandatory?	Yes	No
PROFESSIONAL LEAVE OF TIME	1. Site provides interns with paid time of time to attend professional conference?	Yes	No
	2. If yes, how many days? _____		
	3. Did site bring in outside presenters, develop conferences?	Yes	No
	4. If yes, were interns able to attend?	Yes	No

List weekly amount of supervision in hours: INDV.: _____ GROUP: _____

THERAPY EXPERIENCE

On the average...

1. How many therapy hours did you carry per week? _____ Hours _____

2. Were you able to see patients more than once per week? Yes No

3. How many hours per week were spent in the following?

INDIVIDUAL THERAPY: _____ GROUP THERAPY: _____ FAMILY THERAPY: _____

CRISIS THERAPY: _____ INTAKE: _____ OTHER: _____

4. Were you able to tape sessions at the site?

Yes _____ No _____
Video _____ Audio _____

5. Did you feel that the workload was appropriate?

Yes _____ No _____

6. Were you able to complete paperwork and other tasks during on-site hours?

Yes _____ No _____ If no, please explain:

7. Were you able to do some long-term therapy?

Yes _____ No _____

TREATMENT POPULATIONS

POPULATION CHARACTERISTICS (YES=DOES APPLY/NO=DOES NOT APPLY)

IN PATIENT, ACUTE _____	MEDICAL _____	GERIATRIC _____
IN-PATIENT, CHRONIC _____	FORENSIC _____	FAMILY _____
OUT-PATIENT, ACUTE _____	RURAL _____	ADOLESCENT _____
OUT-PATIENT, CHRONIC _____	LOW INCOME _____	UNIV. STDTS. _____
SUBSTANCE ABUSE _____	MINORITY _____	SCHOOL _____
GAY/LESBIAN _____	CHILD _____	OTHER _____

OVERALL EXPERIENCE OR INTERNSHIP

PLEASE RATE EACH VARIABLE SEPARATELY. RATING SCALE:

1=SUPERIOR 2=GOOD 3=FAIR 4=POOR

OVERALL QUALITY

PRACTICUM _____
 INDIVIDUAL SUPERVISION _____
 THERAPY TRAINING _____
 SEMINARS _____
 GROUP SUPERVISION _____
 AVAILABILITY OF SUPPORT RESOURCES: PERSONAL: _____ PROFESSIONAL: _____

OPPORTUNITIES

FOR SHARING WITH PEERS _____
 FOR SELF-DIRECTED ACTIVITY _____
 FOR SELF-EXPRESSION _____
 TO ADDRESS GOALS _____
 FOR INTERNSHIP _____

RATING SCALE FOR THE FOLLOWING VARIABLES:

1=STRONGLY AGREE 2=AGREE 3=DISAGREE 4=STRONGLY DISAGREE

1. I WOULD CHOOSE THIS SITE AGAIN: _____

2. I WOULD RECOMMEND THIS SITE TO OTHERS: _____

3. I CONSIDER THIS PRACTICUM TO HAVE BEEN A MAJOR EXPERIENCE IN MY PROFESSIONAL DEVELOPMENT: _____

4. THIS PRACTICUM WAS A BIG INFLUENCE IN SHAPING MY FUTURE PROFESSIONAL GOALS:

5. COMPARED TO MY CO-INTERNS, I FEEL MY Argosy TRAINING ADEQUATELY PREPARED ME FOR MY PRACTICUM RESPONSIBILITIES: _____

ADDITIONAL COMMENTS ARE WELCOME! PLEASE WRITE ON REVERSE OF THIS FORM OR ATTACH A SEPARATE SHEET.

Master of Arts in Counseling Psychology Course Descriptions

PC6005 Maladaptive Behavior and Psychopathology

This course is an introduction to the study of maladaptive behavior. Etiology and definition of disorders in the *DSM-IV* are reviewed, as well as various methods of treatment related to the disorders covered.

PC6104 Counseling Skills I

A fundamental study of the helping relationship is provided. The course provides a broad understanding of philosophic bases of helping processes: counseling theories and their application, basic advanced helping skills, consultation theories and their application, client and helper self-understanding and self-development, and facilitation of client change.

PC6105 Counseling Skills II

An extension of Counseling Skills I (PC6104) and an integration of counseling methods and strategies. The topics covered are interviewing, goal setting, creating a therapeutic alliance, and session structuring.

PC6200 Human Sexuality

An overview of sexual anatomy, development, and human response is the focus of the course. Students acquire an understanding of human sexual response, sexual dysfunction, and concepts of sex therapies. Sexually transmitted diseases, contraceptives, and affectional/sexual relationships are also discussed.

PC6230 Theories in Counseling Families and Individuals

This course provides an overview of the major theories in family and individual counseling. Theoretical concepts are explored in light of the major models of family therapy. Also considered are the various theories of counseling and issues in the practice of individual counseling.

PC6240 Introduction to Psychological Testing

This is an introductory course that presents the major psychological assessment instruments used in the field of psychology today. Emphasis is placed on familiarizing the student with psychological testing and the major components of each instrument.

PC6250 Clinical Psychopharmacology

This is an introduction to psychotropic drugs, their neurochemical basis, their mode of action, and their clinical application. Principles of use and current status of psychopharmacology are discussed.

PC6320 Domestic Violence and Spousal Abuse

This course addresses the complex issues related to domestic violence and spousal abuse. The course focuses on assessment and treatment of abuse, and covers issues related to the psychological consequences of abuse on the entire family system. Reporting laws, treatment for perpetrators, and the role of the counselor in treating victims of abuse are explored.

PC6330 Child Abuse Assessment and Reporting

This course presents current child abuse reporting laws, and concentrates on the assessment of child abuse. Role play will be utilized to demonstrate effective techniques in the assessment of child abuse. Clinical issues related to the reporting of child abuse are discussed.

PC6505 Group Counseling

This course provides a broad understanding of group development, dynamics, and counseling theories. Group leadership styles are discussed, in addition to basic and advanced group counseling methods and skills. Several different approaches to conducting group counseling are reviewed.

PC6510 Social and Cultural Issues

This course studies multicultural and pluralistic trends, characteristics, and concerns of diverse groups, including groups characterized by such features as: age, race, religious preference, physical disability, social class, sexual orientation, ethnicity and culture, family patterns, and gender. This course is meant to sensitize students to the influences of culture and race on the therapist's understanding of individuals and families, as well as to promote cultural competence.

PC6521 Research and Evaluation

A basic understanding of types of research is presented covering basic statistics, research report development, and research implementation. Other areas studied include program evaluation, needs assessment, publication of research information, and ethical and legal considerations pertinent to the professional counselor.

PC6700 Couples and Family Counseling

A broad theoretical and practical foundation for counseling couples and families is emphasized. It provides a survey of current approaches to family and marital counseling, with an emphasis on various systemic models of family functioning and therapeutic intervention.

PC6900 Substance Abuse Counseling

This course reviews key concepts to substance abuse counseling, including theoretical models for understanding and treating chemically dependent clients. Various screening and assessment tools, drug history, and interviewing skills are reviewed to help students assess the severity of addiction and develop an initial treatment plan. Treatment settings and interventions commonly used with chemically dependent clients are also reviewed.

PC7100 Professional Issues: Ethics, Conduct and Law

A careful review is conducted of issues that provide a broad understanding of professional roles and functions, professional goals and objectives, and professional organization and associations. The course also examines ethical and legal standards, state law, professional credentialing, and standards for professional counselors.

PC6025 Human Development and Learning

This course includes studies that provide a broad understanding of the nature and needs of individuals at all levels of development: normal and abnormal human behavior, personality theory, lifespan theory, and learning theory within cultural contexts.

Argosy University SFBA
Master of Arts in Counseling Psychology
PRACTICUM FORM CHECK LIST

FORM	INSTRUCTIONS	DUE DATE
Practicum Application and Advisement Form	To be completed and signed by student Original to Practicum Director Copy to Student	Specified date in November of first year of program if planning to begin practicum the following Fall term. Specified date in July of first year of program if planning to begin practicum the following Spring term.
Practicum Contract	Signed by agency representative, practicum supervisor and student Original to Practicum Director Copy to agency representative	3 weeks prior to beginning of first semester of practicum
Responsibility Statement for Supervisor	Signed by supervisor and student Original kept by student to send to BBS for licensure Copy to Practicum Director	3 weeks prior to beginning of first semester of practicum
Weekly Summary of Hours	To be kept up by the student throughout practicum To be signed weekly by supervisor Original kept by student Copy to Practicum Director	End date of each semester, and when requested by Instructor or Practicum Director
Supervisor Evaluation of Counseling Psychology Student	To be completed by placement supervisor Supervisor reviews with student Original to Practicum Director	End date of each semester, and when requested by Instructor or Practicum Director
Student Evaluation of Placement	To be completed by student <i>(this form will be available for future students to read)</i> Original to Practicum Director	Last week of practicum
Student Evaluation of Site Supervisor	To be completed by student Original to Practicum Director	Last week of practicum
Self-Assessment of Skills	To be completed by student Original to Practicum Director	Beginning of first class and end date of last semester of practicum
Experience Verification	Can be downloaded from the BBS website To be completed by site supervisor Original kept by student	End of practicum

Students should keep copies of ALL forms!

8/15/2007