



***Master of Arts in Counseling***  
**COMMUNITY/PASTORAL COUNSELING TRACK**  
**Practicum/Internship Agency Placement Form**

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Agency Director:** \_\_\_\_\_

**Individual Supervisor:** \_\_\_\_\_

*(\* Please attach a current vita or resume if available)*

**Supervisor Education:**

☐ MA year \_\_\_\_\_ ☐ MEd year \_\_\_\_\_ ☐ EdS year \_\_\_\_\_ ☐ PhD year \_\_\_\_\_

☐ MSW year \_\_\_\_\_ ☐ MDiv year \_\_\_\_\_ ☐ DMin year \_\_\_\_\_

**Licensure/Certification:**

☐ LPC year \_\_\_\_\_ ☐ LMFT year \_\_\_\_\_ ☐ LCSW year \_\_\_\_\_ ☐ NCC year \_\_\_\_\_

☐ Certifications: \_\_\_\_\_

**General Description of Placement:**

- ☐ Community Counseling Agency
- ☐ Addictions/Rehabilitation
- ☐ Hospital-based Mental Health
- ☐ Church
- ☐ Community Services Board
- ☐ Other: \_\_\_\_\_

**Population(s): check all that apply**

- ☐ Children
- ☐ Adolescents
- ☐ Adults
- ☐ Geriatric
- ☐ Family
- ☐ Cross-Cultural
- ☐ Special Needs

**Number of Positions Open:**

Practicum (spring semester, 5-7 hours) \_\_\_\_\_

Internship (fall and spring semester, 18-20 hours per week) \_\_\_\_\_

**Description of Possible Student Activities:**

- ☐ Individual sessions ☐ Groups ☐ Assessment ☐ Intake ☐ Crisis Intervention
- ☐ Educational Workshops ☐ Classroom Guidance ☐ Staff meetings
- ☐ Other: \_\_\_\_\_

**Taping Allowed:**

- ☐ Yes, with appropriate consent forms ☐ No

Return to: Master of Arts in Counseling  
1200 Park Road  
Eastern Mennonite University  
Harrisonburg, VA 22802-2462



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**INTERNSHIP Student Records Checklist**

**Step #1:** Submit the original of this checklist with all required forms attached to Pam Comer for signature PRIOR to beginning internship. She will pass completed forms on to your Faculty Group Supervisor.  
**Step #2:** Subsequent forms are submitted through the semester directly to your faculty supervisor.  
**Step #3:** Faculty Group Supervisors submit all forms gathered during the year to Pam for storage.

***Keep copies of everything for your records!***

Student Name: \_\_\_\_\_ Faculty Group Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_ Individual Site Supervisor: \_\_\_\_\_

**Prerequisite to beginning Internship:**

- ☐ Admission to Candidacy Letter (first internship assignment only)
- ☐ Liability Insurance Form    Expiration date: \_\_\_\_\_
- ☐ Agency Placement Form
- ☐ Contract Letter

Verification that all prerequisites have been met:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**During Internship:**

- ☐ Internship Mid-Semester Evaluation Forms
  - ☐ Completed by Student
  - ☐ Completed by Faculty Group Supervisor
  - ☐ Completed by Individual Site Supervisor
- ☐ Hours Summary Form  
(submit original with hours to date, signed by Individual Site Supervisor)

**End of Internship:**

- ☐ Faculty/Peer Feedback on presentation in Professional Clinical Seminar
- ☐ Internship Final Evaluation Forms
  - ☐ Completed by Student
  - ☐ Completed by Faculty Group Supervisor
  - ☐ Completed by Individual Site Supervisor
- ☐ Hours Summary Form and Hours Tracking Form (proof of summary)  
(submit original, signed by Individual Site Supervisor)
- ☐ Forms completed by student for:
  - ☐ Faculty Group Supervisor Evaluation Form
  - ☐ Individual Site Supervisor Evaluation Form

Verification all forms have been completed:

Faculty Group Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**INTERNSHIP Performance Evaluation**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester:   ☐ Fall – Mid-Evaluation   ☐ Spring - Final Evaluation

**STUDENT'S WORK PERFORMANCE**

Please comment on the competence or need for improvement in the student's punctuality, responsibility, organization, quality of paperwork, and professional manner of dress.

**GENERAL SUPERVISING INFORMATION**

*The following are areas we feel are core elements in the internship supervision process. Please check all areas you feel have been covered in supervision or have been practiced by the student:*

- |  |   |
|--|---|
| <input type="checkbox"/> Performing Initial Intakes            | <input type="checkbox"/> Informed Consent, Confidentiality    |
| <input type="checkbox"/> Diagnosis                             | <input type="checkbox"/> Transference/Countertransference     |
| <input type="checkbox"/> Treatment Planning                    | <input type="checkbox"/> Making Referrals                     |
| <input type="checkbox"/> Crisis Intervention                   | <input type="checkbox"/> HIPAA regulations                    |
| <input type="checkbox"/> Risk Management Procedures            | <input type="checkbox"/> Suicide Risk Assessment              |
| <input type="checkbox"/> Collaboration w/ agencies (ex:DSS)    | <input type="checkbox"/> Cultural Diversity                   |
| <input type="checkbox"/> Substance Abuse Assessment            | <input type="checkbox"/> Procedures for Reporting Child Abuse |
| <input type="checkbox"/> Discussion of Theoretical Orientation |   |

Have you seen multiple videotapes?   ☐ Yes   ☐ No   Comments:

Are there other ways in which you have observed the student's work?

## **QUALITY OF STUDENT'S WORK**

**SUPERVISION EXPERIENCE:** (Please comment on genuineness with supervisor, response to feedback and suggestions, taking initiative)

**COUNSELOR SKILLS:** (Please comment on as many as you can assess: establishing the therapeutic relationship, concreteness, confronting appropriately, insight into client/counselor relationship, use of questions, use of silence, understanding of client's reality, opening/closing of sessions, goal setting, summarizing, clarifying, termination)

**PRESENCE:** (Please comment on the student's self-awareness, warmth, empathy, genuineness and ability to offer respect)

### **INTEGRATION OF THEORY AND PRACTICE**

(Please assess the congruency between the student's proclaimed theoretical orientation and their videos, oral summaries of cases, etc. *Is their theory base evident in their work?*)

**PROFESSIONAL AND PERSONAL DEVELOPMENT:** (Please comment on as many as apply: ethical behavior, adherence to agency policies, personal growth issues, awareness of strengths and limitations, professional involvement, counseling style development and interactions with colleagues)

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### **FINAL RECOMMENDATION:**

- ☐ The student is competent in all areas assessed. I have no reservations and recommend a passing grade.
- ☐ I wish to speak with the faculty supervisor before my final recommendation. (*The faculty supervisor will call you.*)
- ☐ I have serious reservations about the student's competence and do not recommend a passing grade.

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Signature



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**INTERNSHIP Hours Summary Form**

Activity	No. Hours
<b>DIRECT SERVICE HOURS</b>	
Individual Counseling	
Marital Counseling	
Small Group Counseling	
<b>TOTAL DIRECT HOURS:</b>	
<b>INDIRECT SERVICE HOURS</b>	
Individual Supervision	
Small Group Supervision	
Program Planning	
Consultation	
Conferences Attended	
Workshops Conducted	
Administrative Responsibilities	
<b>TOTAL INDIRECT HOURS:</b>	
<b>SEMESTER TOTAL</b>	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
<b>GRAND TOTAL</b> <i>(only to be filled out at the END of internship)</i>	

Date: \_\_\_\_\_ Individual Site Supervisor Signature: \_\_\_\_\_

***Master of Arts in Counseling***  
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Individual Site Supervisor - Evaluation

**Student:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

The following fifteen statements serve as a list of the expectations of supervisors within the counseling program as well as a format for students' evaluation of their supervisors at the end of their practicum and internship experiences. After each item, please comment about your supervisor.

- Accepts students in a non-judgmental way.
- Enters into the frame of reference of the student.
- Elicits essential data from the student.
- Assesses the strengths of the student.
- Assesses the weaknesses and "growing edges" of the student in a professional manner.
- Affirms the student in relationship to strengths.
- Initiates pertinent discussion in the supervisory sessions.
- Helps students to gain insight into transference-counter-transference issues in the counseling relationship.
- Facilitates an understanding of the psychodynamics of the client.
- Assists the student in dealing with termination and/or referral.
- Has a sensitivity to ethical issues in the counselor-client interaction.
- Facilitates reflections of faith as related to the counseling experience.
- Establishes and maintains good inter professional relations with students.
- Provides mentoring and role-modeling for student.



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**Faculty Group Supervisor - Evaluation**

**Student:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

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- Accepts students in a non-judgmental way.
- Enters into the frame of reference of the student.
- Elicits essential data from the student.
- Assesses the strengths of the student.
- Assesses the weaknesses and "growing edges" of the student in a professional manner.
- Affirms the student in relationship to strengths.
- Initiates pertinent discussion in the supervisory sessions.
- Helps students to gain insight into transference-counter-transference issues in the counseling relationship.
- Facilitates an understanding of the psychodynamics of the client.
- Assists the student in dealing with termination and/or referral.
- Has a sensitivity to ethical issues in the counselor-client interaction.
- Facilitates reflections of faith as related to the counseling experience.
- Establishes and maintains good inter professional relations with students.
- Encourages group participation and interaction.