



**PRACTICUM MEMORANDUM OF AGREEMENT
COUNSELING AND HUMAN SERVICES DEPARTMENT**

This agreement is made this _____ day of _____
By and between _____

_____ Agency
(hereinafter referred to as the INSTITUTION) and the **Counseling and Human
Services Program of the University of Colorado at Colorado Springs**
(hereinafter referred to as the PROGRAM).

This agreement will be in effect for a period of time from
_____ to _____

Student's Name: _____

Site Phone: _____ **Home:** _____ **Work Phone:** _____

Name: _____

Site Address: _____

Consenting On Site

Supervisor: _____

Supervisor's Phone: _____ **Highest Degree:** _____

License/Certification Type, State and Number: _____

Supervisor's Years of Professional Experience: _____

Purpose: The purpose of this agreement is to establish a practicum experience for a qualified graduate student in the field of Professional Counseling.

The program shall be responsible for the following:

1. Identifying students who have completed the required prerequisites for the practicum experience.
2. Providing the INSTITUTION with a course outline that clearly delineates the responsibilities of the PROGRAM and the INSTITUTION.

3. Identifying a qualified faculty member (University Supervisor) to work with the INSTITUTION in coordinating the practicum experience. The University Supervisor provides PROGRAM orientation, professional development opportunities as well as assistance and consultation to INSTITUTION site supervisors.
4. Informing the student of the requirement to adhere to the administrative policies, rules, standards, schedules, and practices of the INSTITUTION.
5. Requiring the PRACTICUM STUDENT to purchase student professional liability insurance through the American Counseling Association (ACA) or other appropriate insurer.
6. Providing on-campus small group supervision conducted weekly by the university supervisor. PRACTICUM STUDENT will make case presentations about their work in the INSTITUTION and discuss possible strategies for working with these cases. These group supervision meetings will be conducted with a heavy emphasis on the ethical treatment of confidential client information. Names and other key client identifying data will not be used in these presentations.
7. Awarding the STUDENT'S final grade. The PROGRAM gives considerable weight to the evaluation of the PRACTICUM STUDENT provided by the INSTITUTION supervisor in the grade determination.

The INSTITUTION shall be responsible for the following:

1. Providing an orientation to the student that fully describes the INSTITUTION and its policies, procedures and services provided. The orientation should describe the student counselor's expected role in the INSTITUTION.
2. Identifying a qualified INSTITUTION site supervisor. The site supervisor must be a licensed counseling professional, and have at least two years of professional experience as a counselor.
3. Providing the opportunity for the PRACTICUM STUDENT to engage in a variety of appropriate counseling activities under supervision. A CONTRACT specifying the duties the PRACTICUM STUDENT will be performing and estimating the time spent in each activity will be developed by the PRACTICUM STUDENT and onsite supervisor. The CONTRACT will be signed by the PRACTICUM STUDENT, onsite supervisor and university supervisor. As a minimum the CONTRACT must define the number and type of direct service hours/week the PRACTICUM STUDENT will perform; and the number of indirect hours/week the PRACTICUM STUDENT will perform; the number of hours of individual and group supervision the PRACTICUM STUDENT will receive/week.
4. Providing a minimum of 100 clock hours of counseling experience for the PRACTICUM STUDENT over one academic semester. Of these hours, 40 hours

are in "direct client service". The remainder may be in other counseling related activities that are in support of the INSTITUTION'S mission.

5. Ensuring that direct onsite supervision is available to the PRACTICUM STUDENT whenever he/she is counseling/advising or providing direct service to clients.
6. Providing a minimum of sixty minutes per week of individual supervision (using audiotape, videotape, and or direct observation) delivered by a qualified onsite supervisor.
7. Providing the opportunity for the PRACTICUM STUDENT to become familiar with a variety of professional activities other than direct service.
8. Providing the opportunity for the PRACTICUM STUDENT to develop audio and/or videotapes of the PRACTICUM STUDENT'S interactions with clients appropriate to the specialization for use in supervision.
9. Providing the opportunity for the PRACTICUM STUDENT to gain supervised experience in the use of a variety of professional resources such as assessment instruments, computers, print and nonprint media, professional literature, research and information on appropriate referral techniques.
10. Preparing a formal evaluation of the PRACTICUM STUDENT'S performance during practicum by the onsite supervisor. This evaluation will be used as a major factor in the evaluation of the PRACTICUM STUDENT by the university supervisor. The results of the university supervisor's evaluation will be communicated to the onsite supervisor.

Equal Opportunity: It is mutually agreed that neither party shall discriminate on the basis of race, color, nationality, ethnic origin, age, sex or creed.

Financial Agreements: Financial stipulations may vary from one institution to another. If a financial stipulation is to be provided, it is stated in a separate agreement and approved by the INSTITUTION, PRACTICUM STUDENT and UNIVERSITY.

Termination: It is understood and agreed upon by the parties hereto that the INSTITUTION has the right to terminate the PRACTICUM experience of the student whose health status is detrimental to the services provided the clients of the INSTITUTION. Further, the INSTITUTION has the right to terminate the practicum student if, in the opinion of the supervising counselor, the PRACTICUM STUDENT'S behavior is detrimental to the operation of the INSTITUTION and/or client care. Such action will not be taken by the INSTITUTION until the issues involved have been discussed with the PRACTICUM STUDENT and the university supervisor.

The names of the responsible individuals at the two institutions charged with the implementation of the contract are:

UNIVERSITY SUPERVISOR (typed) INSTITUTION SUPERVISOR (typed)

UNIVERSITY SUPERVISOR 'S SIGNATURE, INSTITUTION SUPERVISOR'S SIGNATURE

I agree to the terms of this Memorandum of Agreement and will abide by the policies and procedures of the INSTITUTION.

PRACTICUM STUDENT'S NAME (typed)

SIGNATURE

PRACTICUM CONTRACT FOR COUNSELING STUDENTS

Directions: Submit this report at the end of practicum to your university supervisor.

STUDENT'S NAME _____

STUDENT'S PHONE (home/work/Internship) _____

SCHOOL OR AGENCY _____

ADDRESS _____

ONSITE SUPERVISOR _____

SUPERVISOR'S PHONE _____

DATES OF PLACEMENT: From _____ to _____.

The following activities were completed in the period identified above:

	Direct	Indirect
Total hours of direct service:	_____	_____
Total hours of indirect service to clients:	_____	_____
Individual Advising/Counseling	_____	_____
Group Advising/Counseling	_____	_____
Consulting with clients and/or significant others	_____	_____
Project/service development or enhancement	_____	_____
Other (describe)	_____	_____
Hours of individual supervision	_____	_____
Hours of group supervision	_____	_____

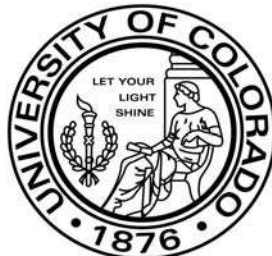
Total hours of direct service _____

Total hours of indirect service _____

Onsite supervisor's signature _____ date

Practicum student's signature _____ date

University supervisor' signatu _____ te



**Counseling and Human Services Program
PRACTICUM Evaluation Form**

Directions: This form is completed by the onsite supervisor at the end of the practicum experience and discussed with the PRACTICUM STUDENT. A copy of this form should be provided to the University supervisor.

PRACTICUM STUDENT _____
Date of valuation _____
Onsite Supervisor _____
University Supervisor _____
Institution _____
Reporting Period _____

Competency Areas and Supervisor Ratings

Please rank the student's performance by indicating the following:

- 1 = Rarely meets**
- 2= Generally meets**
- 3 =Occasionally exceeds**
- 4 = Frequently exceeds**

1. Self Awareness and Autonomy: For example, recognition of personal strengths and weaknesses; clarity of personal values and attitudes; acceptance of responsibility for field learning; efficient use of time; carrying out assignments with appropriate level of supervisory assistance; respecting appointments, deadlines and other commitments.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS _____

2. Application of Professional Counselor Values in Practice: For example, understanding and commitment to appropriate code of ethics; respect for client confidentiality and self determination; knowledge of and appreciation for developmental aspects of behavior and intervention; appreciation of cultural diversity in values, beliefs and behaviors; utilization of research in practice and ongoing commitment to developing a conceptual framework for practice.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS _____

3. Use of Supervision: For example, preparation for supervision sessions, appropriate use of supervision time; openness to ongoing performance evaluations; ability to revise conceptualizations and interventions based on feedback from supervisor.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS _____

4. Oral and Written Communication Skills: For example, clarity in written communication; appropriate use of professional language and terminology; accuracy in necessary reports and notes; ability to listen and employ conflict management skills; willingness to express self in group meetings and case/staff conferences; public speaking skills; testimony in court or other proceedings as appropriate.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS: _____

5. Knowledge and Representation: For example, adherence to policies and procedures; accurate understanding and articulation of mission, goals and structure of organization; understands the organizational environment.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS: _____

6. Professional Behavior: For example, establishes rapport with clients/educators; is an effective team member; manages stress; maintains appropriate affect and professional behavior with clients/educators and colleagues; appropriate problem solving abilities and mediation skills.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS:

7. Assessment and Case Conceptualization Skills: For example, ability to conceptualize and identify presenting and underlying problems; use of appropriate theory and based on case conceptualization; understanding the environmental forces impacting student/client; able to develop treatment plan; ability to use and interpret diagnostic tools and assessment instruments

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS:

8. Planning and Goal Setting Skills: For example, ability to identify developmental, remedial and preventive client/student needs; ability to establish long and short term goals with indicators of their attainment; engages client/student in planning for change; ability to identify client/student resources; ability to develop alternative intervention plans.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS:

9. Intervention Strategies and Skills: For example, establishes genuine, nonjudgmental helping relationships; uses appropriate interviewing techniques; has effective group leadership skills; able to identify, explore and clarify client/student feelings; aware of nonverbal communication.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS: _____

10. Termination Skills: Ability to recognize appropriate time for termination/referral; able to help client/student express and deal with termination/transition issues; ability to facilitate client/student self-assessment regarding goals achieved in counseling.

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS _____

11. Additional Competencies: If PRACTICUM STUDENT and supervisor have contracted to work on other competencies, list here. Use additional sheet if needed.

LIST COMPETENCIES _____

1 2 3 4

Meets expectations: Rarely, Generally, Occasionally exceeds, Frequently exceeds _____ Rating

COMMENTS:

PLACEMENT AND SUPERVISOR

Directions: This form is completed by the PRACTICUM STUDENT. A copy of this form, when completed, is submitted to the University supervisor.

Circle the number that reflects your experience in the setting.

INTERNSHIP STUDENT _____

Date of Evaluation _____

Onsite Supervisor _____

University Supervisor _____

Agency or School _____

Reporting Period _____

PRACTICUM STUDENT'S Ratings of Placement

And of the Onsite Supervisor

1- Strongly Agree, 2- Agree, 3- Neutral, 4- Disagree, 5- Strongly Disagree

I was treated like a professional.....1 2 3 4 5

I had had sufficient direct service work to meet program requirements....1 2 3 4 5

I met with my onsite supervisor for at least one hour per week.....1 2 3 4 5

My supervisor was effective in helping me improve my counseling skills..1 2 3 4 5

I was able to receive live supervision or audio or videotape supervision...1 2 3 4 5

Supervision helped me identify my counseling strengths & weaknesses..1 2 3 4 5

I would recommend this site to others.....1 2 3 4 5

Evaluation of Placement

In the space below describe the strengths and weaknesses of your Practicum placement.

Authentication:

On-Site Supervisor's Signature _____ Date _____

Practicum Student's Signature _____ Date _____

University Supervisor's Signature _____ Date _____