

# **PRACTICUM HANDBOOK**

## **Graduate Counseling Program**

**Old Dominion University**

**Adopted  
August 2008**

Updated August 18, 2008

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## THE COUNSELING PRACTICUM

### I. GOALS

This supervised experience will enable students to practice basic counseling skills within a laboratory setting while integrating knowledge and skills learned in previous course work. In addition, students will focus on how to use the therapist/client relationship to foster client growth.

### II. COURSE OBJECTIVES

- a. To practice basic counseling skills.
- b. To begin to expand repertoire of responses to clients.
- c. To begin to conceptualize client problems.
- d. To begin to develop treatment plans based on case conceptualizations.
- e. To examine the personal characteristics needed to be an effective counselor.
- f. To keep case notes and records and learn referral skills.
- g. To understand the ethical and legal issues in counseling as applied in the practicum setting.
- h. To broaden one's theoretical basis for counseling strategies.
- i. To discuss multi-cultural issues as they relate to counseling clients of varying social/cultural/ethnic groups.
- j. To introduce and practice advanced counseling skills such as immediacy, confrontation, advanced accurate empathy, interpretation.
- k. To examine how the counseling relationship can be used to foster client growth.

### III. GENERAL REQUIREMENTS

The program requires students to complete supervised practicum experiences that total a minimum of 100 clock hours. **Note:** Students pursuing a School Counseling specialization may spend up to 30% (30 hours) of their practicum in a school setting. The remaining 70% (70 hours) must be spent in an alternate, authorized setting.

**Comment [a1]:** Include CSB information as well as Safe Schools.

The 100 clock hours should include the following:

- a. A minimum of 40 hours of direct service with clients, including experience in individual counseling and group work.
- b. A minimum of 10 hours of group work (these 10 hours count toward the 40 direct service hours.)
- c. Observation of other students and/or clinicians working with clients
- d. Opportunities to develop case conceptualizations, case reports, and treatment plans

- e. A minimum of one (1) hour per week of individual supervision per academic term by a university supervisor
  - f. A minimum of one and one-half (1½) hours per week of group supervision with other students per academic term by a university supervisor
  - g. A minimum of one (1) hour per week of individual supervision by the student's site supervisor
  - h. Completion of a "Practicum Log" which includes a summary of the hours spent in (a) counseling, (b) observation, and (c) other activities for that two-week period. **(See appendix for a copy of the log form)**
  - i. The audio and/or video recording of clients. Students will be required to submit weekly video or audio (*video is preferred*) tapes of their direct client work. Students must submit a tape evaluation with each tape. (University supervisors will provide students with evaluation guidelines.) In addition, a minimum of two verbatim transcripts of a client session will be due per academic term. **(See appendix for a copy of the Verbatim Transcript form)**
- Note:** Each client (or parent/guardian of a minor client) must complete a "Consent to Participate in Recorded Supervised Counseling" form before beginning recorded counseling with the client. **(See appendix for a copy of the Consent to Participate in Recorded Supervised Counseling Form.)**
- j. Readings or other activities as may be assigned by the faculty instructor.

Deadlines for Practicum applications are:

February 15<sup>th</sup> for Summer and Fall Semesters

October 15<sup>th</sup> for Spring Semester

**Students must attend an orientation/information session prior to submitting applications.**

These sessions are scheduled approximately one week prior to the application deadline. Students who do not attend should request permission to be absent from Dr. Suzan Thompson, Clinical Coordinator ([skthomps@odu.edu](mailto:skthomps@odu.edu); 757-683-6202).

**(See appendix for a copy of the Practicum Application)**

#### IV. EVALUATION

Each student will be enrolled in the practicum (COUN 669) course for one semester. The student will be evaluated with a form a minimum of three times during the semester from his or her supervisor(s). The Counseling Skills and Techniques Competency Scale (**See Appendix**) will be used to assess student skills at the beginning, middle and end of the semester. In addition, at the end of the semester, the student's university supervisor will complete the University Supervisor Evaluation of Counseling Student form. (**See Appendix**) The ODU Clinical Coordinator will use these evaluations to assist him or her in determining the student's grade. In addition to this formal evaluation, it is expected that the student's supervisor will be offering ongoing "process" feedback (e.g., verbal, written feedback). The course is graded on a "Pass/Fail" basis. In order to pass, a student must meet all requirements as noted under "General Requirements" and demonstrate beginning competency in:

- a. applying core counseling skills,
- b. understanding the relationship between specific client problems and particular treatment approaches, and
- c. knowing one's own attitudes and needs as they affect counseling while demonstrating sufficient personal adjustment to function ethically as a counselor.

#### V. SUPERVISION OF STUDENTS

All supervision (University Individual, University Group, and Site Supervision) must be recorded weekly. (**See appendix for a copy of the Supervision Attendance Log.**)

##### A. Individual Supervision

As noted above, each student will receive a minimum of one (1) hour per week of face-to-face individual supervision by a university supervisor. Most supervision will be given by a doctoral-level graduate student being supervised by a faculty supervisor. Only those faculty supervisors, advanced counseling students, or site supervisors who meet the requirements as noted below will be eligible to supervise practicum students.

##### 1. Faculty Instructors as Individual Supervisors

Each regular, adjunct, and affiliate program faculty member who is a faculty instructor for the practicum course must have the following:

Comment [a2]:

- a. a doctoral degree from a program in counselor education or a closely related field;
- b. relevant professional experience and demonstrated competence in counseling and/or human development at levels appropriate for the students supervised; and

- c. course work or other training that shows competence in supervision of counseling students.

## **2. Doctoral Students as Individual Supervisors**

In most cases, doctoral students will supervise master's degree students. In such cases, these advanced counseling students will be receiving supervision from a faculty supervisor. All advanced students who are supervising master's degree students must have the following:

- a. a master's degree in counseling or a closely related field;
- b. training in counseling supervision; and
- c. are themselves supervised by program faculty with a faculty/student ratio of 1:5

### **B. Group Supervision:**

All students must receive a minimum of one and one-half hours (1 ½) of group supervision per week. Such supervision must be given by a faculty supervisor, or an advanced counseling student who is being supervised by a faculty supervisor as noted under "individual supervision." A maximum of 6 students will be allowed to participate in group supervision at one time.

### **C. Site Supervision**

All students must receive a minimum of one (1) hour per week of individual or group supervision by their site supervisor. Site supervisors should have a master's degree in counseling or a related field and a minimum of two years of experience. Weekly site supervision should be used review goals, tasks as defined by the site supervisor, and progress toward those goals and tasks. Site supervision should also include processing of the student's experience with clients.

## **VI. OBTAINING CLIENTS FOR THE PRACTICUM**

### **A. Practicum Sites**

Old Dominion University, in partnership with the Norfolk Community Services Board (NCSB) now operates a community Counseling Center in downtown Norfolk. Practicum students with mental health, community, and college counseling specializations will be required to complete their practicum hours at the clinic. School counseling students may complete 30% of their hours at a school site, but the remaining 70% will be completed through the Safe Schools program with Norfolk Public Schools. School placements may be requested by filling out the Teacher Education Services form at <https://periwinkle.ts.odu.edu/cgi-bin/qwebcorporate.cgi?EQK34K> )

Alternate sites should be pre-approved and meet the following requirements:

- The site has agreed to accept a student for a 100-hour practicum experience
- The site supervisor meets the minimum qualifications (see Section V.C)
- The site supervisor has reviewed and signed the Site Supervisor Agreement (**see Appendix**)
- The site will allow the student to video or audio tape direct service work with clients
- The site will provide a minimum of 10 hours of group work
- The site has been approved by the ODU Clinical Coordinator (Dr. Suzan Thompson)

## **B. Rollover Hours**

“Roll-over” hours for Practicum are not permitted.

## **C. Safe Schools**

School counselors will complete the majority of their Practicum with Norfolk Public Schools’ Safe Schools program. The Safe Schools Counseling Program is a program of the Department of Pupil Personnel Services. The Safe Schools Counselors are Norfolk Public Schools employees under the direct supervision of Mrs. Pamela Slobe and Dr. Elsie Harold Lans.

The program has been in existence for eight years, and provides services to students of all ages and grade levels throughout the Norfolk Public Schools system. The primary focus is elementary and middle schools, where the Safe Schools Counselors provide individual and group counseling, however, the counselors provide consultation and crisis management to all students in the Norfolk Public School system. The Safe Schools Counselors coordinate the Signs of Suicide (SOS) program, which is administered to all ninth grade students. The program is designed to provide information and education to students to reduce the number of adolescent suicides, and to link students (and parents) in potential crisis with community resources.

## **D. TES Placement**

TES receives notification from local school systems and can not provide students with notification until they receive approval from the schools. Also, the number of positions are limited for school counselors. With that in mind, it takes a while to determine and notify counseling students of their placement site. The staff at TES make every effort to notify INTERNS as quickly as possible; unfortunately, sometimes, it's not until just before the semester begins. With PRACTICUM, it is not uncommon to receive placement during or after the first week of the fall semester.

They receive a large number of placement requests each semester; around 900. As you can imagine, determining placement for such a large amount of students is challenging, demanding, and time-consuming. Please contact Dr. Suzan Thompson or April Sikes if you have questions/concerns before you email the TES staff.

## **VII. Liability Coverage**

Old Dominion University's registered and enrolled students who are required by their curriculum to participate in supervised and graded service outside the University at various internship sites are covered by liability insurance provided through the Commonwealth of Virginia.



## **VII. Appendices**

## Application for Supervised PRACTICUM in Counseling

Old Dominion University, Graduate Counseling Program

Return to Ms. Dawn Hall, Education room 110

For: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: 20\_\_

Name of Student \_\_\_\_\_ UIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

ODU E-mail: \_\_\_\_\_

Emphasis Area:

School: \_\_\_ Elementary \_\_\_ Middle \_\_\_ High School (*Be sure to complete on-line TES application!*)

Community Agency \_\_\_ Mental Health \_\_\_ College \_\_\_

Indicate that you have completed the following courses by the time you start Practicum. At a minimum, students are expected to have completed COUN 601, 630 (if required in their program), 633, 645, and 650.

**Attach an unofficial copy of your transcript (from LEO) to document additional courses you have taken.**

Course #	Course Title	Semester Taken	Grade
COUN 601	Principles of Counseling		
COUN 630	Growth Group (if required in program of study)		
COUN 633	Counseling & Psychotherapy Techniques		
COUN 645	Testing and Client Assessment		
COUN 650	Theories of Counseling & Psychotherapy		

**\*\* For School Counselors Only:** I submitted my online TES Practicum Application on \_\_\_\_\_ (date)

<https://periwinkle.ts.odu.edu/cgi-bin/qwebcorporate.cgi?EQK34K>

**Course(s) you plan to take in conjunction with Practicum:**

Course #	Course Title

**Note any scheduling preferences for individual and group supervision:**

Morning (9-12) M, T, W, R, F	Evening (4-6 pm) M, T, W, R, F
Afternoon (12-4pm) M, T, W, R, F	Evening (6-8 pm) M, T, W, R, F

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

\_\_\_ Approved \_\_\_ Not Approved

Comments \_\_\_\_\_

Practicum Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Old Dominion University  
Graduate Counseling Program  
Practicum Site Supervision Agreement**

**1. Student Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Site Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Types of clients served: \_\_\_\_\_

**3. Length of agreement**

Practicum/Internship Duration:

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_  
Hours per week: \_\_\_\_\_ Days of Week: \_\_\_\_\_

\_\_\_\_\_ (student initials) I have verified with my site supervisor that I am agreeing to complete my internship in the time-frame provided.

**4. Supervisor Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Licensure/Certifications (if applicable & required in this organization) attained \_\_\_\_\_

\_\_\_ LPC      \_\_\_ LMFT      \_\_\_ Licensed School Counselor      \_\_\_ NCSC  
\_\_\_ LCSW      \_\_\_ LSATP      \_\_\_ Licensed Psychologist      \_\_\_ NCC  
\_\_\_ CSW      \_\_\_ CSAC  
\_\_\_ Other \_\_\_\_\_ (year attained \_\_\_\_\_)

State where licensure/certification is granted \_\_\_\_\_

#### 4. Supervisor Information (continued)

##### Degrees Held (Master's in Counseling or related field required)

(Please list degrees and conferring university)

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##### Employment history (please give last 2 employers)

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##### Experience providing counselor supervision and/or training for providing supervision

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#### 5. Practicum/Internship Recording Requirements

Students are required to record (videotaping is preferred) some of their sessions with the client's permission obtained through a signed consent form. Students are required to submit a minimum of one recording per week for review with their university supervisor.

#### 6. Responsibilities of Supervisor and Practicum Student

##### ***Supervisor Responsibilities:***

- ☐ Provide a minimum of one (1) hour of weekly individual or group supervision
- ☐ Review Practicum or Internship Handbook; understand student requirements & responsibilities.
- ☐ Assist the student with the planning of the practicum/internship experience
- ☐ Meet with University Supervisor twice per semester. Maintain contact with the student's university supervisor to express any concerns that may arise
- ☐ Evaluate the student

##### ***Practicum/Internship student's responsibilities:***

- ☐ Secure an approved site.
- ☐ Adhere to the policies and procedures of the site
- ☐ Represent themselves and the university in a professional manner
- ☐ Follow the American Counseling Association's and/or American School Counselor Association's Ethical Guidelines
- ☐ Complete self-evaluations for counseling skills and review of recorded sessions.
- ☐ Evaluate the university & site supervisors (mid & end of each semester)

#### 7. Signatures

Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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

# Old Dominion University Graduate Counseling Program Practicum Hours Log

Semester:

Student's Name: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

**Document direct & indirect hours:**

**Direct hours include time spent face-to-face with clients (individual & group) in counseling, case management or consultation. Indirect hours include counseling-related tasks, research on client issues, documentation, tape review, supervision (individual & group), and other agency duties.**

Date of Task	Brief Description of Task	# of Indirect Hours	# of Direct Hours
Total Hours for this Period			
Cumulative Hours			

Total supervision hours for semester: \_\_\_\_\_ Group \_\_\_\_\_ Site \_\_\_\_\_ University/Individual \_\_\_\_\_

**Site Supervisor's Signature**

---

**Date**

---

**Student Signature**

---

**Date**

Old Dominion University  
Graduate Counseling Program  
**Supervision Attendance Log**

Semester: \_\_\_\_\_

Student's Name: \_\_\_\_\_

\_\_\_ Individual University Supervision      \_\_\_ Group University Supervision

\_\_\_ Site Supervision (School, Community Agency, College, or Mental Health)

Document individual and group supervision hours. Supervisors should sign form at the end of the semester.

Date of  
Supervision      Time Spent

Cumulative Hours	Group = Individual =

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**VERBATIM TRANSCRIPT FORM**

Counselor Name \_\_\_\_\_ Core Content \_\_\_\_\_ Date \_\_\_\_\_  
Session# \_\_\_\_\_ Tape Side/Track# \_\_\_\_\_ Core Affect \_\_\_\_\_

Summary of Client statements	Verbatim Counselor Response	Alternate Response	Self-Awareness

## CONSENT TO PARTICIPATE IN RECORDED SUPERVISED COUNSELING

### Purpose and Use of Recordings

As part of their professional training, graduate students perform counseling under the supervision of University/faculty members and/or field-placement supervisors. To facilitate this training, counseling sessions are sometimes recorded on a video cassette or an audio tape. Students use such recordings to review their own performance as counselors-in-training. Their counseling performance may also be reviewed by their supervisor(s) and other internship trainees in a small group setting. All recordings are erased after they are reviewed.

### Confidentiality

Trainees and University/faculty supervisors are professionally and ethically bound to preserve the confidentiality of all personal information that is revealed by the client in a counseling relationship. The only exception to this is if a client proves to be at clear and imminent danger of harming himself/herself or others. We would appreciate your permission to record the session(s) with the understanding that confidentiality will be maintained. Thank you for your cooperation.

\_\_\_\_\_  
Supervisor's Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Trainee's Signature

\_\_\_\_\_  
Date

### Consent

I have read and understand the above statements regarding confidentiality, recording, and supervision of my sessions (or the sessions of my child). I give my permission for these sessions to be recorded for training purposes as described above. I further understand that I can withdraw this permission at any time.

\_\_\_\_\_  
Client's or Parent's Signature

\_\_\_\_\_  
Date



# Old Dominion University Graduate Counseling Program

## Counseling Skills and Techniques Competency Scale

Student Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Pre-Assessment Review Date: \_\_\_\_\_ Midterm Review Date \_\_\_\_\_ Final Review Date \_\_\_\_\_

This scale is for (check one) ☐ Practicum // ☐ Internship

The following are basic counseling/therapy skills, grouped around basic criteria: I. Counseling Process, II. Empathy skills, III. Behavioral Elements, IV. Counselor Dynamics, V. Advanced Skills, and VI. Professionalism. To pass this course (Practicum or Internship), each of the major criteria relevant to the course must be scored at 3 or higher.

- 1 = POORLY DEVELOPED SKILLS**  
**2 = SKILLS NEED ADDITIONAL WORK**  
**3 = FAIRLY DEVELOPED SKILLS; NEEDS SOME ADDITIONAL WORK**  
**4 = AVERAGE USE OF SKILLS: PASSING**  
**5 = VERY GOOD COUNSELING SKILLS**  
**6 = HIGHLY DEVELOPED COUNSELING SKILLS**

**I. COUNSELING PROCESS:** These are the skills that move the counseling process toward the goals of counseling/therapy. These organizing skills must be each demonstrated at level 4 or above.

- |          |  |
|----------|--|
| A. _____ | Identifies the central issue(s): names the important concern(s) of the client        |
| B. _____ | Identifies the core affect: names the central feelings(s) experienced by the client  |
| C. _____ | Explores and Tracks: the counselor stays with the client cognitively and affectively |

### II. BASIC COUNSELING SKILLS

- \_\_\_\_\_ 1. Encouragers: counselor uses “mmmh, oh, yes” to communicate to the client that the counselor is listening—without interrupting the client’s train of thought or discourse.
- \_\_\_\_\_ 2. Key words: counselor identifies key words that the client uses and emphasizes them by including them in counselor response.
- \_\_\_\_\_ 3. Restatement: the counselor conveys to the client that he/she has heard the content of client’s previous statements by restating in exact or near exact words, what the client has just verbalized.
- \_\_\_\_\_ 4. Paraphrasing/Reflection: from statements and non-verbal cues, the counselor accurately describes the client’s issues, affect, and behavior: a) Content b) Feelings c) Process d) Non-verbals
- \_\_\_\_\_ 5. Summarizing: the counselor combines two or more of the client’s cognitions, feelings, and/or behaviors into a general statement.
- \_\_\_\_\_ 6. Immediacy: the counselor addresses the client’s behavior in the “here and now.”
- \_\_\_\_\_ 7. Accurate Empathy: the counselor demonstrates they are able to understand the client’s frame of reference; counselor responses are roughly interchangeable with those of the client.
- \_\_\_\_\_ 8. Verbosity: the counselor speaks when it is necessary and does not inappropriately interrupt the client or verbally dominate the counseling session.
- \_\_\_\_\_ 9. Recognizes client’s strengths.
- \_\_\_\_\_ 10. Advanced Empathy: the counselor’s responses add to the expression of the client in such a way as to express feelings at a level deeper than the client is able to express for himself/herself.

### III. BEHAVIORAL ELEMENTS

- \_\_\_\_\_ 1. Physical Presence: the counselor's body posture, facial expressions, and gestures are natural and congruent with those of the client's.
- \_\_\_\_\_ 2. Activity Level: the counselor maintains a level of activity appropriate to the client's activity level. Non-Verbals: a) the counselor's physical movements are appropriate to the client's activity level during the counseling session, b) Voice: the counselor's tone of voice and rate of speech are appropriate to the client's present state and/or counseling session.

### IV. COUNSELOR DYNAMICS

- \_\_\_\_\_ 1. Non-Defensive: the counselor gives and receives feedback interactively with clients, peers, and supervisors in an appropriate, professional manner.
- \_\_\_\_\_ 2. Objectivity: the counselor has sufficient control over his/her own feelings and values so that the counselor's personal issues do not control the counseling session.
- \_\_\_\_\_ 3. Supportive/Unconditional Positive Regard: the counselor makes statements that accept the client's cognitions, accepts the client's behavior, and/or shares with the client that his/her feelings are not unusual.
- \_\_\_\_\_ 4. Genuineness: the counselor's responses are sincere.
- \_\_\_\_\_ 5. Respect for Cultural Needs: shows appreciation for cultural &/or spiritual concerns.
- \_\_\_\_\_ 6. Probes/Questions: the counselor's statements result in the client providing additional information about his/her cognitions, behaviors, and/or feelings: a.) Clarification b.) Open Ended Question c.) Close Ended Question
- \_\_\_\_\_ 7. Challenges include noticing discrepancies and confronting clients as appropriate

The following criteria (Advanced Counseling/Therapy Skills) are the counselor functions carried out with clients to facilitate positive movement toward clients' goals—from the beginning of counseling to the stage of counseling in which the goals are acted upon. These are advanced counseling skills that will need to be **demonstrated in Internship**.

### V. ADVANCED COUNSELING/THERAPY SKILLS: PROCESS AND MOVEMENT (for Internship)

- \_\_\_\_\_ 1. Writes and verbally expresses clearly the initial statement of problem(s)/issues, and the presenting goals, expressed by the client.
- \_\_\_\_\_ 2. Identifies the client obstacles [in thinking, feeling, and behavior] to change.
- \_\_\_\_\_ 3. Helps the client explore the context of his/her experience, for example, when does the block occur, what have you tried, and how has that worked?
- \_\_\_\_\_ 4. With the client explores options and focuses on realistic possibilities.
- \_\_\_\_\_ 5. Validates positives: identifies strengths and resources.

### V. ADVANCED COUNSELING/THERAPY SKILLS: PROCESS AND MOVEMENT (for Internship)

- \_\_\_\_\_ 1. Arrives on time to supervision. Notifies supervisor in a timely manner about any challenges with attendance. Keeps supervisor updated with regard to circumstances that affect supervision attendance.
- \_\_\_\_\_ 2. Actively participates in individual or group supervision. Is prepared with recordings of sessions and analysis of sessions other than those required.
- \_\_\_\_\_ 3. Dresses professionally with clients.
- \_\_\_\_\_ 4. Is open to feedback and demonstrates willingness to implement in counseling sessions.
- \_\_\_\_\_ 5. Maintains relevant client case notes. Demonstrates understanding of documenting counseling sessions relevant to site requirements.

### GOALS FOR CONTINUOUS IMPROVEMENT:

Select 1-3 skills that you will focus on through the next evaluation period. For each write your plan for improving the skill, using the back of this form if you need more space.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Old Dominion University  
Practicum and Internship Program**

**University Supervisor Evaluation of Counseling Student**

Student's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor: Please read and answer each question as it applies to the counseling student. Please feel free to attach additional comments on the back of these pages or on a separate sheet. Please provide as much information as possible/applicable.

1. Please explain the counseling student's strengths in regards to counseling skills observed.
  
2. Please explain the counseling student's areas for growth in regards to counseling skills observed.
  
3. Please explain the student's receptivity to feedback during your supervision experiences.
  
4. Does this student utilize feedback given and supervision in an appropriate fashion? If no, please explain.
  
5. Does the student show an ability and willingness to adhere to program policies/procedures? (For example, did the student turn in tapes and meet for supervision regularly?) If no, please explain.
  
6. Please feel free to add any additional comments about the student that you think pertinent in order to assign an appropriate grade for practicum/internship.
  
7. Please provide an overall rating of this student's skill level as a counselor using the scale of 1-4 below-

Unsatisfactory (below standard)	Emerging	Meets Standard	Target (exemplary)
1	2	3	4

\_\_\_\_\_  
University Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Student: by signing this document, you give permission to your University Supervisor and/or Clinical Coordinator to use content from this document for future reference requests.**

## ***EVALUATION OF PRACTICUM SITE SUPERVISOR***

Name of Student \_\_\_\_\_

Name of Field Supervisor \_\_\_\_\_

Place of Practicum/Internship (circle one) \_\_\_\_\_

Semester of Practicum/Internship \_\_\_\_\_

**Please describe your reaction to each of the following statements in terms of this scale.**

<b>Unacceptable</b>	<b>Poor</b>	<b>Acceptable</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

### Rating

- 1) Rate your supervisor's consistency in having regularly scheduled supervisory meetings. \_\_\_\_\_
- 2) Rate your supervisor's ability to offer you guidance during the early phase of your internship. \_\_\_\_\_
- 3) Rate how comfortable you felt with your supervisor in exploring personal issues that were related to professional issues (e.g., countertransference, ability to relate to staff, etc.). \_\_\_\_\_
- 4) Rate how comfortable you felt with your supervisor in discussing professional issues. \_\_\_\_\_
- 5) Rate your supervisor's ability to offer you support during your internship. \_\_\_\_\_
- 6) Rate your supervisor's ability to communicate ideas effectively. \_\_\_\_\_
- 7) Rate how much you feel you have learned from supervision. \_\_\_\_\_
- 8) Rate the overall effectiveness of your supervisor. \_\_\_\_\_

### **Comments:**

## STUDENT EVALUATION OF UNIVERSITY SUPERVISOR

Old Dominion University Graduate Counseling Program

This evaluation should be submitted once at the middle and again at the end of the semester you are enrolled in Practicum/Internship.  
Evaluations should be done for the Individual University Supervisor and for the Group University Supervisor.

Name of Supervisee \_\_\_\_\_ Name of University Supervisor \_\_\_\_\_

DATES OF EVALUATION: From \_\_\_\_\_ to \_\_\_\_\_

Using the scale below, please provide a rating to each of the statements.

**Strongly Disagree**                      **Strongly Agree**  
1                      2                      3                      4                      5

		<u>Rating</u>
1	Treats me with acceptance and respect.	
	Comments:	
2	Helps me feel at ease with the supervision process.	
	Comments:	
3	Provides me with useful feedback regarding counselor behavior.	
	Comments:	
4	Helps me focus on new counseling strategies that I can use with my clients.	
	Comments:	
5	Allows me to brainstorm solutions, responses, skills & techniques that would be helpful in future counseling sessions.	
	Comments:	
6	Motivates me to assess my own counseling behavior.	
	Comments:	
7	Gives me the chance to discuss personal issues related to my sessions with my clients.	
	Comments:	
8	Conveys competence.	
	Comments about what you have learned in supervision thus far:	
9	Helps me develop increased skill in critiquing & gaining insight from my counseling sessions (by self-report, client evaluations or tapes).	
	Comments:	

List 1-3 Goals for supervision for the next evaluation period:

## Old Dominion University Graduate Counseling Program Practicum Checklist

The supervised Practicum experience is intended to enable students to practice basic and intermediate individual and group counseling skills with clients while integrating knowledge and skills learned in previous course work. At a minimum, students are expected to have completed COUN 601, 630 (if required in their program), 633, 642 or 644, and 650. Practicum comprises a minimum of 100 hours in counseling and counseling-related tasks; 40 hours must be face-to-face. Of the 40 face-to-face hours, students must document 10 hours of group counseling.

Date Completed	Task
	Fill out application and turn it in to Dawn Hall (ED 110) for Clinical Coordinator's approval. (Due February 15 for summer and fall semesters; Oct. 15 for spring semester)
	After application is approved, secure a field placement. School counselor practicum students will fill out an online application form for TES (see instructions below).
	Submit a site supervision agreement for site and supervisor approval to Dawn Hall (ED 110) for Clinical Coordinator. (Due 2 weeks before semester when taking practicum. School counselors may turn this in by the second practicum class).
	Register for practicum.
	Meet with university supervisor for one (1) hour weekly.
	Meet for group supervision for one and one half (1 ½) hours weekly.
	Meet with site supervisor for one (1) hour weekly
	Submit logs every two weeks
	Submit evaluations at the end of the semester.

### DEADLINES:

If you are planning to take practicum in a summer or **fall** semester, you must turn in an application by **FEBRUARY 15**. If you are planning to take practicum in a **spring** semester, you must turn in an application by **OCTOBER 15**.

Site supervisor agreements are due no later than 2 weeks before beginning the practicum semester. (Note above exception for school counseling students.)

### Questions? CONTACT:

Clinical Coordinator      Dr. Suzan Thompson, [skthomps@odu.edu](mailto:skthomps@odu.edu), 757-683-6202  
 Doctoral Student Assistant      [April Sikes, asikes@odu.edu](mailto:April Sikes, asikes@odu.edu)

### TES Application Steps

To complete the application for school counseling practicum, from the main page of the ODU website:

Click on "Academics"

In the "Colleges" menu, click on "Darden College of Education"

From the drop-down bars, click on Academics

Choose "Teacher Education Services"

On the right side of the page, find "Online Placement Request"

Choose "Practicum"

When you complete the application, you'll have to put that it's for the School Counseling specialty practicum in the COMMENTS section