



# Central Michigan University

Counselor Education Program

On Campus

M.A. in Counseling

## Internship Manual Part II

**CED 691**

***NOTE: E-MAIL OR PROVIDE HARD COPIES OF THIS MANUAL TO THE  
SITE SUPERVISOR.  
MAKE COPIES FOR YOURSELF OF ALL FORMS AND OTHER  
PAPERWORK SUBMITTED.***

(Revised October 27, 2014)

## Table of Contents

<b>Preparation for First Class Meeting</b> .....	3
Preparation for First Class Meeting .....	4
<b>Confidentiality, Rules, Taping Release Form</b> .....	5
Confidentiality in CED Classes .....	6
Permission to Audio or Video Tape Counseling Sessions.....	7
Assessment of Minor Client Form.....	8
Client Rights .....	9
Contact with Outside Agency/Individual.....	10
<b>Portfolio Table of Contents</b> .....	11
Portfolio Table of Contents.....	12
<b>Accumulating and Documenting Hours</b> .....	13
Tips about Accumulating and Recording Hours.....	14
<b>Internship Hours Log Forms</b> .....	16
Daily Internship Log.....	17
Daily Internship Log Example.....	18
Internship Hours Log Summary.....	19
Internship Hours Log Summary Example .....	20
<b>Miscellaneous Hours, National and State Conferences</b> .....	21
Miscellaneous Internship Experiences.....	22
Miscellaneous Experiences Internship Hours Log Summary .....	24
<b>Evaluation Forms, Midterm and Final Evaluations, Student Evaluation of Site and Field Supervisor</b> .....	25
CED 691 Internship Evaluation .....	26
Student Intern Evaluation of Internship Site and Field Supervisor.....	30
<b>Final Check-Off Forms</b> .....	34
Final Check-Off Form.....	35
Tips for Final Check-Off Form.....	36
<b>Site Description Form</b> .....	37
Site Description Form .....	38
<b>Incomplete Grades, CMU Incomplete Policy</b> .....	39
Incomplete Grades .....	40
Request for Incomplete Grade .....	41
Request to Remove Incomplete Grade.....	42
Report on Incomplete or Deferred Grade .....	43
<b>Supervision</b> .....	45
Phone Evaluation with Site Supervisor.....	46
Supervision Form after Incomplete Grade.....	48

## **Preparation for First Class Meeting**

Central Michigan University

**Preparation for First Class Meeting**

***CED 691***

***CAMPUS***

1. You are not to report to your site to begin accruing hours at your site until after the first CED 691 class meeting, and you have received the half-sheet notification that an approved Affiliation Agreement is on file for your site. You are, however, permitted to visit your site to get acquainted (meet staff, tour the site, etc.) or attend orientation meetings, but you are not to see clients or document hours until after the first class meeting and you have received the half-sheet notice.
2. Review the internship manual carefully for procedures and practices.
3. Class attendance is required while accumulating hours at your internship site. Note: This may involve attending class for more than two semesters. Arrange your schedule such that you attend all classes on campus.
4. Generally the class is scheduled on Tuesday from 7:00 to 9:50 p.m.
5. Prepare to learn, dialogue, and process information in an open and honest environment that is based on constructive criticism.
6. Practice confidentiality! Pay attention to what you hear, see, speak, feel, and touch. For example, do not speak about client issues outside of the counseling office.
7. You will be required to compile a portfolio of all materials from CED 691. In order to organize the portfolio, purchase a large 3-ring binder (at least 3 inches) for all materials (see the portfolio table of contents).
8. You must be supervised by a University Instructor while making up an Incomplete grade in CED 691.
9. Make copies of all applications, forms, approvals, logs, evaluations, etc. for your portfolio.

**Confidentiality**  
**Rules**  
**Taping Release Form**

## CONFIDENTIALITY IN CED CLASSES

Confidentiality is the foundation of the counseling process and relationship. Clients come to licensed helpers and reveal information they have not discussed with others and that may remain hidden otherwise. Confidentiality is an ethical and legal process involving the obligation of professional helpers to build relationships based on trust and the understanding that client information is private.

Confidentiality entails the ethical and legal responsibility of mental health professionals to safeguard clients/patients from unauthorized disclosures of information given in the therapeutic relationship. You are expected to operate in an ethical and professional manner. Since you will be working with actual clients during the course of your studies, their privacy is to be respected and all information concerning them **is confidential**. A breach of confidentiality could result in course failure or dismissal from the program.

There are four general exceptions to the legal and ethical requirement that counselors keep client confidentiality: (a) cases in which clients pose a clear and imminent danger to themselves or others, (b) cases in which clients request that their records be released to themselves or a third party, (c) cases in which a court orders a counselor to make records available, and (d) cases in which the client was/is a victim or perpetrator of child abuse or neglect (see *The CED Advisor handbook*).

Technology has created additional ethical and legal concerns about confidentiality given that the transmission of information is not necessarily private (fax, Internet, written communication, phone, etc.). Often a disclaimer stating that this is confidential information and is only for the intended recipient is necessary. Although there is a disclaimer, confidential information has been breached.

## PERMISSION TO AUDIO OR VIDEO TAPE COUNSELING SESSIONS

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

As a student intern I am required to either audio or video tape counseling sessions. This taped session is used only for training purposes and is erased after the counseling intern and the supervisors have reviewed the tape. In all cases, I will adhere to rules of confidentiality and, unless written consent is given, your identity will be protected. Please review the following information.

### Rules of Confidentiality:

Counselors are mandated by law to release certain information. Client information will not be released to any agency or individual(s) except in the following circumstances in which clients:

- Give written consent that their records can be released.
- Pose a clear and imminent danger to themselves and others.
- Was/is a victim or perpetrator of child abuse or neglect.
- Records are ordered by the court to be released to a specific judge.

Print full name of client: \_\_\_\_\_

I hereby grant permission to audio or video tape counseling sessions regarding the above referenced client to (print full name and address of person):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Purpose or need for disclosure: \_\_\_\_\_

Specific information to be disclosed: \_\_\_\_\_

This consent may be revoked by me at any time. This consent expires within 90 days of signature unless otherwise specified (indicate date) \_\_\_\_\_.

For clients 18 years of age or older:

Printed Name: \_\_\_\_\_

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

If client is under 18 years of age, parent or guardian signature:

Client's Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELING AND SPECIAL EDUCATION  
CENTRAL MICHIGAN UNIVERSITY**

**ASSESSMENT OF MINOR CLIENT FORM**

According to Public Act 186, followed by Section 707 of the Michigan Mental Health Code, minor clients ages 14-18 may be treated for issues concerning STDs, substance abuse, and pregnancy for 4 months or 12 sessions.

Print Client Name \_\_\_\_\_

Client Age \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

*(NOTE: THIS IS FOR YOUR INFORMATION ONLY.  
YOUR SITE MAY USE A DIFFERENT FORM.)*

**Reporting Abuse and Neglect**

Note that the Michigan Department of Human Services has established at Centralized Intake (CI) unit for Abuse and Neglect, both Children's Protective Services (CPS) and Adult Protective Services (APS), with an implementation date of March 5, 2012.

Further information about the DHS-3200 reporting form and the DHS CPS Mandated Reporter's Guide may be obtained by visiting [www.michigan.gov](http://www.michigan.gov).



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**CLIENT RIGHTS**

Each client has the following rights:

1. The right to be treated with consideration, respect, dignity, and privacy.
2. The right to be informed of one's condition, available services, treatment, and various therapies.
3. The right to consent to or refuse any service, treatment, or therapy after a full explanation of the expected consequences.
4. The right of a parent or legal guardian to consent or refuse service or treatment of therapy on behalf of a minor.
5. The right to know the cost of services.
6. The right to be fully informed of all rights.
7. The right not to be discriminated against in the provision of services on the basis of religion, race, color, creed, sexual orientation, age, physical or mental disabilities, or inability to pay.

*(NOTE: THIS IS FOR YOUR INFORMATION ONLY.  
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Contact with Outside Agency/Individual

Name of Client: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person Spoken With: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Means of Contact: \_\_\_\_\_

Content of Correspondence/Contact:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

*(NOTE: THIS IS FOR YOUR INFORMATION ONLY.  
YOUR SITE MAY USE A DIFFERENT FORM.)*

## **Portfolio Table of Contents**

## **PORTFOLIO TABLE OF CONTENTS**

*(provide tabs for each section)*

### **Course Enrollment Information** (make copies)

- Affiliation Agreement Approval Form (half sheet)

### **Application to Site Forms**

- Packet prepared by student to submit to site

### **Submission Information Forms**

- Application for Internship
- Affiliation Agreement Request Form
- Site Approval Form
- Site Supervisor's Signature Form
- Internship Plan
- Student Information Form
- Site Information Form
- Site Supervisor Agreement

### **Internship Log Forms**

- Daily Internship Logs
- Internship Hours Log Summaries

### **Evaluation Forms**

- Midterm Internship Evaluation (one for each site and semester enrolled)
- Final Internship Evaluation (one for each site and semester enrolled)
- Student Evaluation of Site and Field Supervisor (one for each site)

### **Miscellaneous Experience Forms**

- Miscellaneous Internship Experiences

### **Incomplete Forms**

- Request for Incomplete Grade (CED 691)
- Request to Remove Incomplete Grade (CED 691)

### **Final Check-Off Forms**

- Final Check-Off Form (CED 691) (one for each site)

### **Class Assignments**

### **Any Other Miscellaneous Information Student Wishes to Include**

## **Accumulating and Documenting Hours**

### TIPS about Accumulating and Recording Hours

1. As long as you are working at a site and accumulating hours, you must be supervised by a Site Supervisor and a University Instructor.
2. Once all hours have been accumulated, all paperwork must be submitted to the University Instructor.
3. When documenting hours you cannot work at your site for more than 40 hours per week.
4. The student must be registered for CED 691 in order for hours to count.
5. Your University Instructor has the responsibility to supervise your internship for up to one year after you register for the class. Refer to the Incomplete policy.
6. The student cannot count class attendance hours as part of the required internship hours.
7. Documenting hours is often problematic for students. Hours are thoroughly checked before a grade is assigned. Common documenting problems:
  - Time conflicts—you cannot be in two places at once. For example, if you were seeing clients from 10:00-11:30, you cannot be doing administrative duties or attending a supervision meeting from 11:00-12:00!

*Note: Time conflicts will be deducted from all totals until they are corrected.*

- Invalid times. Hours can only be recorded as quarter-hours (15 minutes = .25 hours), half-hours (30 minutes = .5 hours), three-quarter hours (45 minutes = .75 hours), or full hours. Examples: write 1:00-1:15, not 1:00-1:20; write 1:30-2:00, not 1:35-2:05; write 2:00-2:45, not 2:00-2:50; write 3:15-4:15, not 3:20-4:20.

*Note: Invalid times will be deducted from all totals until valid times are entered on log sheets.*

- Time calculation and addition errors. For example, if on one line you wrote that you were doing administrative duties from 9:15-10:00 (.75 hours) and from 2:00-3:45 (1.75 hours) on that same date, your total on that line for that activity would be 2.5.
- Incorrect time formats. Write .25 hours instead of 15 minutes, write .5 hours instead of 30 minutes, write .75 hours instead of 45 minutes, write 1 hour instead of 60 minutes.
- Mismatched dates—dates at the top of each log sheet must match the actual dates of activity listed in the left column of the log.

- Incomplete information at the top part of log sheet. Make sure all date information, student name, semester, credit hours, course number, CRN (section number), supervisor name, site name and city are filled in.
- Place all entries in date order.
- Place all log entries for any given date on the same log sheet. Do not carry over entries for the same date onto another log sheet. This may mean leaving a line or two blank on a log sheet to keep the same date's entries on the same log sheet.
- Do not carry over totals from one log summary to another. Remember, log sheets do not necessarily cover a week's worth of activity. When entry spaces are filled up on an individual log sheet, start a new one even if it is for the same week, with its own set of column totals. In addition, make sure you use a separate log summary for each site.
- Too many entries on one line—we cannot read teeny writing. It's okay to use more than one line for a day's entries. Remember to treat each entry space as a separate listing in the total hours column under each respective category.
- Missing or incorrect log entry “detail.”

For administrative or supervision entries, make sure you write in what you actually did during those times.

For client contact entries, since you are required have ongoing client relationships with each client (or group or family). Assign a number to each client (or group or family) and enter that number on your log sheets to document your on-going client activity. Each time you see a particular client (or group or family), enter their corresponding number on your log sheets.

Example:

	Times	Individual	Group	Family
10/1/14	8-9am 10-11:15am 1:15-1:45pm	#1	#1	#1
10/3/14	8-9am 1:15-1:45pm	#1		#1
10/4/14	10-11:15am 11:30-12pm 2-3pm 4-5pm	#2	#2	#2 #1
10/5/14	10:30-12pm 12:15-1pm 3:45-4:15p	#2	#1	#2

In the above example, Client #1 had individual sessions on 10/1/14 and 10/3/14; Client #2 had individual sessions on 10/4/14 and 10/5/14; Group #1 met on 10/1/14 and 10/5/14; Group #2 met for the first time on 10/4/14; Family #1 met on 10/1/14, 10/3/14 and 10/4/14; and Family #2 met on 10/4/14 and 10/5/14. Follow this same format for each of your individual client, group, or family. **Do not just put an X or check mark in the box.**

- Cannot list “on call” times—you can only record times of actual activity.
- Copy logs on one side only.
- Missing signatures (Site Supervisor and student). Never turn in unsigned logs!
- Important note: Never record conference or workshop attendance on your site log sheets. This activity is recorded on the Miscellaneous Internship Experiences forms referred to elsewhere in this Manual.

**NOTE: All paperwork must be documented accurately, legibly, and neatly in accordance with acceptable standards of professionalism.**



## **Internship Hours Log Forms**

**Central Michigan University  
Daily Internship Log**

Refer to example for correct log recording format.

Be sure that all information is completely and **clearly** filled in, **with valid times and no time conflicts**, and **both signatures before submitting**

Dates: \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

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

Semester: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Course: CED \_\_\_\_\_ CRN: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Site Name: \_\_\_\_\_ City: \_\_\_\_\_

Date	Client Contact				Daily Total Hours	Administrative/Non-Clinical Client Contact		Daily Total Hours	Supervision		Daily Total Hours
	Times	Ind.	Grp.	Fam.		Times	Specify Type		Times	Notes	
<b>Column Totals</b>											

**NOTE: CLIENT ID# IS REQUIRED FOR EACH CLIENT (OR GROUP OR FAMILY). EACH TIME YOU SEE THAT CLIENT (OR GROUP OR FAMILY) USE THAT SAME # ON YOUR LOGS.**

<b>Site Supervisor Signature</b> <i>(please sign weekly)</i>	<b>Date</b>	<b>Intern Signature</b>	<b>Date</b>
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**EXAMPLE**

**Central Michigan University  
Daily Internship Log**

Refer to example for correct log recording format.

Be sure that all information is completely and clearly filled in, with valid times and no time conflicts, and both signatures before submitting

Dates: October 3 20 14 to October 7 20 14

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

Semester: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Course: CED \_\_\_\_\_ CRN: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Site Name: \_\_\_\_\_ City: \_\_\_\_\_

Date	Client Contact				Daily Total Hours	Administrative/Non-Clinical Client Contact		Daily Total Hours	Supervision		Daily Total Hours
	Times	Ind.	Grp.	Fam.		Times	Specify Type		Times	Notes	
10/3/14	10-11am 11-12pm 1-3pm	#4 #5		#2	4	5-6pm	Progress notes Phone calls	1	3-4:45pm	Discussed intern's divorce & court proceedings; Discussed moving beyond presenting problem	1.75
10/6/14	8-8:30am 8:30-9am 9-10:15am	#1 #3	#6		2.25	11-12:30pm 1:15-3pm	Progress notes Administrative meeting	3.25	3:15-5pm	Consulted regarding session content	1.75
10/6/14						5:15-6pm	Research information about client issue	.75			
10/7/14	8-9:15am 9:15-10am 10-11am	#3 #5	#6		2.5	1-3pm 3-4:15pm	Paperwork and filing correspondence	3.25	11am-12pm	Client case consultation	1
<b>Column Totals</b>					8.75			8.25			4.5

**NOTE: CLIENT ID# IS REQUIRED FOR EACH CLIENT (OR GROUP OR FAMILY). EACH TIME YOU SEE THAT CLIENT (OR GROUP OR FAMILY) USE THAT SAME # ON YOUR LOGS.**

Site Supervisor Signature <i>(please sign weekly)</i>	Date	Intern Signature	Date
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### INTERNSHIP HOURS LOG SUMMARY

(total hours at end of semester)

**Note make sure you use a separate log summary for each site**

*Note: Each entry must agree with the column totals on each separate Daily Internship Log.*

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ CRN: \_\_\_\_\_

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

Log Ending (in date order)	Client Contact	Administrative	Supervision
	TOTAL:	TOTAL:	TOTAL:

**EXAMPLE****INTERNSHIP HOURS LOG SUMMARY**

(total hours at end of semester)

**Note make sure you use a separate log summary for each site***Note: Each entry must agree with the column totals on each separate Daily Internship Log.*

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ CRN: \_\_\_\_\_

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

Log Ending (in date order)	Client Contact	Administrative	Supervision
10/7/14	8.75	8.25	4.5
	TOTAL:	TOTAL:	TOTAL:

**Miscellaneous Hours  
National and State Conferences**

Central Michigan University  
CED 691  
**MISCELLANEOUS INTERNSHIP EXPERIENCES**

Use a separate Miscellaneous Internship Experiences form for each activity.

Miscellaneous hours may be obtained by attending national and state counseling conferences. The intern will receive a maximum of 50 internship hours for attending a national counseling conference, and 25 internship hours for attending a state counseling conference.

In addition, miscellaneous hours may be obtained by attending workshops that relate to the practice of counseling. For a workshop, the intern will receive 10 internship hours. The intern must have prior approval from the internship supervisor for workshop attendance.

Note: State counseling conference and workshop hours must be accumulated during enrollment in internship class. Attendance at ACA can be applied to internship hours even if the student is not enrolled in internship class.

The total/maximum hours that can be applied toward internship for all miscellaneous experiences is 85 hours. Hours are generally applied equally to supervision and administrative categories.

	ACA Conference	50 hours total ( <i>submit proof of registration and attendance</i> )
	State Counseling Conference	25 hours total ( <i>submit proof of registration and attendance</i> )
	Workshops	10 hours total ( <i>submit proof of registration and attendance</i> )

Fill out the appropriate form and list the miscellaneous internship experiences on a separate Miscellaneous Experiences Internship Hours Log Summary sheet. Do not record on Daily Internship Logs.

Semester: \_\_\_\_\_ Date: \_\_\_\_\_ CRN \_\_\_\_\_

Intern Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Conference/Workshop Title: \_\_\_\_\_

Conference/Workshop Date(s): \_\_\_\_\_

Conference/Workshop Location: \_\_\_\_\_

Total and Distribution of Hours:

**CED** \_\_\_\_\_: Supervision \_\_\_\_\_ Administrative \_\_\_\_\_ **Total** \_\_\_\_\_

**Note: Presentation required in internship class.**

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

Internship Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(continued on next page)

National Conference (50 hours total)

You must attend all of the following sessions in order to obtain the specified hours:

- 12 Education Sessions (including counseling, supervision, diversity, techniques, etc.)
- 1 Plenary Session (large group in ballroom)
- 1 Poster Session
- 4 Ancillary Events
- 2 Graduate Student Events
- 2 Learning Institutes (2 can be substituted for 2 Education Sessions)

State Conference (25 hours total)

You must attend all of the following session in order to obtain the specified hours:

- 3 Education Sessions (including counseling, supervision, diversity, techniques, etc.)
- 2 Plenary Sessions (large group in ballroom)
- 1 Ancillary Event
- 1 Student Event
- 1 Learning Institute (can be substituted for 2 Education Sessions)

List National and State Conference Activities Attended by Category

List Detailed Workshop Activities



## MISCELLANEOUS EXPERIENCES INTERNSHIP HOURS LOG SUMMARY

(total hours at end of semester)

*Note: Each entry must agree with the Miscellaneous Experiences form(s).*

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ CRN: \_\_\_\_\_

\_\_\_\_\_

Experience: \_\_\_\_\_ Date: \_\_\_\_\_

Semester	Administrative	Supervision

Experience: \_\_\_\_\_ Date: \_\_\_\_\_

Semester	Administrative	Supervision

Experience: \_\_\_\_\_ Date: \_\_\_\_\_

Semester	Administrative	Supervision

Experience: \_\_\_\_\_ Date: \_\_\_\_\_

Semester	Administrative	Supervision

### **Grand Totals—All Miscellaneous Experiences Listed Above**

TOTALS:	A:	S:
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## **Evaluation Forms**

### **Midterm and Final Evaluations**

**(two midterm and two final evaluations for each semester enrolled)**

### **Student Evaluation of Site and Field Supervisor**

**Note: *Make copies of all forms.***

**CED 691—Internship in Counseling Evaluation  
ON CAMPUS  
CMU Department of Counseling and Special Education**

**Midterm Evaluation**

**Final Evaluation**

**Dates this Evaluation Covers:** \_\_\_\_\_ **To** \_\_\_\_\_ **Setting:** School Counseling  Agency Counseling

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_ **Supervisor Contact Phone:** \_\_\_\_\_

**University Instructor:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Semester & Year:** \_\_\_\_\_ **CRN:** \_\_\_\_\_ **CMU Advisor:** \_\_\_\_\_

**Type of Counseling (check all that apply):**

Individual  Group  Couples/Family  Advising/Counseling  Intake/Assessment  Counseling Center  Substance Abuse   
Play/Child  Career  Other  \_\_\_\_\_

Client Contact	Administrative	Supervision	Total Hours
<b>Note: Hours must agree with the hours reported on the intern's log sheet.</b>			

**Totals required in each category: Client Contact: 240, Administrative: 270, Supervision: 90, for a total of 600 hours.**

The form has been designed to facilitate the evaluation of internship students. The form should be completed at least twice during the semester (midterm and final). The supervisor and student should discuss the evaluations during supervision. Following the final evaluation, a copy of the evaluation should be given to the student, a second copy should be kept by the supervisor, and the original copy should be placed in the student's file for future reference. All internship students, in both on-campus and off-campus programs, should be evaluated using this form. During off-campus internship experiences, both the site supervisor and the University Instructor should complete evaluations of the student.

NAME \_\_\_\_\_

**Student Goals in the Internship Plan**

List the initial goals as written on the INTERNSHIP PLAN submitted with the application materials and rate the student according to performance:

1 = BELOW LEVEL    2 = MEETS LEVEL    3 = EXCEEDS LEVEL    0 = NOT DONE

Initial Goals	Rating	Comment on Each Goal <i>(required for each goal)</i>
<b>Client Contact:</b>		
1.		
2.		
3.		
4.		
<b>Supervision:</b>		
1.		
2.		
3.		
4.		
<b>Administrative:</b>		
1.		
2.		
3.		
4.		

NAME \_\_\_\_\_

**Rate the student's performance in each of the areas below, according to the following scale:**

**1 = BELOW STANDARD    2 = LIMITED EXPERTISE DEMONSTRATED    3 = EXPECTED FOR PRACTICUM STUDENT**

**4 = EXPECTED LEVEL FOR INTERNSHIP STUDENT    5 = EXPECTED LEVEL FOR POST-GRADUATE**

**(Note: a 5 rating should only be used to reflect skills and abilities at the professional level)**

<b>CLIENT CONTACT:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Creates and maintains a working relationship that promotes focused change.					
2. Gathers relevant information during sessions, prioritizes issues and interventions.					
3. Is sensitive to cultural differences and relates well to diverse clients.					
4. Conceptualizes client issues beyond the presenting problem.					
5. Makes necessary preparations before seeing clients.					
6. Demonstrates knowledge of and adheres to ethical standards of the profession.					
7. Develops a theoretical treatment plan based upon client directed goals.					
8. Provides informed consent and confidentiality information.					
9. Accesses theoretical and intervention information and applies it.					
10. Communicates effectively.					
11. Demonstrates knowledge of client lifespan issues.					
12. Demonstrates competency in building the therapeutic relationship.					

Comments:

<b>SUPERVISION:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Recognizes the role of supervision.					
2. Actively seeks supervision when necessary.					
3. Accesses appropriate resources when needed.					
4. Receptive to feedback and suggestions.					
5. Successfully implements suggestions from supervisor.					
6. Takes initiative to explore personal and professional strengths and developmental issues.					
7. Conceptualizes and processes issues in supervision.					
8. Shows leadership in the supervisory process.					
9. Meets consistently with the supervisor.					
10. Handles constructive criticism well.					
11. Shows self-reflection and awareness of and insight into own behaviors.					

Comments:

NAME \_\_\_\_\_

<b>ADMINISTRATIVE:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Uses time well and manages tasks independently, effectively and efficiently.					
2. Understands organizational structures, policies, and procedures of the site.					
3. Proficient use of technology.					
4. Deals effectively with authority.					
5. Produces well thought out case notes and treatment plans.					
6. Completes data entry, case notes, and paperwork according to site guidelines.					
7. Demonstrates clear expression in writing and speaking skills.					
8. Develops and sustains positive relationships with supervisor, peers and staff.					
9. Demonstrates problem solving skills as needed when performing administrative and other tasks.					
10. Is aware of and sensitive to cultural differences between peers and staff.					
11. Brings positive contributions to the site environment.					

Comments:

<b>PROFESSIONALISM:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Maintains a professional relationship in the setting.					
2. Behavior is professional and ethical when presenting client issues.					
3. Attire is appropriate for the setting.					
4. Arrives on time and has a good attendance record.					
5. Organized and completes assignments.					
6. Demonstrates and is aware of the value of self-care.					

Comments:

<b>Site Supervisor's Signature</b>	<b>Date</b>	<b>Student's Signature</b>	<b>Date</b>
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After discussing the evaluation with the student, please return the signed form to the student in a sealed envelope. Thank you for supervising this CMU student.

**University Instructor:** Twinet Parmer, Ph.D., LPC, CST, Central Michigan University, 354 Education and Human Services Building, Mt. Pleasant, MI 48859 Phone: (989) 774-3776 e-mail: [parme1t@cmich.edu](mailto:parme1t@cmich.edu)

<b>University Instructor's Signature</b>	<b>Date</b>
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**Central Michigan University**  
**Department of Counseling and Special Education**  
**Counseling Internship**  
**CED 691**

**Student Intern Evaluation of Internship Site and Field Supervisor**

*To be completed by the student at the end of the internship experience for each site. Only one evaluation per site is required.*

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

Site Name \_\_\_\_\_ Location \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Semester/Year \_\_\_\_\_

This form is designed to give the student the opportunity to provide feedback about the supervision received during internship. This information will be useful in discussions with supervisors and will help the faculty instructor evaluate the learning opportunities at various internship sites. In addition, this information may be used for research purposes to help in the evaluation of the internship program at CMU and to help with expanding our understanding of supervision in general.

Each item that follows asks you to indicate (1) if you engaged in the activity or task, (2) your satisfaction with the activities, and (3) the frequency with which activities of supervision occurred.

Please rate frequency based on a scale of 0 to 5, with 0 meaning that something never happened, and 5 indicating that the activity happened each time there was an opportunity as described in the item.

Please rate satisfaction on a rating scale of 0 to 5, with 0 meaning that you were completely dissatisfied and 5 signifying that you were completely satisfied.

**FIRST**, if you think it will be useful to preface your responses with any introductory comments, please feel free to do so here. Additional space is available at the end of this form for general evaluative comments.

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Thank you for giving thoughtful consideration to this evaluation.

**Circle your response to each of the following areas:**

**Frequency:** 0 meaning that something never happened, and 5 indicating that the activity happened each time there was an opportunity as described in the item.

**Satisfaction:** 0 meaning that you were completely dissatisfied and 5 signifying that you were completely satisfied.

<b>Schedule and Availability</b>	Frequency					Satisfaction						
1. Overall during the internship, the actual supervision contacts matched the agreed upon Internship Plan.	0	1	2	3	4	5	0	1	2	3	4	5
2. Apart from scheduled meetings, my supervisor was available if I requested additional contact.	0	1	2	3	4	5	0	1	2	3	4	5

<b>Orientation</b>	Frequency					Satisfaction						
3. My supervisor discussed procedural matters, agency policies, etc. when I began the internship.	0	1	2	3	4	5	0	1	2	3	4	5
4. Apart from scheduled meetings, my supervisor was available if I requested additional contact.	0	1	2	3	4	5	0	1	2	3	4	5
5. My supervisor discussed ethical and legal issues when I began the internship.	0	1	2	3	4	5	0	1	2	3	4	5

<b>Activities at the Internship—Miscellaneous</b> At the site there was the opportunity to:	Frequency					Satisfaction						
6. Interact with other staff members.	0	1	2	3	4	5	0	1	2	3	4	5
7. Observe treatment, assessment, or other direct services with clients.	0	1	2	3	4	5	0	1	2	3	4	5
8. Participate in or provide treatment, assessment, or other direct services with clients.	0	1	2	3	4	5	0	1	2	3	4	5
9. Attend meetings other than supervision or information conversations.	0	1	2	3	4	5	0	1	2	3	4	5
10. Write assessments, case notes, reports, etc.	0	1	2	3	4	5	0	1	2	3	4	5

<b>Activities at the Internship—Skill Related</b> Rate the activities you had the opportunity to experience at your internship.	Frequency					Satisfaction						
11. Individual counseling.	0	1	2	3	4	5	0	1	2	3	4	5
12. Group counseling.	0	1	2	3	4	5	0	1	2	3	4	5
13. Family or couples counseling.	0	1	2	3	4	5	0	1	2	3	4	5
14. Academic advising.	0	1	2	3	4	5	0	1	2	3	4	5
15. Working with a diverse population.	0	1	2	3	4	5	0	1	2	3	4	5
16. Conducting intake interviews.	0	1	2	3	4	5	0	1	2	3	4	5
17. Conducting assessments of clients.	0	1	2	3	4	5	0	1	2	3	4	5
18. Developing treatments plans.	0	1	2	3	4	5	0	1	2	3	4	5
19. Writing progress notes.	0	1	2	3	4	5	0	1	2	3	4	5



20. Participating in multidisciplinary or other staffing/treatment plan reviews.	0	1	2	3	4	5	0	1	2	3	4	5
21. Writing aftercare plans.	0	1	2	3	4	5	0	1	2	3	4	5
22. Writing discharge summaries.	0	1	2	3	4	5	0	1	2	3	4	5
23. Writing correspondence and/or other reports regarding clients.	0	1	2	3	4	5	0	1	2	3	4	5
24. Diagnosis using the DSM-IV.	0	1	2	3	4	5	0	1	2	3	4	5
25. Using technology, including computerized Clinical Record Systems.	0	1	2	3	4	5	0	1	2	3	4	5
26. Using technology, including computerized Assessment programs.	0	1	2	3	4	5	0	1	2	3	4	5
27. Other:	0	1	2	3	4	5	0	1	2	3	4	5
28. Other:	0	1	2	3	4	5	0	1	2	3	4	5
29. Overall, were you able to participate in the activities you had hoped to in the internship?	0	1	2	3	4	5	0	1	2	3	4	5

<b>Activities at the Internship—Skill Related</b> <b>SCHOOL SITE ONLY</b> Rate the activities you had the opportunity to experience at your internship. Discussed and practiced the following comprehensive guidance program elements:	Frequency						Satisfaction					
	0	1	2	3	4	5	0	1	2	3	4	5
30. <u>Guidance curriculum</u> such as classroom or school-wide activities.	0	1	2	3	4	5	0	1	2	3	4	5
31. <u>Individual planning</u> such as appraisal, advisement, placement, and follow-up.	0	1	2	3	4	5	0	1	2	3	4	5
32. <u>Responsive services</u> such as consultation, personal counseling, career, crisis, and referral.	0	1	2	3	4	5	0	1	2	3	4	5
33. <u>System support</u> such as research and development, professional development, staff/community public relations, community outreach, and program management.	0	1	2	3	4	5	0	1	2	3	4	5

What additional activities would have been useful to you during the internship?

Additional Comments:

<b>Activities of Supervision</b> Rate the portion of supervision time that was spent in the following activities.	Frequency						Satisfaction					
	0	1	2	3	4	5	0	1	2	3	4	5
34. Using case notes or material to review your interactions with clients.	0	1	2	3	4	5	0	1	2	3	4	5
35. Observing your supervisor providing treatment, assessments, or other services to clients.	0	1	2	3	4	5	0	1	2	3	4	5

36. Providing services yourself in the physical presence of your supervisor.	0	1	2	3	4	5	0	1	2	3	4	5
37. Didactic instruction in specific topic or skills.	0	1	2	3	4	5	0	1	2	3	4	5
38. Discussing institutional policies, politics, or other issues.	0	1	2	3	4	5	0	1	2	3	4	5
39. Reviewing assessments or other reports you had written.	0	1	2	3	4	5	0	1	2	3	4	5
40. Reviewing case notes or other records you had written.	0	1	2	3	4	5	0	1	2	3	4	5
41. Reviewing assessments or other reports written by other professionals.	0	1	2	3	4	5	0	1	2	3	4	5
42. Reviewing case notes or other record written by other professionals.	0	1	2	3	4	5	0	1	2	3	4	5
43. Discussing your personal impressions, reactions, and adjustment to the internship.	0	1	2	3	4	5	0	1	2	3	4	5
44. Discussing your relationship with your supervisor.	0	1	2	3	4	5	0	1	2	3	4	5
45. Discussing client issues.	0	1	2	3	4	5	0	1	2	3	4	5

<b>Interpersonal Issues and Feedback from Your Supervisor</b> The items below refer to how you were given feedback by your supervisor and to the quality of your relationship to one another. Please comment on your supervisor's performance in each of the following areas:	Frequency						Satisfaction					
	0	1	2	3	4	5	0	1	2	3	4	5
46. Recognizing areas in which your skills or knowledge are relatively strong.	0	1	2	3	4	5	0	1	2	3	4	5
47. Recognizing areas in which your skills need improvement.	0	1	2	3	4	5	0	1	2	3	4	5
48. Recognizing and complimenting you for accomplishments or things you have done well at your internship.	0	1	2	3	4	5	0	1	2	3	4	5
49. Letting you know when your performance has not been acceptable or below the expectations of your supervisor and/or contract.	0	1	2	3	4	5	0	1	2	3	4	5
50. Providing emotional support when appropriate.	0	1	2	3	4	5	0	1	2	3	4	5
51. Dealing with differences or conflict between you.	0	1	2	3	4	5	0	1	2	3	4	5
52. Dealing with identity and personal issues.	0	1	2	3	4	5	0	1	2	3	4	5

In what ways do you think supervision could have been more beneficial to you?

## **Final Check-Off Forms**

**Read the instructions carefully.  
Submit the packet with a clamp to the University Instructor.**

CLAMP

## CED 691 Internship

**Final Check-Off Form**

1. When you submit your portfolio to the University Instructor, you are to pull out this check-off form and pull out the following original materials from the notebook.
2. Place this check-off form and the original materials in the front pocket of your notebook in the order indicated below.
3. After approval, the check-off form and the original materials will be collected by the University Instructor for review. The portfolio will be evaluated by the University Instructor.
4. It is suggested that you make copies of all submitted materials for yourself.
5. Submit a separate packet for each site.

- Site Information Form
- Site Description Form
- Site Approval Form
- Affiliation Agreement Approval Form
- Midterm evaluation of the student by supervisor
- Final evaluation of the student by supervisor
- Site and supervisors evaluation completed by the student
- Log Summary Sheets
- Logs indicating total hours (total each page)
- Miscellaneous Internship Experiences
- Request for Incomplete (691)
- Request to Remove Incomplete Grade form (691)
- Information Packet Submitted to Site

Name: \_\_\_\_\_ Semester Registered: \_\_\_\_\_

Site: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CRN: \_\_\_\_\_ Credits: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Phone Number: (     ) \_\_\_\_\_

University Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

CED 691  
TIPS for Final CHECK-OFF Form

There are certain procedures that must be done prior to submitting your portfolio. This sheet is a reminder of what must be done.

1. Purchase a large 3-ring binder to organize and carry all class materials.
2. Make copies of all forms.
3. Place a tab in your portfolio that reads FINAL CHECK-OFF.
4. Review the final check-off form for CED 691. Follow the form closely.
5. Review how you have recorded your hours and organized the information that is to be submitted to the University Instructor.
6. No plastic sleeves on paper work that the University Instructor reviews.
7. If you are completing your hours and desire a grade, submit your portfolio.
8. Midterm and final evaluations are to be submitted to the University Instructor by the student. Ask your supervisor to place the evaluation in a sealed envelope and you will then bring the evaluation to class.
9. Place all information in your portfolio, with the exception of the midterm and final evaluations.
10. Follow the examples for the log sheets provide by the University Instructor.

## **Site Description Form**

**Provide for each Internship site.**

**Site Description Form**  
CED 691

This form is a record of sites where students have completed the internship experience.  
Complete when you turn in your portfolio.

Your Name \_\_\_\_\_ Date/Semester \_\_\_\_\_

Site Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Site Supervisor's Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Site Description:

Comments:

## **Incomplete Grades**

### **CMU Incomplete Policy**

**Submit a Request for Incomplete Grade to the University Instructor.**

**University Instructor submits the CMU Report on Incomplete or Deferred Grade form to the CSE department office.**



## INCOMPLETE GRADES (I)

“An Incomplete (“I”) is a temporary grade used by the instructor in cases when a student is unable to complete course requirements because of illness or other justifiable circumstances. It is assigned only in cases in which the student has completed satisfactorily the major portion of the course requirements, and has convinced the instructor of his or her ability to complete the remaining work without re-registering for the course. It is not to be given to a student who is already doing failing work. A form [Report on Incomplete or Deferred Grade] must be completed and signed by the faculty member (and the student when possible) whenever a grade of “I” is assigned. The form is to be kept on file in the departmental office. An instructor who assigns the grade of “I” also submits to the department chairperson a formal statement of requirements to be satisfied for removal of the Incomplete grade. A copy of the statement of requirements, including deadlines for their completion, shall be made available to the student.”

“It is the student’s responsibility to contact the instructor to complete the remaining work. The required work should be completed and a grade reported by the end of the student’s next semester in residence, but in no case later than one calendar year following the receipt of the grade of “I”. A student not completing the remaining work by the end of one calendar year following the receipt of an “I” would retain an “I” only if the instructor chooses not to change the “I” to a specific grade ranging from A to E by the end of the calendar year. A grade of “I” may not be removed by registering again for the course.”

*[source: Graduate Bulletin]*

REQUEST FOR INCOMPLETE GRADE  
CED 691

When requesting an "I" grade, please fill out the following information and submit to the instructor. I understand that according to the Graduate Bulletin I have one year to make up an Incomplete grade.

***Note: The student must have shown that satisfactory progress (more than 50% completion) is being made toward the completion of the internship hours in order to be assigned an Incomplete grade.***

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

CMU E-Mail Address: \_\_\_\_\_

Semester/Year Registered for Course: \_\_\_\_\_

Course Number: \_\_\_\_\_ CED 691 \_\_\_\_\_ Credits: \_\_\_\_\_ CRN : \_\_\_\_\_

Course to be Completed By: \_\_\_\_\_

University Instructor: \_\_\_\_\_

***Explain your reasons for requesting an Incomplete grade:***

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

University Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

CED 691  
REQUEST TO REMOVE INCOMPLETE GRADE

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

CMU E-Mail Address: \_\_\_\_\_

Semester/Year Registered for Course: \_\_\_\_\_


Course Number:     CED 691     Credits: \_\_\_\_\_ CRN \_\_\_\_\_

Instructor: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the University Instructor.



**CENTRAL MICHIGAN  
UNIVERSITY**

**REPORT ON INCOMPLETE OR DEFERRED GRADE**

**DIRECTIONS:** Fill in appropriate items below; print, sign and submit to your department chairperson at the end of the semester or session in which the incomplete or deferred grade is granted.

This is a report on  Incomplete Grade for  Deferred Grade  
Select one box from above

Student Name:   
(Last, first, middle initial) Student ID:

Course Designator & No.:  Credit Hrs.:  Section Number:

Semester Enrolled:  Fall  Spring  Summer I  Summer II  
 Year:

**REMAINING REQUIREMENTS TO REMOVE INCOMPLETE OR DEFERRED GRADE**  
 Please Check

Examination (where available, who should grade, etc)

Paper (describe assignment, who should evaluate, etc)

Other (specific requirements)

Student's grade at this point

Weight of the current grade (i.e. 50%, 80%, etc.)


Other pertinent information which will be of help in accurately evaluating this student in absence of instructor.

\_\_\_\_\_  
 Instructor Signature 10/07/2014  
Date

R-128A revised 6/05

To be completed by the University Instructor.

EXAMPLE



**CENTRAL MICHIGAN  
UNIVERSITY**

**REPORT ON INCOMPLETE OR DEFERRED GRADE**

**DIRECTIONS:** Fill in appropriate items below; print, sign and submit to your department chairperson at the end of the semester or session in which the incomplete or deferred grade is granted.

This is a report on  **Incomplete Grade** for  
 **Deferred Grade**  
Select one box from above

Student Name: Smith, Sue L. Student ID: 123456  
(Last, first, middle initial)

Course Designator & No.: CED 691 Credit Hrs.: 3 Section Number: 12345678

Semester Enrolled:  Fall  Spring  Summer I  Summer II  
 Year: 2014

**REMAINING REQUIREMENTS TO REMOVE INCOMPLETE OR DEFERRED GRADE**  
 Please Check

Examination (where available, who should grade, etc) \_\_\_\_\_

Paper (describe assignment, who should evaluate, etc) \_\_\_\_\_

Other (specific requirements) complete hours in 3 areas

Student's grade at this point NC

Weight of the current grade (i.e. 50%, 80%, etc.) (depends on # of hours completed)

Other pertinent information which will be of help in accurately evaluating this student in absence of instructor.

\_\_\_\_\_  
 Instructor Signature

10/07/2014  
 Date

R-128A revised 6/05 Reset

## **Supervision**

Central Michigan University  
*Department of Counseling and Special Education*  
*CED 691—Internship in Counseling*

**Phone Evaluation with Site Supervisor**

The University Instructor is conducting phone evaluations of the CMU intern with the Site Supervisor. As the University Instructor, would you assist in scheduling a phone call to discuss the performance of the intern at your site?

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

Site Supervisor's Phone Number: (       ) \_\_\_\_\_

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

Intern's Name: \_\_\_\_\_

Please list 2 tentative dates and times:

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

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Discussion Questions:

1. Are there questions or concerns about the CMU internship process?
  
2. Are there questions or concerns about the intern placed at your site?
  
3. Discussion of 4 categories on the Internship Evaluation:
  - a. Intern's performance relative to Client Contact?

b. Intern's performance relative to Supervision?

c. Intern's performance relative to Administrative?

d. Intern's performance relative to Professionalism?

4. May we list you as an approved internship site?

5. Miscellaneous?

University Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Central Michigan University  
CED 691—Internship in Counseling

Supervision Form after Incomplete Grade

**Note: Complete a separate form for each supervision session.**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

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

If a student receives an Incomplete (“I”) grade in CED 691—Internship in Counseling, he/she must continue to be supervised by the University Instructor of record. After the student is assigned the grade of “I” he/she has one calendar year following the receipt of the “I” to complete 600 hours. If the student does not complete the hours within that timeframe, a new registration is required, a new University Instructor is assigned, and arrangements are made for in-class and outside of class supervision. Document supervision as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

University Instructor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Mode of Contact: \_\_\_\_\_

\_\_\_\_\_  
University Instructor Signature

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

**Submit this Supervision form with the Final Check-Off Form.**