

St. John's University

Department of Counselor Education

School Counseling Practicum & Internship Handbook

Revised 2018

Counselor Education Faculty

St. John's University
School of Education
Department of Counselor Education
School Counseling / Bilingual School Counseling Program

Practicum & Internship Site Supervisor Agreement

Semester _____ Campus _____ Practicum _____ Internship I II

Counselor Trainee's Name: _____ Counselor

Trainee's Phone Number & Email: _____ Counselor

Trainee's Liability Insurance Co. & Policy # _____

Membership (check all that apply) _____ ACSA _____ ACA _____ Other:

Course Name & Number: _____

Faculty Instructor: _____

Site Name: _____

Site Address: _____

Site Supervisor's Name: _____

Site Supervisor's Title: _____

Site Supervisor's Advanced Degree and Major: _____

Site Supervisor's Certification / License: _____

Site Supervisor's Phone Number & Email: _____

Site Supervisor's Years of Experience as Permanently Certified / Licensed School Counselor / Mental Health Professional: _____

The above named graduate student has permission to participate in a counseling practicum / internship experience at this site under the supervision of the site supervisor. It is understood that the practicum experience consists of a minimum of 100 hours per semester in a K – 12 school setting (40 hours minimum of direct service). The internship experience consists of a minimum of 300 hours per semester (120 hours minimum of direct service). **The site supervisor agrees to provide a minimum of one hour of supervision per week.** In addition, it is understood that, with parental consent, some of the direct services provided by the graduate student, will be making **digital recordings of counseling sessions as part of the course requirements.** All ethical guidelines of the counseling profession (American Counseling Association and American School Counseling Association Code of Ethics) will be maintained. Confidentiality in supervision and course materials will be maintained. Thank you very much for your assistance and cooperation.

Counselor Trainee's Signature

Date

Site Supervisor's Signature

Date

Students are to make three (3) copies of this form. The original is to be attached to your application, retain one copy for your records, give one copy to your site supervisor and the other to your professor.

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Student Application Practicum or Internship in School and Bilingual School Counseling

Direction: The completed application along with the Site Supervisor Agreement must be submitted to your Program Advisor during the advisement meeting the semester prior to the term you plan to take any of the supervised practicum or internship in counseling. Students should retain a copy of the application for their records.

Please initial and date
each paragraph in the
space provided

You are required to take at least one individual practicum course related to your area of specialization. The practicum courses are field-based experiences designed to provide you with the opportunity to perform on a limited basis and under supervision, some of the activities that a regularly employed staff member would be expected to perform. This course requires at least 100 clock hours of supervised experiences related to your area of concentration. A minimum of 40 of these hours must be in direct client service (individual and group counseling, testing, developmental lessons, consultation, etc.) and the remainder of the time spent in indirect client service (consultation preparation, record keeping, supervision, information and

referral, in service and staff meetings, etc.). Your program also includes six credits in internship which must be taken over two semesters. Each three credit internship requires you to complete 300 hours of appropriate work in a field site (300 hours is equivalent to 20 hours a week for 15 weeks) including a minimum of 120 hours of direct client services (counseling, testing, developmental lessons, consultation and the remaining hours in indirect client services). These courses are designed to provide the opportunity for you to perform all of the activities that a regularly employed staff member would be expected to perform. In order to take internship, the successful completion of a practicum in your area of concentration is required.

Clinical supervision for your work in both individual and group counseling is provided by a qualified and appropriately certified school counselor and the staff and faculty of St. John's University. These field courses require you to make a digital recording/video of your counseling experiences with your student clients. These recordings will be reviewed with you each week with your clinical supervisor. In addition, you will receive a minimum of one and one-half hours of group supervision each week in an on-campus seminar. Your counseling performance will be evaluated throughout the practicum/internship experiences which will include a formal evaluation at the completion of the semester by a faculty member in consultation with the site supervisor.

At the field based site, a qualified and appropriately certified supervisor must agree to provide on-site supervision which includes identifying and securing appropriate student clients, authorizing the recording of counseling sessions, providing a meaningful work environment, and certifying the number of hours of direct client services.

You must obtain permission from an appropriately credentialed counselor to do your practicum and/or internship at their site. The site supervisor must sign this form indicating his or her agreement to provide the necessary administrative supervision for your counseling experiences.

To register for a field class, bring this completed signed form to your faculty advisor with updated transcripts which show you meet all requirements for the field work you are applying for. Registration must be completed during the fall or spring term prior to the semester you intend to take any field course.

You are required to have the appropriate malpractice insurance during every semester you are a student.

Finger printing must be completed the semester prior to taking the practicum and a copy of the receipt should be given to your advisor when registering for the course.

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Practicum Letter of Understanding

All practicum students are required to read and sign this form. Please make a copy of this completed form for your records. The original must be filed in your official folder.

- I have read and understand the ethical standards of both the American Counseling Association and the American School Counseling Association and will practice in accordance with these standards. Any unethical or illegal behavior may result in removal from the field site and/or dismissal from the program.
- I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.
- I understand that my responsibilities include keeping my supervisor informed of my practicum / internship experiences.
- I understand that I must complete the required number of hours per week at the site (practicum ~ 8 hours) including an average of one hour per week of clinical supervision at a place and time approved by my course professor.
- I understand that a minimum number of digital recordings will be required for supervisory purposes. Specific requirements such as the number and type will be clarified on the course syllabus.
- Digital recordings will be reviewed and feedback provided by a Clinical Associate and/or faculty member teaching the field course. All recordings are to be made during the academic term in which the field work is taken. The first recording will be available for review no later than the third class meeting of the course. ***Late recordings will lead to a grade reduction.*** Recordings are to be made throughout the term. No more than one recording is to be made during any one week.
- Failure to make the required number of recordings for supervision **when they are required** will result in failure of the course.
- I understand that I will not be issued a satisfactory grade in a field course, that is a grade of "B" or better, unless I demonstrate a specified level of counseling skills, knowledge and competence and complete specified course requirements.
- I understand that until I satisfactorily complete the practicum requirements, I cannot take the internship.
- I understand that it is my responsibility to maintain malpractice insurance during all field courses and that I must produce evidence of this insurance at the first meeting of each seminar.
- I understand that I must be fingerprinted prior to attending my site.
- I understand that I must complete a new Site Supervisor Agreement and new Letter of Understanding for each semester of field courses.

Student Signature

Date

Signature of Clinical Supervisor

Date

Signature of Faculty Supervisor

Date

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Internship Letter of Understanding

All practicum /internship students are required to read and sign this form. Please make a copy of this completed form for your records. The original must be filed in your official folder.

- I have read and understand the ethical standards of both the American Counseling Association and the American School Counseling Association and will practice in accordance with these standards. Any unethical or illegal behavior may result in removal from the field site and/or dismissal from the program.
- I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.
- I understand that my responsibilities include keeping my supervisor informed of my practicum / internship experiences.
- I understand that I must complete the required number of hours per week at the site (internship 30 hours) including an average of one hour per week of clinical supervision at a place and time approved by my course professor.
- I understand that a minimum number of digital recordings will be required for supervisory purposes. Specific requirements such as the number and type will be clarified on the course syllabus.
- Digital recordings will be reviewed and feedback provided by a Clinical Associate and/or faculty member teaching the field course. All recordings are to be made during the academic term in which the field work is taken. The first recording will be available for review no later than the third class meeting of the course. ***Late recordings will lead to a grade reduction.*** Recordings are to be made throughout the term. No more than one recording is to be made during any one week.
- Failure to make the required number of recordings for supervision will result in failure of the course.
- I understand that I will not be issued a satisfactory grade in a field course, that is a grade of "B" or better, unless I demonstrate a specified level of counseling skills, knowledge and competence and complete specified course requirements.
- I understand that until I satisfactorily complete the requirements of Internship I, I cannot take the Internship II.
- I understand that it is my responsibility to maintain malpractice insurance during all field courses and that I must produce evidence of this insurance at the first meeting of each seminar.
- I understand that I must complete a new Site Supervisor Agreement and new Letter of Understanding for each semester of field courses.

Student Signature

Date

Signature of Clinical Supervisor

Date

Signature of Faculty Supervisor

Date

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Instructions for Log Completion

- 1) Timeframes for completion: To be most accurate, logs are to be completed on a daily basis. Each week you will have your site supervisor sign off on the logs. Then they are to be submitted on a weekly basis to your faculty supervisor for final signatures.
- 2) Before requesting your site supervisor's signature, you must be sure that **all totals** have been entered. Then you may submit the log for faculty signature.
- 3) The top portion of each log requires you to fill in totals for direct, indirect, total contact hours. You are required to complete this every time you complete a page as it will help you track where you stand with respect to direct, indirect, supervision and total contact hours, allowing you to plan your schedule accordingly. Please note that due to the differing nature of each site and each student's recording style, the amount of information or days that fit on one page will vary. Therefore, it is better to fill this in when the sheet is complete, noting the first day and the last day on the sheet.
- 4) When recording time, students need both the time of day, and in parentheses next to that the number of hours that the activity took. This will 1) make it easier to calculate daily totals, and 2) also help you track your time throughout the day. For example, if you conducted an intake from 9:30am – 10:30am you would record this time and indicate that it is 1 hour (ex.. 9:30-10:30 – 1.0 hours).
- 5) The description of activities is best kept brief while at the same time includes enough detail to jog your memory. Again, if you were conducting an individual counseling session, you might note that you spent the hour discussing family issues by noting "individual session re: family issues". Detailed notes/reflections can be kept separately in your journal.
- 6) Logs must be typed. Leave spaces if needed to make it more legible.
- 7) Keep your descriptions brief. Remember they are logs not journals or case notes.
- 8) Protect client confidentiality. Use first names or initials.

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Direct, Indirect, and Supervision Descriptions

Time logs are divided into three categories: 1) direct service, 2) indirect service, and 3) supervision. The following is a definition of each type of activity along with a sample activity description. The descriptions are not meant to be exhaustive descriptions of activities that fit into each category.

- 1) **Direct Service**. This category captures any and all direct service provided to clients. Observation of direct service provided by someone else does not count as direct service. It may be used if you co-delivered services. It is used only when care is provided directly to the client or family member. The CACREP requirement for practicum students is a minimum of 40 direct hours. Internship students must conduct a minimum of 120 direct hours for each 300 hour internship (totaling a minimum of 240 hours for both internship classes).
 - a. **Intake/interview**. When a student has conducted a first session with a client or family member, it can be called an intake or interview. It may sometimes be used several times for one client, if the intake takes more than one session to complete. Students can inquire about how their individual sites records such occasions.
 - b. **Individual counseling**. This activity includes all other individual sessions held with a client. Typically these are done in 30, 45 or 60 minute increments depending on the nature of the site and client population.
 - c. **Group counseling**. When counseling services are provided in a group format, this category is used. Groups may be educational or social/emotional oriented in nature. On the logs the time is recorded and counted only once noting all the clients' initials in the appropriate column. So for a 90 minute session with four clients, you would record the 1.5 hours of direct service only once and mention in the description the number of session attendees.
 - d. **Testing / Assessment**. This activity is recorded when a student conducts an assessment with a client or group of clients. These activities may include both standardized and non-standardized measures.
 - e. **Family meeting / Conferences**. When students meet with several other professionals and with the client and his/her family members.
 - f. **Other (specify)**. This category includes any direct service that is being provided to a client that is not included above. This may be partially dependent on what sites call the activity. It may sometimes include "outings" at certain sites (note here that you would only count the time on such an activity that substantial direct service occurred). It may also include phone calls to clients that by your definition were useful to the client.
- 2) **Indirect Service**. This category captures activities that counselors usually perform in association with direct service activities. There are activities indirectly related to client care or case management functions. This category can also include activities that relate to educational or training activities that students may participate in as part of their fieldwork experiences.

- a. **Case consultation.** This involves activities in which the counselor is in contact with other service providers regarding a client's care.
 - b. **Research.** This includes activities related to client care. This time may include researching a client's medical or mental condition. It could also include investigation into potential resources for a client. Such activity must be approved by the student's site supervisor prior to its execution.
 - c. **Correspondence / Report writing.** This activity includes any and all correspondence or formal report writing related to the client's life.
 - d. **Staffing / Meeting.** This category includes meetings where several professionals are present to discuss one or more clients. If this is a regularly scheduled event, just document the time frame as a whole block and note on the line which clients of yours were discussed. Note that you should not count the time for clients discussed unless you are specifically a part of the "treatment plan."
 - e. **Case management.** This category may include activities related to overseeing a student's/client's case. It may include phone calls, case note documentation, scheduling arrangements, etc.
 - f. **Training / observation.** This includes any activity where formal training is provided (e.g., orientation) or when a student is in the learning or observing phase of a new activity. Training in this code is related specifically to the job duties to be performed.
 - g. **Inservice.** This category includes brief training experiences that are offered to all professionals at a site from time to time. It might relate to a new treatment, a resource, or professional development.
 - h. **Conference / workshop.** This category includes training, usually ½ day to 1 day, that a site may allow the student to participate in. Again, it might relate to a new treatment, a resource, or professional development.
 - i. **Other (Specify).** This category can include activities when an indirect service is being provided that is not being captured by the above descriptions.
3. **Supervision.** This area includes two types of supervision that students may receive. According to CACREP, students must receive an average of one hour per week of individual supervision and 1 ½ hours of group supervision.
- a. **Individual and/or triadic supervision (on site).** This includes any and all individual or triadic supervision received on site and may be provided in any format: live, video, digital recording or other. Supervision can occur in blocks of time as well as on an informal basis. It can also include supervision provided by one or more supervisors either together or individually.
 - b. **Group supervision (CA or faculty).** This supervision is provided by the faculty member or CA at the university. This may be provided in any format: live, video or digital recording.

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Graduate Student Log of Field Experiences

Name _____ Concentration _____

Course Title _____ Semester and Year _____

Field Site _____ Site Supervisor _____

Dates From _____ To _____ Total Contact Hours _____

Total Direct Service Hours _____ Total Indirect Service Hours _____ Total Supervision Hours _____

Directions: Complete two copies of this form each semester that you obtain supervised experience in a field setting. All field experiences must be approved by your advisor and supervised by an appropriately certified on-site supervisor for your field of study. Keep one copy of this form in your personal file and submit an original for you departmental file. Use additional pages as needed and number each page, each of which must be verified for accuracy and signed by your on-site supervisor.

Dates and Times	Description of Activities	Hours of Direct Service in Individual Counseling	Hours of Direct Service in Group Counseling	Hours of Indirect Service	Supervis ion Hours

Supervisor's Signature _____ Date _____

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INSTRUCTIONS FOR KEEPING A REFLECTIVE JOURNAL

All journal submissions must be typed according to the following guidelines.

- Information describing the particulars of a situation should be typed in regular font (as in this sentence).
- **Information describing your feelings and reflections on these particulars should be typed in bold font (as in this sentence).**
- *Information regarding how you related the above to course content – either in the text or assigned readings, e.g., journals, etc. – should be typed in italics (as in this sentence).*

Using this typing format will enable you to focus on these elements and allow you to see visually that these elements were included in your reflection. Obviously the amount typed in each section will vary but it enables you to make connections that might have been otherwise ignored.

Purpose for Keeping the Journal:

- It is a way to communicate with your instructor. Frequently questions or ideas will arise when you do not have the opportunity to discuss them. Note them in your journal and later they can be addressed.
- It is a place to document aspects of your development. Growth is a process; a journey that lasts a lifetime. Write about changes you see within yourself both from personal and professional perspectives.
- It should contain your on-going self-appraisal. Discuss your achievement and the problems you encounter as you work to develop your counseling skills and yourself as a person.
- Write about your goals, learning, client-related experiences, professional issues, etc.
- Report on your experiences during seminar. In each writing, focus on both the content and the process of this group experience.
- Record your thinking about your clients progress; difficulties, possible counseling alternatives and reasons for selecting the paths you are taking with them.
- Report on supervision experiences with on site supervisors and your Clinical Associate.

Make entries in your journal each day and include that date and time. Try to get in touch with and write about issues that affect you both personally and professionally. Address your entries from the standpoint of feeling, cognitions, and behaviors.

Your journal is intended only for you and your supervisor. However, it should be noted that there are limits to the confidentiality of this document, specifically when there are threats to student/client safety, counselor wellness, and/or problems of professional competency. Issues such as these can be raised with faculty, site supervisors, and outside authorities. Counseling students will be informed when such measures have to be taken.

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FIELD WORK GOAL SHEET

At the end of the first session with your new student client, you are to (1) identify the agreed upon areas of concern, (2) formulate a realistic goal(s) and (3) prepare a plan to accomplish the formulated goal. You must submit this form with your first. The plan must be approved by your Clinical Associate prior to your second session with the student.

(1) Agreed Upon Areas of Concern:

(2) Formulated Goal(s)

(3) Plan to Accomplish Formulated Goal

Approved:

Date:

**ST. JOHN'S UNIVERSITY
SCHOOL OF EDUCATION
8000 UTOPIA PARKWAY
JAMAICA, NEW YORK 11439
TELEPHONE: (718) 990-6455**

Release Form

You have been selected to participate in a counseling program offered in conjunction with other school activities. The purpose is to develop increased insight into attitudes and values, and to help you change behaviors which are not conducive to your growth and development.

The sessions will be digital recorded in order to insure that objectives are being accomplished and for supervision of your counselor. You may be assured that maintaining confidentiality is of utmost concern. No client will be identifiable by name on the digital recordings.

You may void this permission at any time.

Please sign below to grant permission for participation in this counseling field work and to allow taping.

Signature_____Date_____

Parent/Guardian if necessary_____Date_____

St. John's Student_____Date_____

SAMPLE COUNSELING SESSION REPORT

Client: _____

Date: _____

Counselor: _____

Session No: _____

1. Client Information (data needed to understand the client's situation). NO NEED TO REPEAT INFORMATION ALREADY PROVIDED – SIMPLY UPDATE AS NEW INFORMATION APPEARS.

John is a 10th grade student with ambition to go to college. Grades are borderline for admission to schools of his choice, with a strong deficit in math. Appears to feel defeated and no longer applies himself in this subject. Family is supportive and teachers are willing to help, but John fails to take initiative. Family and peer relationships are good as is general adjustment.

2. Goal(s) for Session (Short-term) THESE ARE TENTATIVE GOAL STATEMENTS AND ARE MADE PRIOR TO THE SESSION AND STATED IN BEHAVIORAL TERMS FOR THE CLIENTS.

John will identify three ways in which he could improve his study habits.

John will agree to a contract to improve his studying in math.

3. Report of Session (What happened?) COMPLETED IMMEDIATELY OR UPON REVIEW OF SESSION BEWARE OF RELYING TOO HEAVILY ON YOUR MEMORY

John tried to evade the issue of his study habits hopping from topic. He appeared quite nervous when asked about the amount of time spent on study each night. John identified two ways he could improve his studying, but time ran out before a plan could be agreed upon. We will meet again next Tuesday.

4. Evaluation of Session (e.g. Counselor's thoughts and feelings regarding results achieved, what you would have done differently).

My overall approach to the problem appears appropriate. I do need to work on being more directives to avoid the client skipping from topic to topic. This would increase my efficiency in counseling. When he was moving around I felt confused and lost my direction. I need to be clearer on where I want to go during the session, while not losing contact with the client (in case he brings up a topic we really need to deal with).

5. Plan for the future (e.g. what to try next session; long-term goals, etc) THE SECTION IS TO BE COMPLETED PRIOR TO THE NEXT SESSION.

Confront John's avoidance behavior and stress self-responsibility for studying. Develop a contract with John to study a minimum of one hour on math each night until he brings his marks up to a B+ average. Have John keep a calendar indicating study times. He will bring the calendar to each session. Relate John's long term goal of going to college with his grades.

GUIDELINES FOR DIGITAL RECORDING CLIENT SESSION FOR SUPERVISION

1. Obtain written permission to digitally record each client, whether individual or in groups. Permission must come from the parent or guardian if the client him/her is not of age or has been declared incompetent.
2. It is your responsibility to ensure your recordings are clear and audible. Prior to each session, place the recorder where you will be using it and make a test recording sitting in each chair. Use a volume consistent with that of the client and yourself so you can determine if you are getting a good recording. Adjust as needed.
3. There is no need to ask a client to review his/her history on the recording for the supervisor. If you feel such a review is necessary for the client's sake, then do so. The sessions are for your client and actions that are not a part of a regular session will detract from your work.
4. Review each of your recordings following your sessions. By doing so, you will become aware of issues on which you need to work. You may notice such things as habitual mannerisms (uhh, hmm, and etc.), unconscious interruptions or "talking over" the client, evidence of your own discomfort regarding a client's strong negative emotions (hurt, fear or anger), failure to move into the next stage of counseling (not moving into the working stage, or failure to terminate when needed), asking too many questions, failure to focus on clients affect, not really being "present" with the client, etc.
5. Each recording is to be accompanied by a written session report. A format for the report will be provided. You need not use the form, per session, but the format should still be followed. Feel free to use the back of the sheet or additional pages if needed. The report may be hand written; it need not be typed, unless specified by the professor.
6. As professional growth is the primary focus for taping the session, please be sure to identify at least one thing you could have done differently in each session which would have improved it. No session is perfect and failure to engage in ongoing self-monitoring inhibits professional growth.
7. Submit recordings that represent where you really are in your counseling development, not what you consider your "perfect session" or "spectacular" case. Remember, the purpose is professional development, and that starts from where we are right now.
8. Place your name on each CD or thumb drive and written report otherwise you may not have your items returned to you or you may not get credit for your work.
- 9.. Maintaining client confidentiality of utmost importance. Only first names of clients are to be used on recordings and written material.

The General Counseling Rubric

Specific Criteria	1	2	3	4	Comments
1. Opening: The beginning of the session was unstructured, friendly, and pleasant.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
2. Rapport: The counselor established rapport with the counselee to set the stage for a productive session.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
3. Interaction: The counselee and counselor communicated in a meaningful manner.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
4. Acceptance: The counselor was accepting of counselee's emotion and expressed thoughts.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
5. Reflection of Feeling: The counselor reflected and/or validated the counselee's feelings.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
6. Counselor Responses: Counselor responses were appropriate in view of what the counselee was expressing.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
7. Attending Skills: Counselor is attuned to counselee's nonverbal communication, i.e. body language.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
8. Encouraging: The counselor used short responses that helped to keep the client talking.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	

Specific Criteria	1	2	3	4	Comments
9. Paraphrasing: Counselor consolidates counselee comments and reflects back in concise summary.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
10. Summarizing: Counselor summarizes counselee's comments and integrates thoughts, emotions, and behavior.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
11. Confronting: Counselor confronts counselee when appropriate and provides challenges that may stimulate counselee growth	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
12. Empathy: Counselor is able to authentically connect with the counselee's feelings & express understanding & insight	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
13. Pacing: The interview was paced appropriately.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
14. Vocabulary Level: The vocabulary used by the counselor was appropriate for the counselee.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
15. Verbosity: The amount of talking by the counselor was appropriate.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	

Specific Criteria	1	2	3	4	Comments
16. Silences: Silence was employed effectively during the session.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
17. Counseling Relationship: A counseling relationship was established.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
18. Closing: Time was allotted to summarize appropriately and close the session.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
19. Value Management: The counselor did not impose his/her own values during the interview.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
20. Preparedness: Counselor presents CD and write-up in a professional and timely manner for review and discussion.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
21. Self-Evaluation: Counselor self-critiques counseling sessions effectively in session write-ups.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
22. Multicultural appropriate interaction.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
23. Ethically responsible;	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	

Specific Criteria	1	2	3	4	Comments
24. Use of Supervision: Counselor is able to accept and integrate feedback into sessions.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	
25. Growth as a Counselor: Counselor accepts and responds to feedback constructively.	Does not demonstrate criteria or does so poorly or inappropriately.	Minimally demonstrates criteria or does so to an extent but inappropriately.	Approaching satisfactory or appropriate demonstration of criteria.	Very good and appropriate demonstration of criteria.	

Total Score _____

Comments:

Student Self-Evaluation Following Field Experiences

Name _____ Course _____ Date _____

Realizing that development of clinical skills is an ongoing process, please evaluate your current level of functioning in the following area. This self-evaluation will be reviewed in conjunction with evaluations by Clinical Associates, site and faculty supervisors. Please be thoughtful and honest in your self-evaluation.

		Poor			Good	
1.	Level of comfort at your site.	1	2	3	4	5
2.	Ability to form and maintain a good counseling relationship.	1	2	3	4	5
3.	Organization and planning of guidance responsibilities.	1	2	3	4	5
4.	Ability to motivate students.	1	2	3	4	5
5.	Use of attending skills.	1	2	3	4	5
6.	Use of reflection of feeling.	1	2	3	4	5
7.	Use of paraphrasing.	1	2	3	4	5
8.	Ability to refocus clients.	1	2	3	4	5
9.	Skill in developing problem-solving strategies.	1	2	3	4	5
10.	Ability to facilitate client change.	1	2	3	4	5
11.	Ability to work effectively at your site.	1	2	3	4	5
12.	Ability to take initiative.	1	2	3	4	5
13.	Ability to complete work assignments.	1	2	3	4	5
14.	Knowledge of policies and procedures at the field site.	1	2	3	4	5
15.	Relationship with your on-site supervisor.	1	2	3	4	5
16.	Ability to work with the professional school staff.	1	2	3	4	5
17.	Evidence of professional and ethical standards of conduct.	1	2	3	4	5
18.	Knowledge of intervention strategies.	1	2	3	4	5
19.	Ability to work with a multicultural case load.	1	2	3	4	5
20.	Overall personal growth during the current semester.	1	2	3	4	5

My self-perceived strengths:

My self-perceived weaknesses:

Comments and additional information:

Student Evaluation of Clinical Associate Experience

Counselor _____ Clinical Associate _____

		Strongly Disagree		Somewhat agree		Strongly agree			
1.	Provides me with useful feedback regarding counseling behavior.	1	2	3	4	5	7	6	
2.	Helps me feel at ease with the supervision process.	1	2	3	4	5	7	6	
3.	Makes supervision a constructive learning process.	1	2	3	4	5	7	6	
4.	Provides me with specific help in areas I need to work on.	1	2	3	4	5	6	7	
5.	Addresses issues relevant to my current concerns as a counselor.	1	2	3	4	5	6	7	
6.	Helps me focus on a new alternative counseling strategies that I can use with my clients.	1	2	3	4	5	6	7	
7.	Helps me focus on how my counseling behavior influences the client.	1	2	3	4	5	6	7	
8.	Encourages me to try alternative counseling skills.	1	2	3	4	5	6	7	
9.	Structures supervision appropriately.	1	2	3	4	5	6	7	
10.	Adequately emphasizes the development of my strengths and capabilities.	1	2	3	4	5	6	7	
11.	Enables me to become actively involved in the supervision process.	1	2	3	4	5	6	7	
12.	Make me feel accepted and respected as a person.	1	2	3	4	5	6	7	
13.	Deals appropriately with the affect in my counseling sessions.	1	2	3	4	5	6	7	
14.	Deals appropriately with the content in my counseling session.	1	2	3	4	5	6	7	
15.	Motivates me to assess my own counseling behavior.	1	2	3	4	5	6	7	
16.	Conveys competence.	1	2	3	4	5	6	7	
17.	Is helpful in critiquing report writing.	1	2	3	4	5	6	7	
18.	Helps me use tests constructively in counseling.	1	2	3	4	5	6	7	

19.	Appropriately addresses interpersonal dynamics between myself and my counseling practice.	1	2	3	4	5	6	7
20.	Allows for expression of opinions, questions, and concerns.	1	2	3	4	5	6	7
21.	Prepares me adequately for my next counseling session.	1	2	3	4	5	6	7
22.	Helps me clarify my counseling objectives.	1	2	3	4	5	6	7
23.	Provides me with the opportunity to adequately discuss the major difficulties I am facing with my clients.	1	2	3	4	5	6	7
24.	Encourages me to conceptualize in new ways regarding my clients.	1	2	3	4	5	6	7
25.	Motivates me and encourages me.	1	2	3	4	5	6	7
26.	Challenges me to accurately perceive the thoughts, feelings, and goals of my client and myself during counseling.	1	2	3	4	5	6	7
27.	Gives me the chance to discuss personal issues related to my counseling.	1	2	3	4	5	6	7
28.	Is flexible enough for me to be spontaneous and creative.	1	2	3	4	5	6	7
29.	Focuses on the implications and consequences of specific behaviors of my counseling approach.	1	2	3	4	5	6	7
30.	Provides suggestion for developing my counseling skills.	1	2	3	4	5	6	7
31.	Encourages me to use new and different techniques when appropriate.	1	2	3	4	5	6	7
32.	Helps me to define and achieve concrete goals for myself during the field experience.	1	2	3	4	5	6	7
33.	Gives me useful feedback.	1	2	3	4	5	6	7
34.	Helps me organize relevant case data in planning goals and strategies with my client.	1	2	3	4	5	6	7
35.	Helps me develop increased skill in critiquing and gaining insight into my counseling skills.	1	2	3	4	5	6	7
36.	Allows and encourages me to evaluate myself.	1	2	3	4	5	6	7
37.	Explains the criteria for evaluation clearly and in behavioral terms.	1	2	3	4	5	6	7
38.	Applies criteria fairly in evaluating my counseling performance.	1	2	3	4	5	6	7

The best part of the individual clinical supervision was:

I could have been helped more from my individual supervision by:

Additional comments regarding the supervisory experience:

Counselor Signature_____Date_____

Clinical Associate_____Date_____

**Student Evaluation of Field Experience
St. John's University**

Student _____ Course _____ Semester _____

Field Site _____ Field Supervisor _____

Faculty Supervisor _____ Clinical Associate _____

I. Evaluation of the Site

How often was on-site supervision held and how beneficial was this supervision?

What were the best things about your on-site experience?

What would have made your on-site experience more beneficial to you?

II. Evaluation of Clinical Associate (CA) supervision

Did your CA meet with you as scheduled?

How beneficial was the supervision given by your CA?

What were the best things about your CA experience?

What would have made your CA experience more productive?

Would you recommend your CA for future students? Why or why not?

III. Evaluation of the Seminar

What were the best things about your seminar experience?

How could your seminar be changed to provide a better experience?

IV. Evaluation of the Overall Field Experience

Overall, what were the best things about your field experience?

Overall, what would have made your field experience more beneficial to you?

What suggestions would you make to the Program Coordinator to make the field experiences more beneficial to you and other students?

On-Site Supervisor Evaluation Form
 St. John's University
 School of Education and Human Services

Name of Student: _____

Evaluated by: _____

Field Site: _____

Date: _____

Indicate the student's level of performance in each of the following areas with a check in the appropriate column. Also, please make comments as appropriate.

<u>A. PERFORMANCE FACTORS</u>	High 4	3	2	Low 1	N/A
1. Organization and planning of work	—	—	—	—	—
2. Ability to take initiative	—	—	—	—	—
3. Skills in interviewing/counseling students	—	—	—	—	—
4. Motivation and follow-through with work assignments	—	—	—	—	—
5. Ability to work with the professional school staff	—	—	—	—	—
6. Ability to accept and incorporate supervisory feedback	—	—	—	—	—
7. Level of professionalism demonstrated by counselor intern	—	—	—	—	—
8. Dependability, attendance, and punctuality	—	—	—	—	—
9. Evidence of professional/ethical standards of conduct	—	—	—	—	—
10. Ability to communicate concisely and professionally	—	—	—	—	—
11. Ability to read, interpret, and work with student records	—	—	—	—	—
12. Ability to be objective with emotional boundaries	—	—	—	—	—
13. Ability to perform the tasks that fall within the boundaries of a school counseling intern's role	—	—	—	—	—
14. Ability to formulate and accomplish a service plan with students	—	—	—	—	—
15. Self – recognition of strengths and weaknesses	—	—	—	—	—
16. Ability to establish and maintain a beneficial counseling relationship with students	—	—	—	—	—
17. Ability to establish and maintain working relationships with parents/guardians	—	—	—	—	—
18. Ability to identify and utilize agency policies, goals, and mission	—	—	—	—	—

19. Ability to create developmentally appropriate goals for individual clients

— — — — —

20. Ability to review, develop and/or deliver classroom guidance lessons

— — — — —

B. Comments:

1. Statement regarding overall impression of the students:

2. Statement on potential of student as a counselor in a school such as yours:

3. Statement on needs for additional training and supervision:

Signature of On-Site Supervision

Date

Signature of Student

Date