DEPARTMENT OF COUNSELOR
EDUCATION AND FAMILY STUDIES
Ph.D. Internship Manual
Ph.D. in Counselor Education and Supervision

2016 – 2017
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From the Director of Clinical Training to the Student

Dear Student,

Congratulations on reaching this milestone in your Ph.D. program! The doctoral internship is one of the most crucial professional preparation activities in your educational journey. This experience is meant to be the culminating event in your program of study by giving you the opportunity to gain supervised experience in the activities of a regularly employed professional in the field of counselor education. You will develop the personal qualities, characteristics, and behaviors of a professional counselor, supervisor, educator, researcher, and leader/advocate as you transition from “Doctoral Student” to “Counselor Educator.”

All prerequisite coursework has been intended to prepare you for your supervised doctoral internship experiences. By incorporating what you have learned through your coursework, you can become a reflective counselor educator who uses critical thinking and sound decision-making skills that are well-grounded in established research and your worldview. Effective counselor educators must be more than mere technicians. Rather, they must be professionals who have a strong theoretical and ethical foundation, have personal mastery of their own beliefs, values, knowledge, and skills, and have the ability to integrate these aspects into their professional activities.

This manual is designed to help you prepare for and successfully complete the doctoral internship, which is an integral and indispensable part of Liberty University’s counselor education programs. I encourage you to read and review this manual carefully as you progress through the Internship. We trust that the information will be useful in helping create positive learning experiences between students, supervisors, and faculty while providing quality services to those we are called to help. As the knowledge base in our field rapidly expands, it is clear that students cannot learn everything they need to know as a counselor educator during their coursework. Professional growth and development are ongoing processes, and key patterns for this growth are established during your supervised internship experiences.

Finally, as a Ph.D. student, you participate in both site supervision and faculty supervision experiences. This manual provides information concerning procedures associated with site supervision. The information found in the course syllabus will guide you through the faculty supervision experience. While it may seem overwhelming at times, be encouraged that your training will be enhanced by this dual input into your professional development. May God continue to richly bless you through your clinical training experience!

Sincerely,

Melvin Pride, Ph.D., LPC, NCC
Director of Clinical Training, Clinical Mental Health Counseling Associate Professor
Department of Counselor Education and Family Studies
From the Director of Clinical Training to Site Supervisors

Dear Supervisor,

Thank you for your commitment to invest in Liberty University Ph.D. students. Doctoral Internship students have completed the majority of their coursework and look forward to the opportunity to demonstrate their knowledge through their supervised counseling, supervision, teaching, research, and leadership experiences. As a Site Supervisor, you play a critical role in the development of our students and we sincerely thank you for taking the time to make their supervised clinical experience a positive one.

The purpose of this manual is to introduce both supervisors and students to the requirements of the Internship experience and provide clear expectations and guidelines. I encourage you to read this manual to orient yourself with the requirements of the fieldwork experience for both student and supervisor. These requirements include weekly supervision with an approved supervisor, opportunity to obtain supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy), evaluations at various checkpoints, and collaboration with faculty supervisors for student evaluations.

We hope you will take some time to become acquainted with this manual for a comprehensive review of the responsibilities and privileges of the Site Supervisor role. We sincerely thank you for investing in the training of our students and providing them with an opportunity and an atmosphere to practice their clinical skills.

Sincerely,

Melvin Pride, Ph.D., LPC, NCC
Director of Clinical Training, Clinical Mental Health Counseling Associate Professor
Department of Counselor Education and Family Studies
(434) 592-3901
Acknowledgement of Doctoral Internship Manual

The Doctoral Internship Manual is provided to students and applicants for their general guidance only. It does not constitute a contract, either expressed or implied, and is subject to change at the discretion of Liberty University or the discretion of the Program Directors.

All students are expected to read this manual and have a thorough understanding of its contents. Students should also be aware that they can discuss this manual and direct questions and concerns regarding any material contained in it to their Faculty Advisor or the Director of Clinical Training. Students agree to abide by all procedures, policies, and guidelines in the manual. Students understand that this manual may be modified from time to time as University or Program policies, procedures, and guidelines are implemented or changed and that it is their responsibility to review the manual from time to time in order to remain current with its contents.

Accreditation

The Ph.D. in Counselor Education and Supervision is a 66-hour program designed to meet CACREP standards for doctoral programs. However, the only Liberty program accredited by the Council for Accreditation of Counseling & Related Educational Programs is the residential M.A. in Clinical Mental Health Counseling program. Liberty’s Ph.D. Counselor Education and Supervision program is not accredited by CACREP. For further information on this accreditation, consult the agency website at www.cacrep.org

In order to advance in the post Qualifying Exam coursework, doctoral students demonstrated that they had met all of the entry level and professional practice competencies as well as outlined in the CACREP Accreditation Manual (CACREP, 2009; 2016). As such, the expectation is that all students enrolled in the doctoral internship have completed a master’s level 100-hour practicum and 600-hour clinical internship.
General Information

1.1 Introduction to Manual
This manual provides students with information related to the Doctoral Internship within the Ph.D. in Counselor Education and Supervision program. It is important for all students to become familiar with the Internship requirements prior to enrollment in the CES program.

The manual also contains the Internship required forms. Please feel free to contact the Director of Clinical Training or the Internship office with additional questions, concerns, or comments that are not addressed in this manual (please refer to the sections on Forms).

In an effort to continually enhance the process of our Internship experience, this manual may undertake revisions periodically so that current and accurate information is provided to the students. When this occurs, students will be notified through appropriate methods (i.e. email announcements, classroom notifications, website notices, etc.).

1.2 Mission of Ph.D. Program
The mission of the Department of Counselor Education and Family Studies is to develop produce ethically and spiritually aware mental health counselors and counselor educators who possess the values, knowledge, skills, and personal disposition to promote the mental health and holistic wellness of clients across diverse populations. The mission of the Doctoral Program in Counselor Education and Supervision is to train highly competent counselor educators, supervisors, clinical practitioners, researchers, scholars, and leader-advocates.

Faculty in the Department of Counselor Education and Family Studies are committed to collaborative inquiry wherein doctoral students are supported in developing competencies in leadership roles in the counseling field. To facilitate these outcomes faculty and students engage in learning experiences that support them in developing:

1. Collaborative relationships with faculty and other professionals in the field of counseling
2. Leadership skills in counselor education, supervision, advanced clinical practice, research and scholarship, and social justice action
3. Expertise in an area or areas of professional identity and functioning
4. Knowledge and skills in developing and disseminating research and scholarship that makes a significant impact on the field and the lives of others
5. Competency and comfort in participating in professional counseling organizations (i.e., American Counseling Association and its Divisions)

1.3 CACREP Requirements for Internship Experience
Doctoral students are required to complete doctoral level counseling Practicum & Internships that total a minimum of 600 hours. The 600 hours include supervised experiences in at least three of the five doctoral competencies in Counselor Education and Supervision (counseling, teaching, supervision, research, and leadership/advocacy). The 600 hours are allocated at the discretion of the advisor, the DCEFS faculty, and the student on the basis of experience and training (CACREP 6.C.7). During Internships, the student must receive weekly individual and/or triadic supervision, usually performed by
a supervisor with a doctorate in counselor education or a related profession (CACREP 6.C.8). Group supervision is provided on a regular schedule with other students throughout the Internship and is usually performed by a program faculty member (CACREP 6.C.9).

General Course Information

2.1 Required Hours
Doctoral students are required to complete a minimum of six (6) credit hours of doctoral internship (COUC 999). These supervised experiences must reflect the activities of a regularly employed professional in the field of counselor education. All doctoral internships must include an internship in teaching and an internship in supervision. Based on their prior clinical experiences, and in consultation with advisors and the clinical director, students select their third doctoral competency area (counseling, research, or leadership / advocacy). When registering for internship credits, students should remember that two (2) credit hour roughly equals 200 hours of internship activity. To receive credit a student must be registered for internship credit during the semester he or she is completing the internship hours.

2.2 Course Prerequisites
Students must have completed the following courses to begin a doctoral internship in teaching, research, and clinical or supervisory experiences. For consultation and leadership / advocacy projects, specific prior experience may be required based on the content and goals of individual projects. Important Note: The prerequisite courses are non-negotiable and must be successfully completed prior to the start of the Internship.

General Internship Prerequisites:
• Clinical Prerequisites
• Entry-level Practicum (100 Hours) and Internship (600 Hours)
• Passed Qualifying Exam
• COUC 998 Practicum
• 3.0 GPA; Good Standing.

Internship in Teaching
• COUC 747 Instruction in Counselor Education

Internship in Supervision
• COUC 714 Supervision and Consultation

Internship in Counseling
• COUC 714 Supervision and Consultation
• COUC 747 Instruction in Counselor Education
• COUC 805 Advanced Psychopathology and Its Treatments

Internship in Research
• Foundational doctoral research courses (i.e., COUC 740; COUC 745; COUC 750)
Internship in Leadership/Advocacy/Consultation

• Documentation of qualifications (specific to each project).

2.3 Doctoral Internship Options

<table>
<thead>
<tr>
<th>OPTION I</th>
<th>OPTION II</th>
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<tbody>
<tr>
<td>If you are a licensed mental health professional, you have the following option(s) to fulfill your 600 hour Internship requirement:</td>
<td>If you are not a licensed mental health professional (e.g. residency or intern status of licensure), you must fulfill your 600 hour Internship requirement as follows:</td>
</tr>
<tr>
<td>1. 200 clock hours providing supervision to a counselor-in-training or a post-master’s graduate seeking state licensure (Supervision Internship). AND 2. 200 clock hours (one semester) assisting a faculty member teaching master’s level courses (Teaching Internship). AND One of the following: 1. 200 clock hours of direct client contact providing counseling services in a clinical setting (Clinical Internship). OR 2. 200 clock hours assisting a faculty member in leadership with program area administration or advocacy (Leadership and Advocacy Internship). OR 3. 200 clock hours assisting working with a faculty member that meet the research area competencies (Research Internship).</td>
<td>1. 200 clock hours providing supervision to a counselor-in-training or a post-master’s graduate seeking state licensure (Supervision Internship). AND 2. 200 clock hours (one semester) assisting a faculty member teaching master’s level courses (Teaching Internship). AND 1. 200 clock hours of direct client contact providing counseling services in a clinical setting (Clinical Internship).</td>
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2.4 Professional Liability Insurance

The student must have professional liability insurance prior to beginning any internship experience. Students will be required to submit the policy face sheet to SharePoint as part of the Internship application process. The face sheet should include the student’s name, address, amount of coverage, the effective dates of the policy, and the minimum amounts acceptable. Insurance coverage should be at least $1 million per occurrence and $3 million aggregate. In addition, students will need to submit proof of insurance at the end of the semester as a graded assignment. The university will not provide insurance coverage for students. The following organizations offer professional liability insurance:

• Healthcare Providers Service Organization (HPSO) 1-800-982-9491 or www.hpso.com
• American Counseling Association (ACA) 1-800-545-2223
• American Professional Agency, Inc. 1-800-421-6694
• American Association of Christian Counselors (AACC) 1-800-526-8673
NOTE: Professional liability insurance coverage must start on or before the start of the Internship and remain in effect for the duration of class enrollment. Students must obtain their own liability insurance even in cases where a student’s fieldwork site provides liability insurance coverage for the student.

2.5 Background Check Policy
All Ph.D. students are required to complete a new criminal background check prior to Internship approval. Students must submit a copy of background check receipt as part of the application and approval paperwork process through SharePoint. The background check website is: http://www.liberty.edu/index.cfm?PID=27644.

2.6 Audio/Video Requirement
Students are required to submit taped sessions (2 per semester) for use in counseling, teaching, and supervision internships. These videos will be shared in your WebEx class sessions. At points throughout the semester, students submit a recording of a session to their faculty supervisor. This will involve 1) obtaining informed consent from their site and client, supervisee, or students, 2) recording and submitting a session to the professor, and 3) transcribing and analyzing a 5-8 minute portion of the session or class time. Students receiving live supervision will include a three-page reflection with five revised responses in lieu of the verbatim.

Note: For students at sites that do not allow audio/video recording, students must receive live supervision of the student’s sessions or lessons. You must have approval by the clinical director in advance if you are at a site that does not allow audio/video recording of sessions or class time.

2.7 Grading the Internship
A grade is earned for the first semester of COUC 999 once internship hours in at least one of the three doctoral competency areas is completed. Students will receive an “I” grade for the second semester and any subsequent semesters of COUC 999 until all internship hours in at least three doctoral competency areas are completed. The clinical director of the doctoral program must be notified by the student that they have completed all internship requirements. Their logs and evaluations will be reviewed and if satisfactory, a letter grade will be assigned. Should a student fail a particular experience [e.g., teaching], he or she will be asked to repeat that part of the experience. A student must successfully complete the number of credit hours specified in his or her Internship Plan. See course syllabus for specific course requirements.

2.8 Logs
Students must keep a log documenting the time spent in various activities at the Internship site. Always include totals for the time spent in each activity category relevant to your particular internship. Sample logs are included in Appendix EE.

For counseling internships, clinical logs are to be typed into the Microsoft Excel file found on the internship webpage. You will keep a separate log sheet for each category and a summary sheet for the total hours acquired during the Internship. Please include the date, the specific activity, and the time spent in that activity in hours or portions of hours expressed in decimals. (See Appendix J). In addition to the Excel log, counseling interns will be required to record hours for each quarter in LiveText (see Appendix K).
2.9 General Information on Doctoral Internships

- Although the program allows students to use employment settings to obtain the required hours for Internship, not all “on-the-job” activities qualify as approved activities. Issues of this nature related to employment settings should be negotiated with the site and supervisor prior to formally beginning the Internship. If there is a question of whether a job-related activity will count as an approved activity (e.g., direct client contact), students are responsible for getting the activity approved by the faculty supervisor.
- The Internship course is a full-semester commitment, even if students complete the required hours before the official end date of the semester.
- If the student fails to complete the Internship as contracted, they will also receive a failing grade for the course. The course must be retaken and the hours completed.
- If a student fails or withdraws from the course at any point during the semester, all earned hours will be lost and the student will have to start earning internship hours for the specific competency area from the beginning upon reenrollment.

Supervision of the Doctoral Internship

3.1 Faculty Group Supervision
During the Internship, students will participate in regular, scheduled group supervision sessions in an online classroom format (WebEx). Group supervision involves working with a member of the counseling faculty working with three or more students using a tutorial and mentoring form of instruction. Students meet every week for 1.5 hours for group supervision. This meets the required group supervision requirements for counseling, teaching, and supervision internships.

3.2 Individual / Triadic Supervision
Students must obtain a minimum of one hour per week of individual and/or triadic supervision throughout the Internship with the approved Site Supervisor. This includes weeks where you do not see any clients. In addition, there must be one hour of supervision for every 10 hours of direct client contact for clinical internships. Note: Students will not be permitted to continue their clinical training if regular individual or triadic supervision does not occur throughout the duration of the Internship experience.

3.3 Finding a Site and Supervisor
The relationship between the student, the site, and the supervisor is an important one. Therefore, students need to be cautious and prudent in picking a site and supervisor. Remember that as a student, when you interview for a potential placement, you are not only being interviewed, but you are also interviewing the site and supervisor to determine a good fit. The choice of a training site and supervisor should be a mutual one. Clinical, teaching, and supervision internship students are allowed a maximum of two sites and two supervisors at any time provided they have been approved by the Internship office.

In selecting a site for a clinical, teaching, and supervision internship, make sure they can offer you enough hours so that you can complete your Internship in the required semesters. When selecting a supervisor, ensure they 1) meet the requirements for supervision and 2) can provide you a minimum of one hour of supervision per week. Interview your potential supervisor to determine his/her expectations of you in terms of hours and times you will be available, duties you will perform, etc. Finally, remember
that your relationship with your potential supervisor is a personal, as well as, professional one. You want to select a supervisor with whom you feel you will be able to communicate and work with in a collaborative and professional manner.

3.4 Supervisor Credentials
Doctoral Internship Supervisors for counseling, teaching, and supervision internships must meet the following requirements:

1. **A doctoral degree in counseling or related profession with equivalent qualifications including appropriate certifications and/or licenses.** (Preferably from a CACREP accredited counselor education program.) See below for counseling-specific exceptions.
2. Must have a minimum of two years professional experience in the doctoral competency area (Counseling, teaching, supervision).
3. Knowledge with program requirements and procedures for evaluation.
4. Appropriate training in counseling supervision.

In addition, supervisors for *clinical internships* must meet the following requirements:

1. Counseling site supervisors must hold a minimum of a master’s degree in counseling or related profession with equivalent qualifications, including appropriate certifications and/or licenses. Supervisors with master’s degrees must meet state requirements needed to supervise post-graduate clinicians.
2. Must hold a valid state license at an independent level of practice (i.e., supervisors must be able to practice without being under supervision).
   a. The licenses that typically qualify for clinical supervision include: Licensed Professional Counselors (LPC), Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapists (LMFT), Licensed Clinical Psychologists (LCP), Licensed Clinical Social Workers (LCSW), Psychiatrists, and Ph.D. in Counseling (or closely related field) from an accredited university.
   b. Licenses that do not qualify for clinical supervision include: School Counselor, Certified Teacher, Limited Licensed Professional Counselor (LLPC), Licensed Master Social Worker (LMSW), national licenses or certifications, Pastoral Counselors, Master of Divinity, licenses related to ministerial/pastoral duties, and doctoral degrees not in the counseling field or from an accredited university.
3. Must be in good standing in the profession. For any potential supervisors with a listed disciplinary action against their license (past or present), Liberty University reserves the right to approve or deny the potential supervisor based on the nature of the violation and the disciplinary action taken by the board.

3.5 Site Supervisor Responsibilities
The supervisor has significant influence on the outcome of the internship experience. Therefore, the supervisor’s relationship with the student is a matter of vital importance. The site supervisor should serve as a model exemplifying professional behavior in daily activities. The supervisor ensures that relevant work experience, on-site feedback, consultation, and agreed-to counseling, teaching or supervision experiences are provided for the student counselor.
Site supervisors are responsible to evaluate the student’s counseling performance throughout the Internship. This includes documentation of a formal evaluation after the student completes the Internship by a program faculty member in consultation with the Site Supervisor. Students and Site Supervisors discuss the Site Supervisors’ evaluation of student performance at four scheduled times throughout the semester. In addition, the faculty internship supervisor consults with the Site Supervisor monthly and completes one site visit per semester when possible.

Typically, Site Supervisors for counseling, teaching, and supervision internships will:
1. Provide an orientation to the site and staff for the student unless the supervisor is off-site. This should include such items as policies, structure, personnel, and resources.
2. Ensure access to site manuals, policy statements, and files as needed for the student.
3. Help the student refine details of internship activities appropriate to the specific setting.
4. Provide structure for the student to achieve Internship objectives.
5. Establish weekly supervisory meetings to discuss the student’s self-report of activities, provide feedback, plan tasks, and discuss other aspects of the experience with the student.
6. Critique observed and recorded activities. The supervisor has access to all recorded counseling, supervision, and/or teaching sessions by the student.
7. Provide evaluations of the student’s progress, review these with the student, and give the original evaluations to the student. The student is responsible for uploading these forms onto Blackboard.
8. Initiate immediate contact with the student’s professor if problems are encountered with the student during the placement.

3.6 Supervision Facts to Remember
1. Students must obtain a minimum of 1 hour of supervision a week. Failure to do so could result in the failure of the course and the loss of hours.
2. Most supervisors give their time and expertise with no monetary reimbursement. Students can help their supervisors by lightening their workload through the cases the student takes on and doing clinically-related tasks to free up the supervisors’ time.
3. Some supervisors may charge a fee for services rendered. The student is responsible for any financial cost associated with supervision.

Counseling-Specific Internship Requirements

4.1 LiveText
As a doctoral student, you are required to purchase a 5-year membership to LiveText; which is an online data management system. If you have not already purchased LiveText, you must do so upon enrollment in Internship. Since LiveText will be used throughout the clinical fieldwork experience, students may not begin their clinical internship until they have access to LiveText.

Students are responsible for logging Internship hours and document a quarterly summary of their clinical fieldwork hours in LiveText. Exact specifications for logging hours in LiveText are located in the appendices. Site Supervisors will use LiveText to complete quarterly, mid-term, and final evaluations and approve hours.
4.2 Clinical Site and Supervisor Approval Process

Note: All approval paperwork can be found on the Internship website and manual

1. **Meet with the Clinical Director** to review the clinical internship and sign the *Ph.D. Internship Acknowledgment Form*.

2. **Complete Required Approval Documents**: Once a site and supervisor have been chosen, the student and Site Supervisor complete and sign the *Fieldwork Contract*. The supervisor must also fill out the *Supervisor Information Form*. The Supervisor and Site Director must complete and sign the *Site Information Form*.

3. **Submit approval documents to the Internship office through the SharePoint submission portal prior to the deadline listed on the Internship website**. No late documents will be accepted. Submission of the above forms does not mean automatic acceptance of the proposed site and/or supervisor: They must be approved first.

4.3 Clinical Internship Required Approval Forms/Documents

1. Copy of Degree Completion Plan Audit
2. Background Check Receipt
3. Liability Insurance Face Sheet
4. Copy of Potential Supervisor’s License
5. Picture of Student
6. Fieldwork Contract(s): Signed by Student and Site Supervisor
7. Site Information Form: Completed by Supervisor and Site director
8. Supervisor Information Form: Completed by Supervisor
9. Affiliation Agreement: Completed by Student and Site Supervisor
10. Ph.D. Internship Acknowledgment Form

4.4 Required Counseling Internship Hours

The 200 hours of activities applied to the Counseling Internship include the following:

- Direct client contact (170 hours required.)
- Individual/Triadic Supervision: (15 hours required); minimum of one hour per week.
- Faculty Group Supervision: (15 hours required); average 1.5 hours per week;

Related activities do not count towards the 200-hour requirement. However, they will count towards licensure. **Therefore, it is in your best interest to log all related activities.**

Note: Given the nature of a counseling internship, the documentation of Internship hours is distinct from the other internships as these hours can be used towards licensure. Therefore, you will want to maintain a personal copy of all clinical hours for future documentation for licensure.
4.5 Description of Counseling Internship Activity Categories

**Face-to-Face Contact**
includes time spent:
1. As a **co-therapist**
2. In an individual, marital, family, or group therapy session as a **solo therapist**
3. Conducting intake interviews

In order to be counted as face-to-face contact, time spent with clients in sessions must occur in appropriate blocks of time based on the following:
1. 90 minute sessions count as a two hour session.
2. 45 and 60 minute long sessions may be counted as a one-hour session.
3. 20 and 30 minute sessions count as a half-hour session.
4. Sessions shorter than 20 minutes should be counted as Related Activities.

While some activities spent on-site may be considered as “therapeutic”, the following is a list of activities that **will not** but counted towards face-to-face contact hours:
1. Case management
2. Telephone interviewing or counseling
3. Behavior monitoring or Classroom observation
4. Specific treatment modalities that do not allow discrete sessions to occur
5. Going to a movie or watching a movie
6. Playing pool, video games, etc.
7. Driving time spent with client

**Individual or Triadic Supervision**
includes time spent in:
4. **Individual or triadic supervision** session with approved supervisor. Note: triadic supervision occurs when meeting with your site supervisor and one other student
5. **Case consultation** at the counseling site. The approved supervisor must be present during case consultation sessions. If the case consultation time is spent discussing the student’s client(s) only although other counselors may be present, this may count as individual supervision time. If it includes time spent on a variety of clients including the student’s own and two other counselors’, this should be counted as group supervision.

**Group Supervision**
includes time spent in:
6. **Faculty group supervision** sessions in an online classroom format (WebEx). Students meet every week for 1.5 hours, which is applied to group supervision.
7. **Group supervision** at the counseling site. Group supervision occurs when the approved supervisor meets with three or more interns. Case consultation time is considered group supervision if the approved supervisor is present and time is spent on a variety of clients including the student’s own and at least two other counselors’ clients.
Related Activities:
Many activities performed in the Internship are important to students’ development as counseling professionals. This category of activity may include time spent:

8. Learning the policies and procedures of their site
9. Discussing client or therapy-related issues with any of the site staff
10. Researching effective treatment strategies for clients
11. Reviewing case notes, preparing for sessions, and writing up case notes after sessions
12. Updating intake histories for ongoing clients with whom other therapists are working
13. Learning to use the DSM-5 effectively and accurately and mastering the material in treatment planning books
14. Researching issues or assisting supervisor in clinically related tasks

Professional Behavior Expectations

5.1 Professional Behavior
While at the Internship site and in all interactions with clients, supervisors, peers and Liberty University faculty and staff, students are expected to exhibit attitudes and behaviors consistent with professionalism. This includes, but is not limited to, the following:

- Punctuality and promptness to all appointments.
- Appropriate dress and grooming (i.e., business attire).
- Professional written communication.
- Professional oral communication (this includes correct verb usage and the avoidance of inappropriate language including informal language or slang).
- Adherence to the American Counseling Association’s Code of Ethics.
- Be teachable and receptive of feedback given by the supervisor.
- Students must receive passing evaluations on professionalism on the CCS.

Students should conduct themselves in a way that is consistent with the ACA code of ethics and the Graduate School Honor Code as counselor educators in training. As such, students are expected to communicate their concerns and seek to resolve any conflicts or misunderstandings directly with the person with whom the allegation occurred.

Per the Liberty Way, “Liberty student email accounts are the official means of communication for the Liberty University community. Students must check their email account on a regular basis.” The Liberty account will be the primary email address where important information and reminders will be sent regarding the course. The staff is unable to include other email addresses in regular communication. Therefore, the student is responsible for checking their account for any relevant information sent to that account.
5.2 Communication with Instructor, Support Staff, and Clinical Director
All concerns regarding the course are to be communicated to the course instructor. Students may then be referred to contact the Internship support staff and/or the Director of Clinical Training. All interactions with the Internship Office will be by email so the student and the University have documentation of the outcome of the communication. Students are expected to be courteous and respectful in all communication with instructors, Internship support staff, and the Director of Clinical Training. Unprofessional and discourteous communication will not be tolerated and will result in remediation procedures up to and including dismissal from the program.

As doctoral interns, students should conduct themselves in a way consistent with the ACA Code of Ethics and the Graduate School Honor Code. Thus students are expected to communicate their concerns and seek to resolve any conflicts or misunderstandings directly with the person with whom the allegation occurred. When a student circumvents the process and contacts the University administration (e.g., Dean, Provost, or Chancellor), this action constitutes retaliation and will be sanctioned accordingly. For more detailed information please refer to the Graduate School Honor Code: http://www.liberty.edu/academics/graduate/index.cfm?PID=19443

Per the Liberty Way, “Liberty student email accounts are the official means of communication for the Liberty University community. Students must check their email account on a regular basis.” The Liberty account will be the primary email address where important information and reminders will be sent regarding the course. The staff is unable to include other email addresses in regular communication. Therefore, the student is responsible for checking their account for any relevant information sent to that account.

5.3 Site Dismissal or Course Withdrawal
If, during the Internship, a student fails to successfully demonstrate the required skills in this course and consequently receives failing evaluations or if a student is dismissed from the site, the supervisor will also notify the student’s professor. The professor will write an incident report and send it to the Program Director and the Internship office of the Department of Counselor Education and Family Studies. The Director of Clinical Training and the Leadership Team will examine the nature and reason for the skills deficit and/or dismissal and refer to the remediation committee if warranted. At that point, the student may receive a grade of “F” for the skills deficit and/or dismissal and be placed on hold in the program in order to fulfill remediation procedures aimed to address and resolve the verifiable deficits. The Remediation Committee will determine whether the student is eligible to retake the Internship course.

If the dismissal involves a violation of the University’s Honor Code, the professor will fill out an Honor Code Violation form, which will be investigated by the Program Director and Graduate Student Affairs. These remediation procedures can include such things as requiring the student to retake certain courses and/or seek personal counseling, etc. If, after remediation, the student is unable to correct the deficits, the Remediation Committee and the Leadership Team will meet to decide the best course of action for the student, up to and including removal from the program. The student has an opportunity to appeal. The final decision regarding a student’s hours accrued in the Internship are at the discretion of the Remediation and Leadership Teams based on a thorough evaluation of the incident.
**Withdrawal:** Internship students are required to fulfill their semester-long contract with the site. If a student makes the decision to withdraw from the Internship course, then the student will forfeit all hours earned for the semester. The student will need to re-apply for the Internship in a future semester.

### 5.4 Professional Competency Expectations and Remediation Process

Supervisors and Liberty University faculty have a professional and ethical responsibility to evaluate students on the following:

- Counseling, teaching, and/or supervision skills competency
- Professional behaviors
- Personal and professional dispositions
- Ethical competency

As such, the faculty of Liberty University will not automatically approve program completion for students who demonstrate deficits that may interfere with future professional competence. Students enrolled in the Internship class may be given a failing grade and/or placed on hold and a plan of remediation implemented if any of the following apply:

- Unprofessional or unethical conduct either at the Internship site or the interaction with Liberty University faculty and staff.
- Any verifiable complaints about the student from the Site Supervisor or the site director.
- Threat of lawsuits toward the site, supervisor, Liberty University, or any employee of Liberty University.
- If the supervisor and/or Liberty University faculty determines that the student’s current emotional, mental, or physical well-being compromises the integrity of the Internship experience or potentially places the student, or others, in harm’s way or an unduly vulnerable position.

The above mentioned behaviors constitute violation of the University’s Honor Code, and the student’s professor will fill out an Honor Code Violation form. This will be investigated by the Clinical Director. If warranted, the Director of Clinical Training will bring the issue to the Department of Counselor Education and Family Studies (DCEFS) core faculty. A remediation plan will be formulated in conjunction with the DCEFS, the student, and supervisor. The purpose of the remediation plan is to assist the student in correcting any deficits in counseling skills or personal, interpersonal, or ethical problems so that the student may successfully continue in the program. Remediation procedures can include such actions as repeating particular courses, obtaining personal counseling, completing additional assignments, academic dismissal from the DCEFS or Liberty University. Once the student has fulfilled all stipulations of the remediation plan, the Leadership Team for the DCEFS will meet to decide if the student is ready to continue. In cases involving Honor Code violation, students will have an opportunity to appeal.
Frequently Asked Questions – Doctoral Internship

1. **What is the hour distribution for completing the Internship?**
   All students must earn 200 hours in a teaching internship, which involves co-teaching a semester long master’s level counseling course. In addition, all students must complete a supervision internship. This will consist of a semester long internship providing 200 hours of supervision for a master’s-level practicum course, a skills course (e.g., COUN 505), or individual supervision to counseling interns/residents.

   Student who are not licensed must take a 200-hour counseling internship as their final doctoral competency area. For those who are licensed, they may select a 200-hour counseling, research, or leadership and advocacy internship.

2. **What is the time frame for completing the Internship?**
   A student is required to take a minimum of two semesters of COUC 999. However, depending on the internship option (see 2.4) a student takes, it may take three semesters to complete the Internship. With the exception of a counseling internship, students do not need to take COUC 999 in consecutive semesters. Counseling internships must be taken in consecutive semesters until all 200 hours are completed. Students are expected to pay tuition costs for each semester of Internship. Because the three competency areas are distinct experiences, more than one competency internship can be taken at the same time (e.g., teaching and a counseling internship during the same semester).

3. **What do I need to do to enroll in the Internship?**
   During the semester that you are completing your final prerequisites, the student will submit all final documentation and any necessary paperwork outlined in the syllabus for the Internship. This information is also available on the Internship website. Once received, the student’s paperwork will go through the approval process (which includes review by the Director of Clinical Training). Once the site and supervisor have been approved, the student will be given permission to enroll in the Internship course. Please note: You may not start accumulating hours towards internship until the start date for the course.

4. **Does Liberty University place students in their Internship sites?**
   No, Liberty does not place students in their Internship sites. Finding internship experiences is ultimately up to the student. However, the department does attempt to disseminate information on potential internship opportunities as we become aware of them. Non-clinical opportunities (teaching, supervision, research, and leadership placements) with program faculty will be posted through the Ph.D. Advising Center. For clinical placements, students may email PhDInternship@liberty.edu regarding obtaining a list of possible sites.

5. **How do I go about finding a Counseling Internship site?**
   For counseling internships, you should begin by talking with the people in your area who are currently doing the type of counseling in which you are interested. The best places to start are local community service boards or mental health agencies. These agencies usually have ample experience with fieldwork students and usually provide a variety of options and opportunities for individual and group counseling. Additionally, they can provide students with a plethora of information regarding the services and opportunities in the students’ local areas. Liberty may also
have a listing for your state of sites previously used by our students. You can inquire about this list one semester prior to starting the Internship. This list does not guarantee placement for a Liberty University student. Students are encouraged to approach finding their Internship as a job search and should take advantage of the services provided by the career center to assist students with resume building and interview preparation. Students can find information about services offered at the career center: http://www.liberty.edu/academics/general/career/index.cfm?PID=153

6. **May I have more than one site for a Counseling Internship?**
   Yes. If you cannot find one site to supply all the hours needed, you may request an additional site. Before adding the additional site, you must first obtain approval. You may not have more than two clinical Internship sites at one time. Please seek approval beforehand by emailing the Internship office at PhDinternship@liberty.edu.

7. **May I have more than one supervisor for Internship?**
   Yes. If you cannot find one supervisor to supply all the hours needed, you may request an additional supervisor. However, you must first obtain approval before counting any supervision hours with the new supervisor. A student may not have more than two supervisors at one time. Please seek approval beforehand by emailing the Internship office at PhDinternship@liberty.edu.

8. **What are the different types of supervision?**
   During your Internship, your supervision can occur in one of three formats. **Individual Supervision** occurs when the supervision session involves a supervisor and a counseling student. **Triadic Supervision** occurs when the supervision session takes place with the supervisor and two counseling students. **Group Supervision** occurs when there is a supervision session with the supervisor and more than two counseling students.

9. **May I count any internship hours before enrolling in the Internship?**
   No, hours that take place prior to the beginning of the course may not be counted. It should also be noted that hours earned during the Practicum do not count towards Internship.

10. **Do Related Activities hours count towards a counseling internship?**
    Related activities include time spent doing paperwork, research into counseling issues, seminars, workshops, phone calls to clients, consultation with colleagues, and counseling sessions that last less than 20 minutes. Related Activities can also include observation of counseling and other counseling-related activities, staff meetings, counseling-related administrative work, writing progress notes, and filing counseling-related files/documents. This category does not include hours spent doing coursework for the Internship class.

11. **How do I request a third semester of Internship?**
    Students needing a third semester of the counseling Internship must submit a copy of their **Liability Insurance Face Sheet** and an updated **Fieldwork Contract**; students who are adding or changing their site or supervisor for the next semester must also submit Internship Site/Supervisor paperwork. Students in all other competency area internships will apply for that internship following the procedures for a first semester internship. A grade of ‘I’ (Incomplete) will be posted for the second semester of internship until all hours and course requirements in the three doctoral competency areas have been met.
12. What do I do if I complete my hours early?
If you finish your hours early, you must still fulfill your obligations to your site, attend the faculty supervision, and complete all required course work. You will receive a final grade no longer than three weeks after the course has ended. You may then work with the registrar in conferring your degree.

13. What if I still have more questions?
For questions or concerns, contact the Internship office at PhDinternship@liberty.edu. Make sure to include your full name, student ID, and your course section if currently enrolled in the course. Please send all emails from your Liberty University email account.

Contact Information

Students and supervisors are expected to contact the Counseling Department personnel with comments, questions, and/or concerns that arise during the Internship. Generally, it is best to contact us sooner rather than later when challenges arise during the course of your training.

For questions, comments, and concerns regarding the Ph.D. Internship, please contact:

Ph.D. Internship Office: PhDinternship@liberty.edu

For questions not addressed in this manual, please contact:

Melvin Pride, Ph.D., LPC, NCC
Director of Clinical Training
Clinical Mental Health Counseling Associate Professor Department of Counselor Education and Family Studies mpride2@liberty.edu

Graduate Student Affairs Office, Honor Codes, Handbooks & Appeal Policies
http://www.liberty.edu/index.cfm?PID=19155
Appendices: Forms to Complete for Internship

Counseling Internship Specific Forms
  Appendices A - K

General Internship Specific Forms
  Appendices L - Z
Appendix A: **Checklist for Fieldwork Approval**

*Must be completed prior to course registration. Approval documents must be submitted prior to approval deadline. Please see course webpage for semester deadlines. All documents must be fully completed and submitted on time in order to be approved. No late work is accepted.*

As students near completion of the prerequisites for Internship, students should submit paperwork for approval. Prerequisites for this course are listed in the syllabus. Also, students must hold a 3.0 GPA or higher and be in Good Standing with the University in order to be approved.

- Fieldwork Contract(s)
- Copy of Student Liability Insurance
- Supervisor & Site Form
- Affiliation Agreement
- Digital Photo of Student
- Copy of DCP Audit from ASIST
- Copy of Background Check Receipt from Castle Branch
- Copy of Supervisor License Verification from State Board website

**IMPORTANT APPROVAL INFORMATION:**

- Students should begin prepping approval documents for submission at least a semester in advance.

- Students must check the PhD Internship webpage for instructions on how to submit the approval documents. The approval documents must be submitted through electronic submission. You may not fax, e-mail, or mail the approval documents to our office.

- An approval e-mail will be sent to the student with the date that the student can begin earning hours. The student cannot earn hours prior to this point.

- In addition, students must keep student liability insurance up-to-date for the duration of course enrollment.
FIELDWORK CONTRACT – Counseling (Internship)

Draw up a typed contract that explicitly describes the agreement between you the student, the supervisor, and the site, including:

- Student’s name, address, and telephone number
- The name, address and telephone number of the site
- The clinical supervisor’s name and credentials
- The contact person for the site, if different from the supervisor
- The time commitment per week/per semester by the student
- The supervision commitment by the supervisor

Sample Clinical Internship Fieldwork Contract
(Use as a template)

STUDENT: AGENCY:
John Q. Student Community Counseling Center
123 Main St 45 Shady Ln
Lynchburg, VA 12345 Lynchburg, VA 12345
Home: (111) 222-3333 (111) 222-5555
Work: (111) 222-4444 Contact person: Jane Smith, LPC, ACS

I, John Student, agree to provide approximately hours of counseling-related services as a Doctoral-level fieldwork student at the Community Counseling Center during the four-month period between and . During this time, I agree to become familiar with the policies and procedures of the Community Counseling Center. I will observe therapy, do co-therapy, and do individual, group, and family therapy on my own as directed by my supervisor, Jane Smith. I also agree to be available to help with any other therapy-related or educationally relevant experiences that would be helpful within the constraints of the hours. In all of my work, I will observe the established policies and procedures of the Community Counseling Center.

I, Jane Smith, agree to supervise John Student approximately 1 hour of individual supervision per week during the period between and . I will meet the responsibilities of a clinical supervisor as outlined in the “Clinical Supervisor Responsibilities” form. This includes meeting one hour per week, regardless of hours John has spent with clients. To the degree that I am able, I will try to structure John’s time so that he will have a minimum of hours of face-to-face contact with clients. I understand that this contact can include co-therapy, individual, group, and/or family therapy done by John. In addition, I will support John in conducting two (Internship) / three (Practicum) taped sessions or provide & document live supervision. I will complete periodic evaluations of John and, after discussing it with him, will submit the original into LiveText. I am aware that I will communicate with the faculty supervisor monthly. I understand that the faculty member will provide John with group supervision an average of 1.5 hours per week.

__________________________________________  __________________________
Supervisor Name  Date  Student Name  Date
Supervisor Information Form

*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.

Name of Student:  
Student Number:  

Student’s Full Address:  

Student’s tel. #: (home or cell):  (work):  

Student’s Liberty email address:  

Agency/Site Name:  
______________________________

Agency/Site Address:  
______________________________

Group Supervision is provided at this site:  ☐ Yes  ☐ No*  

*Group supervision is a requirement of the Internship course. The group supervision requirement is met by faculty group supervision; however, students are encouraged to find sites that provide a group supervision experience.

Name of Supervisor:  ☐ Mr.  ☐ Ms./Mrs.  ☐ Dr.  

Position (title):  

Supervisor’s tel. #: (work):  

Supervisor’s Email:  
(Required) (Required)

Academic Background of Supervisor:  

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major</th>
<th>Year Received</th>
<th>Educational Institution</th>
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Licenses and Certifications Currently Held by Supervisor:  

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<tr>
<th>Type</th>
<th>Number</th>
<th>State Where Valid</th>
<th>Expiration Date</th>
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Clinical Experience & Other Relevant Information  


I certify that I have at least 2 years of experience in the area I am supervising: Yes □ No □

_________________________  
Director’s Signature  

_________________________  
Student’s Signature  

Date  

Date
Site Information Form

*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.

Name of Student: ___________________________________________ Student Number: _______________________

**Please circle the course that you are applying for:** Practicum Internship

Student’s Full Address: ____________________________________________________________

Student’s tel. #: (home or cell): __________________________ (work): __________________________

Agency/Site Name: _______________________________________________________________

Agency/Site Address: _____________________________________________________________

Name of Director: ___________________________________________ Position (title) ________________

Agency/Site’s tel. #: __________________________ Fax #: __________________________

Usual Business Hours: ___________________________________________________________

**Please check all services that apply:**

☑ Agency ☐ Individual Adult
☑ Private Practice ☐ Group
☐ Faith-Based Center ☐ Child
☐ Educational Center ☐ Adolescent
☐ In-Home ☐ Marriage & Family
☐ Inpatient ☐ Psycho-educational groups
☐ Outpatient ☐ Substance Abuse
☐ Day treatment ☐ Rehabilitation
☐ Non-profit ☐ Other: __________________________

☐ Other: __________________________

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Will the student be paid at this site? ______ If so, what are the conditions? __________________

______________________________________________________________________________

______________________________________________________________________________

Director’s Signature Date __________________ Student’s Signature Date __________________

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Appendix B: Sample Teaching/Supervision Internship Contracts

FIELDWORKCONTRACT – Supervision (Internship)

Draw up a typed contract that explicitly describes the agreement between you the student, the supervisor, and the site, including:

- Student’s name, address, and telephone number
- The name, address and telephone number of the site
- The supervisor’s name and credentials
- The contact person for the site, if different from the supervisor
- The time commitment per week/per semester by the student
- The supervision commitment by the supervisor

Sample Fieldwork Contract
(Use as a template)

STUDENT:  
John Q. Student  
123 Main St  
Lynchburg, VA 12345  
Home: (111) 222-3333  
Work: (111) 222-4444

AGENCY:  
Community Counseling Center  
45 Shady Ln  
Lynchburg, VA 12345  
(111) 222-5555  
Contact person: Jane Smith, LPC, ACS

I, John Student, agree to provide approximately ___ hours of supervision-related services as a Doctoral-level fieldwork student at the Community Counseling Center during the four-month period between ___________ and ___________. During this time, I agree to become familiar with the policies and procedures of the Community Counseling Center. I will observe therapy of supervisees, conduct individual, group, and triadic supervision on my own as directed by my supervisor, Jane Smith. I also agree to be available to help with any other supervision-related or educationally relevant experiences that would be helpful within the constraints of the hours. In all of my work, I will observe the established policies and procedures of the Community Counseling Center.

I, Jane Smith, agree to supervise John Student approximately ___ hour of individual supervision per week during the period between ___________ and ___________. I will meet the responsibilities of a supervisor as outlined in the “Clinical Supervisor Responsibilities” form. This includes meeting one hour per week, regardless of hours John has spent with supervisees. To the degree that I am able, I will try to structure John’s time so that he will have a minimum of hours of face-to-face contact with supervisees. I understand that this contact can include individual, group, and/or triadic supervision done by John. In addition, I will support John in conducting two taped sessions or provide & document live supervision. I will complete periodic evaluations of John and, after discussing it with him, will submit the original into LiveText. I am aware that I will communicate with the faculty supervisor monthly. I understand that the faculty member will provide John with group supervision an average of 1.5 hours per week.

_________________________  __________________________  __________________________  __________________________
Supervisor Name Date Student Name Date
FIELDWORK CONTRACT – Education (Internship)

Draw up a typed contract that explicitly describes the agreement between you the student, the supervisor, and the site, including:

- Student’s name, address, and telephone number
- The name, address and telephone number of the site
- The supervisor’s name and credentials
- The contact person for the site, if different from the supervisor
- The time commitment per week/per semester by the student
- The supervision commitment by the supervisor

Sample Fieldwork Contract
(Use as a template)

STUDENT:  AGENCY:
John Q. Student  Community University
123 Main St  45 Shady Ln
Lynchburg, VA 12345       Lynchburg, VA 12345
Home: (111) 222-3333       (111) 222-5555
Work: (111) 222-4444  Contact person: Jane Smith

I, John Student, agree to provide approximately hours of counseling-related services as a Doctoral-level fieldwork student at the Community University during the four-month period between and . During this time, I agree to become familiar with the policies and procedures of the Community University. I will observe classes as well as create and deliver lectures on my own as directed by my supervisor, Jane Smith. I also agree to be available to help with any other teaching-related or educationally relevant experiences that would be helpful within the constraints of the hours. In all of my work, I will observe the established policies and procedures of the Community University.

I, Jane Smith, agree to supervise John Student approximately 1 hour of individual supervision per week during the period between and_. I will meet the responsibilities of a supervisor as outlined in the “Clinical Supervisor Responsibilities” form. This includes meeting one hour per week, regardless of hours John has spent with students. To the degree that I am able, I will try to structure John’s time so that he will have a minimum of _____ hours of face-to-face contact with students. I understand that this contact can include class observation, class lectures and assessing the needs of the counselors in training through student interactions and examinations done by John. In addition, I will support John in conducting two taped sessions/lectures or provide & document live supervision. I will complete periodic evaluations of John and, after discussing it with him, will submit the original into LiveText. I am aware that I will communicate with the faculty supervisor monthly. I understand that the faculty member will provide John with group supervision an average of 1.5 hours per week.

_________________  ___________________  ___________________  _____________
Supervisor Name      Date        Student Name        Date
Appendix C: Quarterly Evaluation
Practicum or Internship Student Evaluation by Site Supervisor

Dear Site Supervisor:

This informal evaluation is to be completed at the first and third quarter marks of the student’s Practicum/Internship. The purpose of this evaluation is to provide the Liberty University Internship faculty with feedback as to the student’s progress. Please complete the questions below by checking the appropriate box:

1. The student is performing at the expected levels. Yes ☐ No ☐
2. The student is attending to clients, staff meetings, and supervision as scheduled. Yes ☐ No ☐
3. I would like a phone call from the Faculty Instructor to discuss this student at the number above, Yes ☐ No ☐ or at this alternate phone number: ___________________ or email address: ___________________

To Be Filled Out By The Student and Approved By The Supervisor:

In the following section the student is asked to calculate the amount of time spent in each of four types of activities:

1. Direct Client Contact (co-therapist, solo therapist, through intake interviews, assessments, etc.)
2. Individual Supervision (includes one hour per week of individual and/or triadic supervision)
3. Group Supervision (meeting with approved supervisor and two or more supervisees at the same time)
4. Related Activities (learning site’s policies and procedures, researching treatment strategies, reviewing case notes, etc.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quarter Hours</th>
<th>Total Hours to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct Client Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Individual Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Group Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Related Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL HOURS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments (please use the back of this page as necessary):

Site Supervisor: ___________________________ Date: __________
Appendix D: Midterm/Final Evaluation Forms

Counselor Competencies Scale—Revised (CCS-R) ©

(Lambie, Mullen, & Swank, & Blount, 2014)

The Counselor Competencies Scale—Revised (CCS-R) assesses counselors’ and trainees’ skills development and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates strong (i.e., exceeding the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition and behavior(s).

- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates consistent and proficient knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at this level at the conclusion of his or her practicum and/or internship.

- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates inconsistent and limited knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates limited or no evidence of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

**Directions:** Evaluate the counselor’s or trainee’s counseling skills, ability to facilitate therapeutic conditions, and professional dispositions & behaviors per rubric evaluation descriptions & record rating in the “score” column on the left.
Addendum

CACREP (2016) Standards relating to the *Counselor Competencies Scale* (CCS)

- Counselor characteristics and behaviors that influence helping processes (Section II, *Standard 5.b.*)
- Essential interviewing and counseling skills (Section II, *Standard 5.c.*)
- Self-care strategies appropriate to the counselor role (Section II, *Standard 1.d.*)
- The program faculty conducts a systematic developmental assessment of each student’s progress throughout the program, including consideration of the student’s academic performance, professional development, and personal development. Consistent with established institutional due process policy and the ACA *Code of Ethics* and other relevant codes of ethics and standards of practice, if evaluation indicate that a student is not appropriate for the program, faculty members help facilitate the student’s transition out of the program and, if possible, into a more appropriate area of study (Section I, *Standard P.*)
- Professional practice, which includes practicum & internship, provides for the application of theory & the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic & demographic diversity of their community (Section 6.c, *Professional Practice*).
- Students must complete **supervised internship experiences** that **total a minimum of 600 clock hours** in at least three of the five CACREP doctoral area competencies. Student’s enrolled in the counseling internship must complete the following (Section 6, *Standard C. 7-9*)
  1. At least **170 clock hours of direct service with actual clients** that contributes to the development of advanced counseling skills.
  2. Weekly interaction that averages of **one hour per week of individual** and/or triadic supervision throughout the internship by a program faculty member or a site supervisor who is working in accordance with the supervision contract.
  3. An average of **1.5 hours per week of group supervision** that is provided on a regular schedule throughout the internship by a program faculty member.
  4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.
  5. Evaluation of the student’s counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship.
### Part I: Counseling Skills & Therapeutic Conditions

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>Primary Counseling Skill(s)</th>
<th>Specific Counseling Descriptors</th>
<th>Exceeds Expectations / Demonstrates Competencies (5)</th>
<th>Meets Expectations / Demonstrates Competencies (4)</th>
<th>Near Expectations / Developing towards Competencies (3)</th>
<th>Below Expectations / Unacceptable (2)</th>
<th>Harmful (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>Nonverbal Skills</td>
<td>Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. (matches client)</td>
<td>Demonstrates effective nonverbal communication skills, conveying connectedness &amp; empathy (85%).</td>
<td>Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%)</td>
<td>Demonstrates inconsistency in his or her nonverbal communication skills.</td>
<td>Demonstrates limited nonverbal communication skills.</td>
<td>Ignores client &amp;/or gives judgmental looks.</td>
</tr>
<tr>
<td>1</td>
<td>B</td>
<td>Encouragers</td>
<td>Includes Minimal Encouragers &amp; Door Openers such as “Tell me more about…”, “Hm”</td>
<td>Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).</td>
<td>Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship (70%)</td>
<td>Demonstrates inconsistency in his or her use of appropriate encouragers.</td>
<td>Demonstrates limited ability to use appropriate encouragers.</td>
<td>Uses skills in a judgmental manner.</td>
</tr>
<tr>
<td>1</td>
<td>C</td>
<td>Questions</td>
<td>Use of Appropriate Open &amp; Closed Questioning (e.g., avoidance of double questions)</td>
<td>Demonstrates appropriate use of open &amp; close-ended questions, with an emphasis on open-ended question (85%).</td>
<td>Demonstrates appropriate use of open &amp; close-ended questions for the majority of counseling sessions (70%).</td>
<td>Demonstrates inconsistency in using open-ended questions &amp; may use closed questions for prolonged periods.</td>
<td>Uses open-ended questions sparingly &amp; with limited effectiveness.</td>
<td>Uses multiple questions at one time</td>
</tr>
<tr>
<td>1</td>
<td>D</td>
<td>Reflecting, Paraphrasing Basic Reflection of Content – Paraphrasing</td>
<td></td>
<td>Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).</td>
<td>Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).</td>
<td>Demonstrates paraphrasing inconsistently &amp; inaccurately or mechanical or parroted responses.</td>
<td>Demonstrates limited proficiency in paraphrasing or is often inaccurate.</td>
<td>Judgmental, dismissing, B/or overshoots</td>
</tr>
<tr>
<td>1</td>
<td>E</td>
<td>Reflecting, Reflection of Meaning</td>
<td></td>
<td>Demonstrates appropriate use of reflection of feelings as a primary approach (85%).</td>
<td>Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).</td>
<td>Demonstrates reflection of feelings inconsistently &amp; is not matching the client.</td>
<td>Demonstrates limited proficiency in reflecting feelings &amp;/or is often inaccurate.</td>
<td>Judgmental, dismissing, B/or overshoots</td>
</tr>
<tr>
<td>1</td>
<td>F</td>
<td>Reflecting, Summarizing</td>
<td>Summarizing content, feelings, behaviors, &amp; future plans</td>
<td>Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).</td>
<td>Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent &amp; inaccurate ability to use summarization.</td>
<td>Demonstrates limited ability to use summarization.</td>
<td>Judgmental, dismissing, B/or overshoots</td>
</tr>
<tr>
<td>1</td>
<td>G</td>
<td>Advanced Reflection (Meaning)</td>
<td>Advanced Reflection of Meaning including Values and Core Beliefs (taking counseling to a deeper level)</td>
<td>Demonstrates consistent use of advanced reflection &amp; promotes discussions of greater depth during counseling sessions (85%).</td>
<td>Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent &amp; inaccurate ability to use advanced reflection. Counseling sessions appear superficial.</td>
<td>Demonstrates limited ability to use advanced reflection &amp;/or switches topics in counseling often.</td>
<td>Judgmental, dismissing, B/or overshoots</td>
</tr>
<tr>
<td>#</td>
<td>Score</td>
<td>Primary Counseling Skill(s)</td>
<td>Specific Counseling Descriptors</td>
<td>Exceeds Expectations / Demonstrates Competencies (5)</td>
<td>Meets Expectations / Demonstrates Competencies (4)</td>
<td>Near Expectations / Developing towards Competencies (3)</td>
<td>Below Expectations / Unacceptable (2)</td>
<td>Harmful (1)</td>
</tr>
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<td>---</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>H</td>
<td>Confrontation</td>
<td>Counselor challenges client to recognize &amp; evaluate inconsistencies.</td>
<td>Demonstrates the ability to challenge clients through verbalizing inconsistencies &amp; discrepancies in the client’s words &amp;/or actions in a supportive fashion. Balance of challenge &amp; support (85%).</td>
<td>Demonstrates the ability to challenge clients through verbalizing inconsistencies &amp; discrepancies in the client’s words &amp;/or actions in a supportive fashion (can confront, but hesitant) or was not needed and therefore appropriately not used (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies &amp; discrepancies in client’s words &amp;/or actions in a supportive fashion. Used minimally/missed opportunity.</td>
<td>Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client’s words &amp;/or actions in a supportive &amp; caring fashion, &amp;/or skill is lacking.</td>
<td>Degrading client, harsh, judgmental, &amp;/or being aggressive</td>
</tr>
<tr>
<td>1</td>
<td>I</td>
<td>Goal Setting</td>
<td>Counselor collaborates with client to establish realistic, appropriate, &amp; attainable therapeutic goals</td>
<td>Demonstrates consistent ability to establish collaborative &amp; appropriate therapeutic goals with client (85%).</td>
<td>Demonstrates ability to establish collaborative &amp; appropriate therapeutic goals with client (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent ability to establish collaborative &amp; appropriate therapeutic goals with client.</td>
<td>Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with client.</td>
<td>No therapeutic goals collaboratively established</td>
</tr>
<tr>
<td>1</td>
<td>J</td>
<td>Focus of Counseling</td>
<td>Counselor focuses (or refocuses) client on his or her therapeutic goals – i.e., purposeful counseling</td>
<td>Demonstrates consistent ability to focus &amp;/or refocus counseling on client’s goal attainment (85%).</td>
<td>Demonstrates ability to focus &amp;/or refocus counseling on client’s goal attainment (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent ability to focus &amp;/or refocus counseling on client’s therapeutic goal attainment.</td>
<td>Demonstrates limited ability to focus &amp;/or refocus counseling on client’s therapeutic goal attainment.</td>
<td>Superficial, &amp;/or moves focus away from client</td>
</tr>
<tr>
<td>1</td>
<td>K</td>
<td>Facilitate Therapeutic Environment a</td>
<td>Expresses accurate empathy &amp; care. Counselor is “present” and open to client. (includes immediacy and concreteness)</td>
<td>Demonstrates consistent ability to be empathic &amp; uses appropriate responses (85%).</td>
<td>Demonstrates ability to be empathic &amp; uses appropriate responses (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent ability to be empathic &amp;/or use appropriate responses.</td>
<td>Demonstrates limited ability to be empathic &amp;/or uses appropriate responses.</td>
<td>Creates unsafe space for client</td>
</tr>
<tr>
<td>1</td>
<td>L</td>
<td>Facilitate Therapeutic Environment b</td>
<td>Counselor expresses appropriate respect &amp; unconditional positive regard</td>
<td>Demonstrates consistent ability to be respectful, accepting, &amp; caring with clients (85%).</td>
<td>Demonstrates ability to be respectful, accepting, &amp; caring with clients (majority of counseling sessions; 70%).</td>
<td>Demonstrates inconsistent ability to be respectful, accepting, &amp; caring.</td>
<td>Demonstrates limited ability to be respectful, accepting, &amp;/or caring.</td>
<td>Demonstrates conditional or negative respect for client</td>
</tr>
</tbody>
</table>

_______: Total Score (out of a possible 60 points)
### Part 2: Counseling Dispositions & Behaviors

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>Primary Professional Dispositions</th>
<th>Specific Professional Disposition Descriptors</th>
<th>Exceeds Expectations / Demonstrates Competencies (5)</th>
<th>Meets Expectations / Demonstrates Competencies (4)</th>
<th>Near Expectations / Developing towards Competencies (3)</th>
<th>Below Expectations / Unacceptable (2)</th>
<th>Harmful (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>-</td>
<td>Professional Ethics</td>
<td>Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, APA, &amp; NBCC; including practices within competencies.</td>
<td>Demonstrates consistent &amp; advanced (i.e., exploration &amp; deliberation) ethical behavior &amp; judgments.</td>
<td>Demonstrates consistent ethical behavior &amp; judgments.</td>
<td>Demonstrates ethical behavior &amp; judgments, but on a concrete level with a basic ethical decision-making process.</td>
<td>Demonstrates limited ethical behavior &amp; judgment, and a limited ethical decision-making process.</td>
<td>Repeatedly violates the ethical codes &amp;/or makes poor decisions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional Behavior</td>
<td>Behaves in a professional manner towards supervisors, peers, &amp; clients (includes appropriate dress &amp; attitudes). Able to collaborate with others.</td>
<td>Demonstrates consistent &amp; advanced respectfulness and thoughtfulness, &amp; appropriate within all professional interactions.</td>
<td>Demonstrates consistent respectfulness and thoughtfulness, &amp; appropriate within all professional interactions.</td>
<td>Demonstrates inconsistent respectfulness and thoughtfulness, &amp; appropriate within some professional interactions.</td>
<td>Demonstrates limited respectfulness and thoughtfulness &amp; acts inappropriate within some professional interactions.</td>
<td>Dresses inappropriately after discussed &amp;/or repeatedly disrespects of others.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional &amp; Personal Boundaries</td>
<td>Maintains appropriate boundaries with supervisors, peers, &amp; clients.</td>
<td>Demonstrates consistent and strong appropriate boundaries.</td>
<td>Demonstrates consistent appropriate boundaries.</td>
<td>Demonstrates appropriate boundaries inconsistently.</td>
<td>Demonstrates inappropriate boundaries.</td>
<td>Harmful relationship with others.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knowledge &amp; Adherence to Site Policies</td>
<td>Demonstrates an understanding &amp; appreciation for all counseling site policies &amp; procedures.</td>
<td>Demonstrates adherence to most counseling site policies &amp; procedures, including strong attendance and engagement.</td>
<td>Demonstrates adherence to most counseling site policies &amp; procedures, including attendance and engagement.</td>
<td>Demonstrates inconsistent adherence to all counseling site policies &amp; procedures, including attendance and engagement.</td>
<td>Demonstrates limited adherence to all counseling site policies &amp; procedures, including attendance and engagement.</td>
<td>Failure to adhere to policies after discussed with supervisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Record Keeping &amp; Task Completion</td>
<td>Completes all weekly record keeping &amp; tasks correctly &amp; promptly (e.g., case notes, psychosocial reports, treatment plans, etc.).</td>
<td>Completes all required record keeping, documentation, and assigned tasks in a thorough, timely, &amp; comprehensive fashion.</td>
<td>Completes all required record keeping, documentation, and tasks in a competent &amp; timely fashion.</td>
<td>Completes all required record keeping, documentation, and tasks, but in an inconsistent &amp; questionable fashion.</td>
<td>Completes required record keeping, documentation, and tasks inconsistently &amp; in a poor fashion.</td>
<td>Failure to complete paperwork &amp;/or tasks by specified deadline.</td>
</tr>
<tr>
<td></td>
<td>Score</td>
<td>Primary Professional Dispositions</td>
<td>Specific Professional Disposition Descriptors</td>
<td>Exceeds Expectations / Demonstrates Competencies (5)</td>
<td>Meets Expectations / Demonstrates Competencies (4)</td>
<td>Near Expectations / Developing towards Competencies (3)</td>
<td>Below Expectations / Insufficient / Unacceptable (2)</td>
<td>Harmful (1)</td>
</tr>
<tr>
<td></td>
<td>Multicultural Competencies</td>
<td>Emotional Stability &amp; Self-control</td>
<td>Motivated to Learn &amp; Grow / Initiative</td>
<td>Openness to Feedback</td>
<td>Flexibility &amp; Adaptability</td>
<td>Congruence &amp; Genuineness</td>
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</tr>
<tr>
<td>2F</td>
<td>Demonstrates awareness, appreciation, &amp; respect of cultural difference (e.g., race, ethnicity, spirituality, sexual orientation, disability, SES, etc.)</td>
<td>Demonstrates emotional stability (i.e., congruence between mood &amp; affect); self-control (i.e., impulse control) in relationships with supervisor, peers, &amp; clients.</td>
<td>Demonstrates engagement in learning &amp; development of his or her counseling competencies.</td>
<td>Responds non-defensively; alters behavior consistent with supervisor feedback.</td>
<td>Demonstrates ability to flex to changing circumstance, unexpected events, &amp; new situations.</td>
<td>Demonstrates ability to be present and “be true to oneself”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2G</td>
<td>Demonstrates consistent &amp; advanced multicultural competencies (knowledge, self-awareness, appreciation, &amp; skills) in interactions with clients, peers, and supervisors.</td>
<td>Demonstrates consistent emotional resiliency &amp; appropriateness in interpersonal interactions with clients, peers, and supervisors.</td>
<td>Demonstrates consistent and strong engagement in promoting his or her professional and personal growth &amp; development.</td>
<td>Demonstrates consistent openness to supervisory feedback &amp; implements suggested changes.</td>
<td>Demonstrates consistent ability to adapt &amp; “reads-&amp;-flexes” appropriately.</td>
<td>Demonstrates consistent ability to be genuine &amp; accepting of self &amp; others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2H</td>
<td>Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, &amp; skills) in interactions with clients, peers, and supervisors.</td>
<td>Demonstrates emotional stability &amp; appropriateness in interpersonal interactions with clients, peers, and supervisors.</td>
<td>Demonstrates consistent engagement in promoting his or her professional and personal growth &amp; development.</td>
<td>Demonstrates openess to supervisory feedback; however, does not implement suggested changes.</td>
<td>Demonstrates consistent ability to adapt &amp; “reads-&amp;-flexes” appropriately.</td>
<td>Demonstrates consistent ability to be genuine &amp; accepting of self &amp; others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2I</td>
<td>Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, &amp; skills) in interactions with clients, peers, and supervisors.</td>
<td>Demonstrates inconsistent emotional stability &amp; appropriateness in interpersonal interactions with clients, peers, and supervisors.</td>
<td>Demonstrates inconsistent engagement in promoting his or her professional and personal growth &amp; development.</td>
<td>Demonstrates a lack of openness to supervisory feedback &amp; does not implement suggested changes.</td>
<td>Demonstrates an inconsistent ability to adapt &amp; flex to his or her clients’ diverse changing needs.</td>
<td>Demonstrates a limited ability to be genuine &amp; accepting of self &amp; others (incongruent).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2J</td>
<td>Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, &amp; skills) in interactions with clients, peers, and supervisors.</td>
<td>Demonstrates limited emotional stability &amp; appropriateness in interpersonal interactions with clients, peers, and supervisors.</td>
<td>Demonstrates limited engagement in promoting his or her professional and personal growth &amp; development.</td>
<td>Demonstrates a lack of appreciation for the profession; apathetic in promoting his or her professional /personal growth &amp; development.</td>
<td>Demonstrates a limited ability to adapt &amp; flex to his or her clients’ diverse changing needs.</td>
<td>Incongruent and not genuine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2K | Not accepting worldviews of others | Inappropriate interactions with others continuously, high levels of emotional reactants with clients, peers, and supervisors. | Expresses lack of appreciation for the profession; apathetic in promoting his or her professional /personal growth & development. | Defensive &/or disrespectful when given supervisory feedback. | Not flexible, demonstrates rigidity in work with clients. | }
### Part 3: Case Conceptualization, Diagnosis and Treatment Planning

<table>
<thead>
<tr>
<th>#</th>
<th>Score</th>
<th>Primary Professional Disposition Descriptors</th>
<th>Exceeds Expectations / Demonstrates Competencies (5)</th>
<th>Meets Expectations / Demonstrates Competencies (4)</th>
<th>Near Expectations / Developing towards Competencies (3)</th>
<th>Below Expectations / Unacceptable</th>
<th>Harmful (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Apply Theory to Practice -- Knowledge of counseling theory and application in practice</td>
<td>Demonstrates a strong understanding of the counseling theory(ies) that guides his/her therapeutic work with clients.</td>
<td>Demonstrates an understanding of the counseling theory(ies) that guides his/her therapeutic work with clients.</td>
<td>Demonstrates inconsistent understanding of the role of counseling theory in his/her therapeutic work</td>
<td>Demonstrates limited understanding of counseling theory &amp; its role in his/her therapeutic work with clients.</td>
<td>Demonstrates no understanding of counseling theory &amp; its role in his/her therapeutic work with clients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Conceptualization Present &amp; summarize client history, including the multiple influences on a client’s level of functioning</td>
<td>Demonstrates a strong &amp; comprehensive case conceptualization; appreciating the multiple influences on a client’s level of functioning</td>
<td>Demonstrates an comprehensive case conceptualization; appreciating the multiple influences on a client’s level of functioning</td>
<td>Demonstrates basic case conceptualization; appreciating only the influences a client presents in session on his/her level of functioning</td>
<td>Demonstrates a limited case conceptualization &amp; does not appreciate the influence of systemic factors on the client’s level of functioning</td>
<td>Does not demonstrate case conceptualization &amp; ignores the influence of systemic factors on the client’s level of functioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychosocial &amp; Treatment Planning Construct a comprehensive appropriate psychosocial report &amp; treatment plan</td>
<td>Demonstrates the ability to construct a comprehensive &amp; appropriate psychosocial report &amp; treatment plan (e.g., goals are relevant, attainable, &amp; measureable)</td>
<td>Demonstrates the ability to construct a comprehensive &amp; appropriate psychosocial report &amp; treatment plan</td>
<td>Demonstrates an inconsistent ability to construct a comprehensive &amp; appropriate psychosocial report &amp; treatment plan</td>
<td>Demonstrates a limited ability to construct a comprehensive &amp; appropriate psychosocial report &amp; treatment plan</td>
<td>Does not demonstrate the ability to construct a comprehensive &amp; appropriate psychosocial report &amp; treatment plan</td>
</tr>
</tbody>
</table>

_______: Total Score (out of a possible 15 points)

_______: Total CCS Score (out of a possible 120 points)

<table>
<thead>
<tr>
<th>Total CCS</th>
<th>105-95</th>
<th>94-85</th>
<th>84-75</th>
<th>74-65</th>
<th>64 &amp; below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>Exceeds Expectations</td>
<td>Meets Expectations</td>
<td>Developing Competency</td>
<td>Below Expectations</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>
Verification of Hours

<table>
<thead>
<tr>
<th>Type of Activity (Hours)</th>
<th>First Quarter Evaluation</th>
<th>Midterm Evaluation</th>
<th>Third Quarter Evaluation</th>
<th>Final Evaluation</th>
<th>Previous Semester Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Face to Face</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Individual Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Group Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Related Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals For Each Column</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Total: All Hours
Narrative Feedback from Site Supervisor

Please note the counselor’s or trainee’s areas of strength, which you have observed:

________________________________________________________________________

Please note the counselor’s or trainee’s areas that warrant improvement, which you have observed:

________________________________________________________________________

Please comment on the counselor’s or trainee’s general performance during his or her clinical experience to this point:

________________________________________________________________________

________________________________________________________________________

Counselor’s or Trainee’s Name (print)                                      Date

Site Supervisor’s Name (print)                                             Date

Date CCS was reviewed with Counselor or Trainee –  ________________________

________________________________________________________________________

Counselor’s or Trainee’s Signature                                         Date

Site Supervisor’s Signature                                                 Date
To Be Filled Out By The Student and Approved By The Supervisor:

In the following section the student is asked to calculate the amount of time spent in each of four types of activities:

1. **Direct Client Contact** (co-therapist, solo therapist, through intake interviews, assessments, etc.)
2. **Individual Supervision** (includes one hour per week of individual and/or triadic supervision)
3. **Group Supervision** (meeting with approved supervisor and two or more supervisees at the same time)
4. **Related Activities** (learning site’s policies and procedures, researching treatment strategies, reviewing case notes, etc.)

<table>
<thead>
<tr>
<th>Quarter Hours</th>
<th>Total Hours to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct Client Contact</td>
<td></td>
</tr>
<tr>
<td>2. Individual Supervision</td>
<td></td>
</tr>
<tr>
<td>3. Group Supervision</td>
<td></td>
</tr>
<tr>
<td>4. Related Activities</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL HOURS</strong></td>
<td></td>
</tr>
</tbody>
</table>

SUPERVISOR/INSTRUCTOR’S COMMENTS:
Student’s strengths:

Student’s growth areas:

Other comments: (Please comment on general overall performance)

Supervisor/Instructor signature _________________________ Date ____________________

Student’s Signature _________________________________ Date ____________________
Appendix E: Informed Consent for Video Recording of Counseling Session

For Agency Use

Note: This is a sample informed consent. All content here must be used in your informed consent, in addition please add the relevant information regarding your specific site. See Baird Pg. 39 for a list of 17 items that should be included in the informed consent.

CLIENT CONFIDENTIALITY AGREEMENT

It is my understanding that my counselor, a graduate student in counseling at Liberty University, in the Ph.D. in Counselor Education and Supervision program is providing my counseling sessions as a part of his or her Practicum or Internship course requirements.

I give my permission for my Counselor (who is a student intern) to video record all or part of the counseling session. I understand that the purpose of the recording is to improve the quality of counseling that I receive. This video will be used only for the purposes of professional training, consultation and/or improving service in individual supervision (between the counselor and his/her supervisor) and/or group supervision (between the counselor, the supervisor, and other student counselor trainees). Put another way, these digital video recordings are used for the training and the development of the counseling skills of the counseling student. Recordings are erased after the supervision takes place, unless the recordings are needed for ongoing training. The recording will be erased by ___(fill in date for erasing session).

I understand that my counselor is a student at Liberty University and is operating under the supervision of a faculty supervisor (Dr. ___; fill in faculty member’s name). I understand that the content of my counseling sessions and/or video may be discussed with my counselor’s supervisor and other counseling graduate students only for the purposes of supervision and ongoing training in counseling skills.

The identifying data will be modified to protect confidentiality during case discussions and the name, DOB or other identifying information will not be used in discussion of the case. Although, the content of these sessions is kept confidential there are several exceptions to confidentiality such as: if I report potential harm to self, harm to others, abuse of a minor, abuse of an elder, and/or abuse of an impaired person, and/or if there is a court order.

Client or Guardian Signature ______________________________

Date __________________________

Counselor’s signature ______________________________

Date __________________________
Appendix F: **Case Presentation Instructions**

To protect the confidentiality of your client please refer to them by a pseudo-name in your case presentation. The case presentation is an opportunity to integrate all learning from the counseling curriculum and will include the following sections/sub-headings:

**Demographic Information**- this includes family, age, ethnicity, gender, work history, health history.

**Presenting Problem**- this section includes the problem the client brought to the first session or the problem reported in the intake (sometimes the problem changes or is modified as therapy progresses, however what is reported here is the original presenting problem).

**History of the Presenting Problem**- this section includes other pertinent information about the client and the problems presented. This will include previous counseling and/or solutions attempted to resolve the issues.

**Diagnosis**- this section should include a diagnosis consistent with the DSM-5 criteria and should include primary, secondary and tertiary diagnoses (and all other components as appropriate, see the DSM-5 for more information).

**Treatment Planning** This section should be integrated with the research/evidence based treatments section. This should include short term, mid-range, and long-term goals and interventions and should be in the format of a chart (see sample form). This is a comprehensive form that includes the presenting problems, diagnosis, goals, and interventions in one form.

**Ethics Section**- What ethical considerations were addressed or considered in this client’s case?

**Multi-cultural Section**- this section should include multi-cultural considerations. Discuss cautions or perspectives that this culture might have. Provide information that indicates that you recognize the cultural diversity.

**Research/Evidence based treatments Section**- this section should naturally support the treatment plan with citations from the literature regarding effective treatments and interventions. This section should include 5-10 citations from the peer-reviewed literature regarding evidence based treatments.

**Assessment Section**: This should include baseline data from scaling during session one on the presenting problem and a chart including the level on the scale in subsequent sessions, clients attributions of improvements and/or and the various treatment interventions used and content from assessments (such as a genogram, Beck Depression Inventory, etc.) if they are used.
<table>
<thead>
<tr>
<th>Category/Points</th>
<th>Description</th>
<th>Feedback</th>
<th>Points</th>
</tr>
</thead>
</table>
| Confidentiality 4 points | - Protected clients confidentiality  
- Referred to the client by a pseudo-name | | |
| Demographic Information 6 points | - Family  
- Age  
- Ethnicity  
- Gender  
- Work history  
- Health history | | |
| Presenting Problem 10 points | - Included original problem reported in the intake | | |
| History of Presenting the Problem 10 points | - Discussed prior counseling  
- Solutions attempted to resolve this issue. | | |
| Diagnosis 15 points | - Diagnosis Consistent with DSM-5 criteria  
- Primary, Secondary, Tertiary Diagnosis provided | | |
| Treatment Planning 20 points | - Short term goals Mid-range goals  
- Long-term goals  
- Adequate Interventions corresponding to each of the listed goals. | | |
| Ethics 5 points | - Discusses ethical considerations. | | |
| Multicultural 5 points | - Provides information indicating recognition of cultural diversity.  
- Discusses cautions and perspectives regarding client’s culture. | | |
| Research/Evidence based Treatments 15 points | - 5-10 citations from peer-reviewed literature that support the interventions. | | |
| Assessment 10 points | - Student used baseline data from scaling.  
- Student reported client's attributions of improvements. | | |
Appendix G: **Video Recording Instructions**

For the purposes of faculty supervision and site supervision interns must record two or three (depending on the course – three for Practicum and two for Internship) counseling sessions to submit to site supervisors and faculty supervisors for review. The session due dates correspond with the student presentation date. The session is due the week of the students’ case presentation (see the case presentation schedule/course chart for exact dates). Students will submit a verbatim form from a five to eight minute segment of the recorded session. Faculty will provide feedback on this portion of the session.

Check and make sure the sound quality is acceptable prior to presenting the sessions to your class.

1. Describe the assignment and obtain signed informed consent from the client.
2. Student counselor will be required to explain the informed consent (including confidentiality and the limits to confidentiality) and the release of information/video-taping consent. Please note, the client will take cues from the counselor regarding their attitude towards being recorded. Please indicate the purpose of recording is for counselor training and to ensure that clients obtain the best support possible. For example, interns may introduce this with a statement similar to the following, “As you know, I am an intern and doctoral student at Liberty University completing my training to earn a PhD in Counselor Education and Supervision, as a part of this training my professors would need to review my counseling skills in session via video recording to give me feedback and assist me in providing the best care and support possible, therefore I need for you to acknowledge that you have been informed about how these recordings will be used and provide your permission and consent…”
3. The verbatim form should be submitted, through Blackboard, by the date indicated on the presentation schedule and a hard copy should also be submitted to your instructor. Please remember to de-identify client information in all written documentation.
4. Ideally, faces of both client and counselor should be easily seen.
Appendix H: Sample Verbatim Form

Student Counselor’s Name: ___________ Student Client’s Name:______________

Start Time of Clip:___________
End Time of Clip:___________

Directions:
Select a five to eight minute clip of the video. Type a verbatim transcript of that session (recall verbatim means word for word and includes “umm,” “err” and other filler words. Provide a revised response in the column titled “Rework Counselor’s Statements” for all counselor statements, with the exception of paralanguage. Also, include comments regarding counselor self-awareness and conceptualization throughout for the “Conceptualization and Comments” section.

<table>
<thead>
<tr>
<th>Client’s Statements</th>
<th>Counselor’s Statements</th>
<th>Rework Counselor’s Statements</th>
<th>Conceptualization Thoughts and Comments</th>
<th>Grader’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I think is that this is very hard to do. I think that being a good person is almost impossible</td>
<td>Why do you think it is impossible?</td>
<td>You use the term good person. I am wondering if you could tell me how a good person acts?</td>
<td>I am wondering who has defined him, a good person and why he doesn’t think he is one.</td>
<td></td>
</tr>
<tr>
<td>Because I always screw up.</td>
<td>Always, you don’t do anything right ever?</td>
<td>You seem pretty disappointed in yourself, can you explain more about that?</td>
<td>I am really wondering why is he upset and feeling hopeless about. His face seems so sad too.</td>
<td></td>
</tr>
<tr>
<td>It doesn’t feel like it. I do the same thing, over and over. I just can’t get my life right.</td>
<td>You sound pretty frustrated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am. I do the same things all the time.</td>
<td>What’s an example of something you’re doing ‘over and over’ that is frustrating you?</td>
<td></td>
<td>Here I wanted to tie the sense of frustration to a concrete example. I need to have a better idea about what behaviors/situation are generating this effect.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I: **Treatment Plan Worksheet**
(Add spacing as needed)

**Counselor**
**Name:** Client
**Name:** Case #:

**Problem 1:**

- **Goal 1.**
  - Objective 1.
  - Intervention 1.
  - Intervention 2.
  - Objective 2.
  - Intervention 1.
  - Intervention 2.

- **Goal 2.**
  - Objective 1.
  - Intervention 1.
  - Intervention 2.
  - Objective 2.
  - Intervention 1.
  - Intervention 2.

**Problem 2:**

- **Goal 1.**
  - Objective 1.
  - Intervention 1.
  - Intervention 2.
  - Objective 2.
  - Intervention 1.
  - Intervention 2.

- **Goal 2.**
  - Objective 1.
  - Intervention 1.
  - Intervention 2.
  - Objective 2.
  - Intervention 1.
  - Intervention 2.
Appendix J: **Hour Log Sheet**

**Practicum/Internship Log Sheets**

- Supervisor signature is not required on logs but the signature may be added for student’s record keeping purposes.

- Please log your hours exactly as the examples show (log your time in hours) - No rounding of hours is permitted.

- You must log the exact amount of time that you spend on a particular activity

If you have any questions, please refer first to the Practicum and/or Internship syllabi and manual. Any questions can be sent to phdpracticum@liberty.edu or phdinternship@liberty.edu.
Face-to-Face Client Contact Hours

Direct Client Contact (minimum 40 or 240 hours required)

Direct Client Contact category may
a. As a co-therapist in individual, marital, family, or group therapy
b. Conducting intake interviews

Information to include in all entries:
a. Date and amount of time properly entered
b. Type of session is listed in each entry from only one of the following: Co-therapy: Individual therapy, Marital therapy, Family therapy, Group therapy, or Intake interview,
c. Client number or initials is listed with no identifying information
d. Diagnosis or specific issue is listed

The following is a list of activities that cannot be counted towards your Direct Client Contact hours:

• Any driving time
• Playing pool, video games
• Behavior monitoring/Observation
• Going to a movie or watching a movie

These activities may be seen as "establishing rapport" with your client and you may be paid by your site to do these activities, but Liberty does not accept these activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Description/Client</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/13/2014</td>
<td>Co-therapy: Intake Interview with Client #1 - Borderline Personality Disorder</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1/13/2014 Co-therapy: Individual therapy with Client #2 - Stress Management</td>
<td>2</td>
</tr>
<tr>
<td>1/14/2014</td>
<td>Co-therapy: Group Therapy #1 - Grief &amp; Loss (8 members)</td>
<td>1</td>
</tr>
</tbody>
</table>

First Quarter:

Midterm:

Third Quarter:

Final Term:

Supervisor Signature: _____________________________
Individual Supervision Hours

Individual Supervision (minimum 10 or 25 required)

<table>
<thead>
<tr>
<th>Date</th>
<th>Individual Supervision</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/15/2014</td>
<td>Individual supervision re: site procedures, rules, &amp; regulations with Dr.</td>
<td>1</td>
</tr>
<tr>
<td>1/22/2014</td>
<td>Individual supervision focusing on Clients #1 &amp; #2 with Dr.</td>
<td>1</td>
</tr>
<tr>
<td>1/29/2014</td>
<td>Individual supervision discussing first quarter evaluation with Dr.</td>
<td>1</td>
</tr>
</tbody>
</table>

First Quarter:

Midterm:

Third Quarter:

Final Term:

Supervisor Signature: _____________________________
Group Supervision

In addition to faculty group supervision, students are encouraged to find a site that will provide group supervision to enhance the learning experience.

Group Supervision includes weekly group supervision with an approved supervisor meeting with two or more supervisees at the same time. This time will count as full time (e.g., 2 hour session = 2 hours towards group supervision)

Information required in all entries:

a. Date and amount of time properly entered
b. Description of activity is appropriate for this category (Case discussion, Counseling theories, Counseling techniques, Ethical issues, Training for the therapy, Student evaluation.)
c. Indication of the presence of an “Approved supervisor” or supervisor’s name is listed

<table>
<thead>
<tr>
<th>Date</th>
<th>Group Supervision</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2010</td>
<td>Group supervision discussing Client #4 with staff and Dr.___________________(approved supervisor)</td>
<td>1</td>
</tr>
<tr>
<td>1/2/2010</td>
<td>Case discussions with clinical staff and Dr.___________________(approved supervisor)</td>
<td>2</td>
</tr>
<tr>
<td>1/3/2010</td>
<td>Group supervision discussing diagnosis of Client #20 with Dr.___________________(approved supervisor)</td>
<td>1</td>
</tr>
</tbody>
</table>

First Quarter:

Midterm:

Third Quarter:

Final Term:

Supervisor Signature: _____________________________
## Related Activities

**Related Activities category may include time spent**

- observing counseling sessions conducted by experienced therapists at your site,
- informal therapeutic interactions with clients,
- staff meetings,
- counseling related administrative work,
- writing progress notes,
- filing counseling-related files & documents,
- telephone calls to clients,
- billing insurance companies

The following is a list of activities that cannot be counted towards Related Activity hours

- Filling out logs
- Reading course textbooks (unless assigned by supervisor)
- Any activity not directly related to supervision or in support of the site

A. Date and amount of time properly entered
B. Description of activity is appropriate for this category

Remember that most supervisors give their time with no monetary reimbursement. One way you can repay them is to lighten their workload through the cases you take on and by doing clinically related tasks that they might otherwise not be able to do.

### First Quarter:

<table>
<thead>
<tr>
<th>Date</th>
<th>Related Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/13/2014</td>
<td>Observing group therapy session</td>
<td>0.5</td>
</tr>
<tr>
<td>1/14/2014</td>
<td>Updating client progress notes</td>
<td>1</td>
</tr>
<tr>
<td>1/15/2014</td>
<td>Telephone calls to clients</td>
<td>1</td>
</tr>
</tbody>
</table>

### Midterm:


### Third Quarter:


### Final Term:


**Supervisor Signature: _____________________________**
## Summary Log Sheet

<table>
<thead>
<tr>
<th></th>
<th>1st Quarter Hours</th>
<th>Mid-term Hours</th>
<th>3rd Quarter Hours</th>
<th>Final Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Client Contact Hours:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Individual Supervision Hours:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Group Supervision Hours:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Related Activities Hours:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Hours:</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

Supervisor Signature: _____________________________
Appendix K: **LiveText Verification of Hours Procedure**

In the past, supervisors verified the number of hours that you earned in a quarter by signing the page of the evaluation that contained the cumulative chart of your total hours per quarter. The purpose of the LiveText Verification of Hours is to allow your supervisor to approve your hours online rather than on a paper evaluation. Below is the format you will use to report your hours.

Five Categories of Hours:
- Direct Hours (Face to face with a client)
- Faculty Supervision (Group supervision in the classroom setting)
- Individual Supervision (Approved site supervisor – can be triadic)
- Site Group Supervision (Group supervision at your clinical setting)
- Indirect Hours (Related activities associated with your clinical duties)

Activity and Time: Select one of the following: Only use the below descriptors:
- Carryover (Total Hours from prior semesters of internship in each category)
- First Q (Total hours accumulated in a category during the first quarter)
- Midterm (Total hours accumulated in a category during the second quarter)
- Third Q (Total hours accumulated in a category during the third quarter)
- Final (Total hours accumulated in a category during the fourth quarter)
Appendix L: Ph.D. Internship Interview Acknowledgement Form

Student's Name:

Date of Student's Interview:

Student's Past Counseling Experience:

Student's Counseling Goals:

Dr. Pride's Recommendations for Student's Internship Experience

Student's Signature & Date: ________________________________

Director of Clinical Training Signature & Date: ________________________________
Appendix M: Internship Checklist

- Begin looking for potential internship sites several months before you plan to begin the application process. Consider the program’s requirement for experiences in internship areas.
- If applicable, provide proof of prior experiences in counseling, supervision, instruction, consulting, and research to your advisor.
- Discuss and develop an initial Internship Plan with your advisor.
- Complete initial Internship Plan Form with your advisor. This is an ongoing process as new opportunities for activities are developed. Plans can be modified as individual internship activities are approved by CES Faculty and/or advisor.
- Successfully complete all prerequisite courses.
- Secure liability insurance.
- Contact the prospective internship site and arrange for an on-site interview. During this the student and the site/supervisor should clearly delineate expectations for the internship. Evaluate if this internship site is capable of meeting your training and educational needs.
- Make sure the On-Site Supervisor meets program requirements to supervise.
- Meet with you advisor to determine if this is an appropriate site and/or project. For research and leadership optional internships, your advisor must be provided with information to present to the CES program or clinical director for approval. Teaching and supervision internships can be initially approved by your advisor. They can guide you in their selection.
- If the CES Clinical Director approves and the site accepts you for internship placement, the relevant Internship Agreement should be negotiated specifying the expectations and responsibilities of all parties involved. Please ensure that you are completely satisfied with the contract. This is binding document. You will not be allowed to break this contract unless the site is not providing the services delineated within the contract.
- Review the Internship Agreement, expectations, and responsibilities with the Clinical Director. Upon approval of the Clinical Director, submit the completed and signed Internship Agreement via e-mail to PhDInternship@liberty.edu no later than the deadline posted on the Internship website. Upon final approval of all documents, you will be registered in COUC 999.
- For Clinical Internships, additional approval paperwork for the site and supervisor must also be submitted prior to enrollment. The clinical approval paperwork is submitted via e-mail to PhDInternship@liberty.edu no later than the deadline posted on the Internship webpage.
- Maintain and submit logs as outlined in the course syllabus. Maintain a copy in your file. Any student in more than one internship placement is required to keep separate logs for each site.
- Attend weekly internship meetings scheduled by the University Internship Supervisor.
- If for some reason you are not able to complete the internship, contact the Clinical Director and your faculty supervisor immediately.
- Prior to the end of internship, the original copies of the Internship Logs, the Summary Log, the Student Evaluation of the Internship Experience, and the Site Evaluation of the Student’s Performance must be given to the Faculty Supervisor. The student should keep a copy for his/her records and the On-Site Supervisor should retain a copy for his/her records.
Appendix N: **Internship Plan (Clinical Required)**

**TO BE COMPLETED BY STUDENT INTERN AND ADVISOR (IN CONSULTATION WITH DCEFS FACULTY)**

Name______________________________________________________ Advisor__________________________________________

Date

This plan describes the activities and timeline of your Internship experiences. The student is required to have planned activities in the area of supervision, counseling & education. Depending on their career goals, students should consider research, advocacy and consultation activities for his/her Internship plan.

**Supervision Experience:**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>
| In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

**Teaching Experience:**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>
| In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

**Counseling Experience:**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>
| In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

**Optional: Research Experience (describe):**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>
| In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

**Optional: Leadership Experience (describe):**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>
| In the space provided below, please indicate dates advisor approval was granted for each Internship experience.
Optional: Advocacy Experience (describe):

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

Optional: Consultation Experience (describe):

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

(Signature of Student)  (Date)

(Signature of Advisor)  (Date)
Appendix O: Internship Plan (Clinical Optional)

TO BE COMPLETED BY STUDENT INTERN AND ADVISOR (IN CONSULTATION WITH DCEFS FACULTY)

Name ___________________________ Advisor ___________________________

Date

This plan describes the activities and timeline of your Internship experiences. The student is required to have planned activities in the area of supervision and teaching. Depending on their career goals, students must select at least one of the following: counseling, research, advocacy and consultation activities for the Internship plan.

Supervision Experience:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

Teaching Experience:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

Select one Experience Below:

Counseling Experience:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

Optional: Research Experience (describe):

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

Optional: Leadership Experience (describe):

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Location(s)</th>
</tr>
</thead>
</table>

In the space provided below, please indicate dates advisor approval was granted for each Internship experience.
Optional: Advocacy Experience (describe): | Time Frame | Location(s) |
--- | --- | --- |
In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

Optional: Consultation Experience (describe): | Time Frame | Location(s) |
--- | --- | --- |
In the space provided below, please indicate dates advisor approval was granted for each Internship experience.

(Signature of Student) (Date)

(Signature of Advisor) (Date)
Appendix P: Internship Agreement

Note - All information must be legible.

This agreement is made on ________________ by and between ________________________________
(date) (site)

and Liberty University. The agreement for ________________________________
(name of LU student intern)

will be effective for a period from ________________ to ________________ for ________________
(date) (date) (number)

semester hours and approximate ________________ clock hours (semester total). The student will be engaged in
(number)

__________________________________________________________________________

(list general activities; e.g., counseling, instruction, supervision, research, leadership, advocacy)

Purpose

The purpose of this agreement is to provide a qualified graduate student with a doctoral level internship experience in the field of counselor education.

The LU Counselor Education and Supervision Program agrees:

1. To assign a University Internship Supervisor to facilitate communication between the University and internship site.
2. That the University Internship Supervisor shall be available for consultation with both the On-Site Supervisor and the student and shall be immediately contacted by the student and the On-Site Supervisor should any problem or change in relation to the student, site, or University occur.
3. The University Internship Supervisor will provide regular group supervision approximately two times per month (CACREP Doctoral Standards III.C) for the purpose of group interaction and supervision throughout the internship.
4. That the University Internship Supervisor, in consultation with the On-Site Supervisor, will be responsible for assigning a final grade.
5. To notify the internship student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the internship site.
The Site agrees:

1. The director or administrator of the school/agency/university will assign an On-Site Supervisor who is a qualified licensed counselor or psychologist at the doctoral level, if applicable, and who has time and interest in the supervision and training of the internship student.
2. To provide opportunities for the student to engage in a variety of counselor education activities under supervision.
3. To be involved in the evaluation of the student’s performance.
4. To provide the student with adequate workspace, telephone, office supplies, and staff to conduct professional activities as appropriate and necessary.
5. To provide supervisory contact, which involves examination of student work using live observation, and/or audio/visual tape observation, when necessary and appropriate.
6. To provide written evaluation of the student based on criteria established by the LU Counselor Education and Supervision program.

The Student agrees:

1. To act in a professional manner that is consistent with the ACA Code of Ethics and to provide services in accordance with these standards. Any breach of these ethics or any unethical or illegal behavior on the student’s part may result in removal from the internship, review and retention, and or a failing grade. Documentation of such behavior will become part of the student’s permanent record.
2. To be responsible for being available to the On-Site Supervisor and the University Internship Supervisor for conferences (e.g. consultation, staffing, etc.) and to keep the University Internship Supervisor informed regarding the internship experiences.
3. To comply with the rules, policies, and regulations of the internship site (e.g. staff development, working hours, schedules, etc.)
4. To complete all internship course requirements as required and demonstrate the specified minimal level of skill, knowledge, and competence in the various internship activities evaluated during the student’s internship experience.

Please check those activities that will be offered to the counselor educator intern:

- 1. Individual Counseling/Psychotherapy
- 2. Group Counseling: Lead, Co-lead
- 3. Career Counseling
- 4. Marriage and Family Counseling
- 5. School Guidance Activities
- 6. Teaching/Instruction/Course Planning
- 7. Clinical Supervision of Counselors
- 8. Research
- 9. Advocacy Work/Projects
- 10. Leadership Work/Projects
- 11. Case Conferences and Staff Meetings
- 12. Report Writing
- 13. Consultation/Coordination
- 14. Program Administration and Evaluation
- 15. Psycho-education/Training
- 16. Other (please list below):
Appendix Q: Internship Agreement Signature Page
TO BE COMPLETED BY STUDENT INTERNS

Name

Student Bear Number

E-mail Address

Telephone

Home Address

City

State

Zip

Internship Site Telephone (including area code)

I have completed all prerequisite coursework and am qualified to begin my internship experience.

Student Signature Date

TO BE COMPLETED BY INTERNSHIP SITE

Within the specified time frame, ________________________________ will be the primary On-Site

(On-Site Supervisor)

Supervisor. The Internship Training Activities (see previous page) will be provided for the student in sufficient

amounts to allow an adequate evaluation of the student level of competence in each activity.

________________________________________ will be the faculty member with whom the student and the

(University Internship Supervisor)

On-Site Supervisor will communicate regarding progress, problems, and performance evaluations.

On-Site Supervisor (name/degree/license) Signature Date

Address

City State Zip

TO BE COMPLETED BY UNIVERSITY INTERNSHIP SUPERVISOR

Signature: University Internship Supervisor Date

☐ ☐ Insurance has been documented with ________________________________

Date intern may begin ________________________________
Appendix R: INTERNSHIP AGREEMENT FOR ON-SITE INTERNSHIP

This form serves as an internship agreement for doctoral students enrolled in the Counselor Education and Supervision who wish to complete an internship experience in collaboration with faculty at Liberty University.

Note: All information must be legible.

This agreement is made on __________________ by and between ____________________________
(date) (name of LU student intern)

and ____________________________. The agreement for ____________________________
(name of LU supervising faculty) (name of LU student intern)

will be effective for a period from _______________ to _______________ for ____________________________
(date) (date) (number)

semester hours and _______________ clock hours (semester total).
(number)

Please check those activities that will be offered to the counselor educator intern:

1. Individual Counseling/Psychotherapy
2. Group Counseling: Lead, Co-lead
3. Career Counseling
4. Marriage and Family Counseling
5. School Guidance Activities
6. Teaching/Instruction/Course Planning
7. Clinical Supervision of Counselors
8. Research
9. Advocacy Work/Projects
10. Leadership Work/Projects
11. Case Conferences and Staff Meetings
12. Report Writing
13. Consultation/Coordination
14. Program Administration and Evaluation
15. Psycho-education/Training
16. Other (please list below):

(Continued Next Page)
Please identify the following information:

1. Tasks agreed upon for successful completion of internship:

2. Responsibilities of Intern:

3. Responsibilities of Faculty:

__________________________________________  
Signature of Student  Date

__________________________________________  
Signature of Supervising Faculty  Date

__________________________________________  
Signature of University Internship Supervisor  Date
Appendix S: **Teaching Internship Guidelines**

**TO BE COMPLETED BY STUDENT INTERN AND FACULTY**

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>Semester of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervising Faculty</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s University Internship Supervisor</th>
<th>First Experience: Yes [ ] No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rationale**

This experience provides the student the opportunity to further develop an understanding of the tasks and process of instruction and evaluation in a counselor education setting.

**General Guidelines**

- The student will participate in the planning and updating of the selected course and syllabi.
- The student will be exposed to the purpose, process and procedures of evaluation for that particular course and will not be responsible for the assignment of grades.
- The student will provide class instruction under direct faculty supervision for a minimum of three class periods.
- The student and faculty will complete the appropriate Internship Agreement and submit it to the student’s University Internship Supervisor prior to beginning the internship experience.

**Faculty Guidelines**

- Faculty will facilitate a discussion regarding the selection and order of curriculum topics, text utilized and alternative teaching methods/strategies.
- Meet with students to discuss the nature of the course including content delivery and CIT evaluation.
- Determine if the prospective intern is appropriate for the particular course.
- Develop an Internship Plan that includes the duties of the student and expectations of success.
- Observe the student during classroom instruction and provide written feedback to the student regarding his or her performance.
- Provide opportunities for the student to teach during the course of the class (minimum of two teaching episodes/units for the first experience and three teaching episodes/units for subsequent experiences).
- Sign internship logs.
- The supervising faculty’s evaluation of the intern’s teaching will be turned in to the University Internship Supervisor at least one week prior to finals week.
Student Guidelines

✧✧ Meet with their advisor to discuss appropriate courses in which to co-teach for internship.
✧✧ Make contact with the potential instructor one semester (if possible) prior to the anticipated teaching internship. Failure to contact the prospective instructor in a timely fashion may result in your request being denied.
✧✧ Discuss the duties, expectations and requirements of the internship from both the student and faculty perspectives.
✧✧ Behave in a professional and appropriate manner toward students, being cognizant of dual relationships.
✧✧ Attend all class sessions.
✧✧ Complete all requirements in a timely manner.

________________________________________  ____________________________
Signature of Student                      Date

________________________________________  ____________________________
Signature of Supervising Faculty          Date
Appendix T: Supervision Internship Guidelines
TO BE COMPLETED BY STUDENT INTERN AND FACULTY

Intern Name _________________________________ Semester of Experience __________________

Supervising Faculty ___________________________ Course ____________________________

Student’s University Internship Supervisor _________________ First Experience: Yes  No 

Rationale
This experience provides the student the opportunity to further develop an understanding of the tasks and process of instruction, evaluation, and supervision in a counselor education setting.

General Guidelines
 The student will obtain training in the planning and updating of the selected course and syllabi.
 Faculty will facilitate a discussion regarding the selection and order of curriculum topics, texts utilized and alternative teaching methods/strategies.
 The student will be exposed to the purpose, process and procedures of evaluation for that particular course and will not be responsible for the assignment of grades.
 The student will provide class instruction and supervision under direct faculty supervision throughout the practicum experience.
 The student and faculty will complete the appropriate Internship Agreement and submit it to the student’s University Internship Supervisor prior to beginning the internship experience.

Faculty Guidelines
 Meet with intern to discuss the nature of the course and how it is delivered and evaluated.
 Determine if the student is appropriate for the particular course.
 Develop an Internship Plan that includes the duties of the student and expectations of success.
 Observe the student during classroom instruction and supervision (group and individual students) and provide written feedback to the student regarding his or her performance.
 Sign internship logs.
 The supervising faculty’s evaluation of the intern’s teaching will be turned in to the University Internship Supervisor at least one week prior to finals week.
Student Guidelines

- Meet with his/her advisor to discuss appropriate practica to supervise for internship.
- Make contact with the potential instructor/supervisor one semester (if possible) prior to the anticipated supervision internship. Failure to contact prospective instructors/supervisors in a timely fashion may result in your request being denied.
- Discuss the duties, expectations and requirements of the internship from both the student and faculty perspectives.
- Behave in a professional and appropriate manner toward students, being cognizant of dual relationships.
- Attend all class sessions.
- Complete all requirements in a timely manner.

Signature of Student

Date

Signature of Supervising Faculty

Date
Appendix U: **Research, Advocacy, Leadership, Consultation Internship Guidelines**

**TO BE COMPLETED BY STUDENT INTERN AND FACULTY**

This form is to be used to guide the intern’s experiences in area of research, advocacy, leadership for internship credit. It must be completed by the intern and the faculty member or professional of record and submitted as part of the internship plan.

<table>
<thead>
<tr>
<th>Intern</th>
<th>Dates of Project (initiation and completion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester</td>
<td>Number of credits registered for this activity</td>
</tr>
</tbody>
</table>

List the activities to be completed including timelines, dates, and outcomes of IRB, manuscript, or project submissions.

APCE faculty member supervising/directing project or research

**Title of Project**

Tasks agreed upon for successful completion of internship:

Responsibilities of Intern:

Responsibilities of Faculty:
Appendix V: **Faculty Evaluation of Counseling**

**TO BE COMPLETED BY THE ON-SITE SUPERVISOR OR FACULTY MEMBER**

Name of Student_________________________________________________________ Date ________

Name of On-Site Supervisor______________________________________________ Date ________

On-Site Supervisor Phone_______________________________________________

Please describe your style of supervision with this student:

- **ką** Observed the student directly
- **ką** Listened to or watched tapes of student counseling Approximate
  number of audio tapes ___________; videotapes ____
- **ką** Read session notes
- **ką** Discussed cases with student
- **ą** Apprentice
- **ą** Other, please describe:

What number of overall internship hours did the student spend in:

- _____ Direct client activities (counseling)
- _____ Indirect client activities (i.e., case conferences, staff meetings, administrative duties, etc.)

The student performed the following activities:

- _____ Individual Counseling
- _____ Group Counseling
- _____ Couples Counseling
- _____ Family Counseling
- _____ Intake Interviewing
- _____ Program Administration
- _____ Teaching
- _____ Career Counseling
- _____ Assessment
- _____ Consulting/Coordination
- _____ Case/Staff Conference
- _____ Report Writing
- _____ Psycho-education/Training
- _____ Other, please describe:
In order to facilitate the development of the student’s skills, please rate the student’s performance according to the following scale:

<table>
<thead>
<tr>
<th>Never True</th>
<th>Rarely True</th>
<th>Occasionally True</th>
<th>Mostly True</th>
<th>Always True</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Note: Throughout the survey, “supervisees” also refers to students in the classroom during an internship teaching experience.

1. **RELATIONSHIP BUILDING**
   - The intern established good rapport with clients/supervisees and/or staff.  
   - The intern established relationships conducive to effective counseling, supervision or learning.  
   - The intern was able to observe/understand his/her personal influence on the counseling, supervision, or teaching relationship.

2. **LEADERSHIP SKILLS**
   - The intern was in control of the direction of counseling, supervision, or teaching.

3. **INTERN RESPONSIVENESS**
   - The intern was accepting, respectful, and encouraging of clients’/supervisees’ emotions, expressed thoughts, and opinions.
   - The intern reflected accurate empathy to clients/supervisees.
   - The intern remained objective when working with clients/supervisees.
   - The intern spoke at an appropriate language level.
   - The intern used language, tone of voice and other behaviors to convey interest in the client/supervisee.
   - The intern’s interventions reflected a clear understanding of the client’s/supervisee’s concerns.
   - The intern demonstrated knowledge of theoretical principles underlying interventions.
4. **SUPERVISION**

The intern presented the client/supervisee objectively and insightfully. 1 2 3 4 5 NA

The intern accepted feedback appropriately. 1 2 3 4 5 NA

The intern incorporated feedback effectively. 1 2 3 4 5 NA

5. **ON-SITE**

The intern interacted appropriately with other professionals. 1 2 3 4 5 NA

The intern followed school/agency or university policy and procedures. 1 2 3 4 5 NA

Intern demonstrated knowledge of codes of ethical practice/legal regulations and behaved accordingly. 1 2 3 4 5 NA

Intern showed appropriate judgment and responsibility in actions. 1 2 3 4 5 NA

6. **OVERALL EVALUATION OF THE INTERNS**

Summarize below what you have observed to be the student’s strengths as a counselor educator (include counseling, supervising, and teaching skills):

Summarize below areas suggested areas of improvement for the student:
Appendix W: **Faculty Evaluation of Teaching**

**TO BE COMPLETED BY FACULTY**

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Course Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctoral Intern</th>
<th>Semester/Year Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please use the scale below to rate the doctoral intern who has engaged in teaching activities under your supervision:**

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Never Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**CIRCLE BELOW:**

1. Intern worked cooperatively with instructor to help plan curriculum. 1 2 3 4 5 NA
2. Intern engaged appropriately with students in this class. 1 2 3 4 5 NA
3. Intern was prepared to teach and was well-organized. 1 2 3 4 5 NA
4. Intern provided students with feedback in a professional manner. 1 2 3 4 5 NA
5. Intern demonstrated adequate knowledge of content area. 1 2 3 4 5 NA
6. Intern effectively managed student behavior during classroom instruction. 1 2 3 4 5 NA
7. Intern effectively fielded students’ questions. 1 2 3 4 5 NA
8. Students in the class approached the intern for assistance. 1 2 3 4 5 NA
9. Intern demonstrated appropriate instructional behavior. 1 2 3 4 5 NA

**Additional comments:**

73
Appendix X: Faculty Evaluation of Supervision

TO BE COMPLETED BY FACULTY

Faculty Name__________________________________________ Course Taught__________________________

Doctoral Intern________________________________________ Semester/Year Taught_____________________

Please use the scale below to rate the doctoral intern who has engaged in supervision activities under your supervision:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Never Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

CIRCLE BELOW:

1. Intern worked cooperatively with instructor to effectively provide supervision. 1 2 3 4 5 NA
2. Intern engaged appropriately with his/her supervisees. 1 2 3 4 5 NA
3. Intern was prepared to supervise and was well-organized. 1 2 3 4 5 NA
4. Intern provided supervisees with feedback in a professional manner. 1 2 3 4 5 NA
5. Intern demonstrated adequate knowledge of supervision. 1 2 3 4 5 NA
6. Intern effectively managed supervisees’ behavior during Practicum. 1 2 3 4 5 NA
7. Intern effectively fielded supervisees’ questions. 1 2 3 4 5 NA
8. Supervisees felt comfortable approaching the intern for assistance. 1 2 3 4 5 NA
9. Intern demonstrated appropriate supervisory behavior. 1 2 3 4 5 NA

Additional comments:
Appendix Y: **Faculty Evaluation of Research, Advocacy, Leadership, or Consultation Activities**

*(please circle one experience above)*

TO BE COMPLETED BY FACULTY

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Course Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Doctoral Intern | Semester/Year Taught |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use the scale below to rate the doctoral intern who has engaged in research or advocacy or leadership under your supervision:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Never Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**CIRCLE BELOW:**

1. Intern completed assignments/activities in a timely manner.
   1 2 3 4 5 NA

2. Intern interacted with others in a professional manner.
   1 2 3 4 5 NA

3. Intern demonstrated adequate knowledge of content area.
   1 2 3 4 5 NA

4. Intern was well organized and prepared.
   1 2 3 4 5 NA

5. Intern demonstrated flexibility.
   1 2 3 4 5 NA

6. Intern was approachable.
   1 2 3 4 5 NA

7. Intern demonstrated an ability to accept and integrate feedback.
   1 2 3 4 5 NA

8. Intern had the opportunity to substantially contribute to the project.
   1 2 3 4 5 NA

9. The quality of the intern’s contribution was developmentally appropriate.
   1 2 3 4 5 NA

Comments:
Appendix Z: **Student Evaluation of Teaching**

**TO BE COMPLETED BY STUDENTS IN CLASSROOM**

This form is used to evaluate internship experiences in instruction for doctoral internship credit. Please complete this form and return it to the instructor. In order to maintain the confidentiality of your responses, the administrative staff will type up the comments and return to the instructor for review with the intern.

**Doctoral Intern____________________ Course Number____________________**

**Please use the scale below to rate the intern:**

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**CIRCLE BELOW:**

1. Overall, I would rate this intern as effective 1 2 3 4 5
2. Intern engaged appropriately with students in this class. 1 2 3 4 5
3. Intern was prepared to teach and was well organized. 1 2 3 4 5
4. Intern provided students feedback in a professional manner. 1 2 3 4 5
5. Intern demonstrated adequate knowledge of content area. 1 2 3 4 5
6. Intern appropriately managed classroom instruction and student behavior. 1 2 3 4 5
7. Intern worked cooperatively with supervising faculty. 1 2 3 4 5
8. Intern demonstrated appropriate instructional behavior. 1 2 3 4 5
9. I felt comfortable approaching the intern for assistance. 1 2 3 4 5
10. Intern fielded student questions effectively. 1 2 3 4 5
11. I would recommend this intern as an instructor to other students. 1 2 3 4 5

**Please respond to the following questions:**

1. What are the strengths of this intern?
2. What are the areas of improvement for this intern?

3. Do you feel that this intern helped you to develop as a counselor? If so, how? If not, how could they have contributed more to your development as a counselor?
Appendix AA: **Student Evaluation of Supervision**

**TO BE COMPLETED BY STUDENTS ENROLLED IN PRACTICUM/INTERNSHIP**

This form is used to evaluate internship experiences in supervision for doctoral internship credit. Please complete this form and return it to the instructor. In order to maintain the confidentiality of your responses, the administrative staff will type up the comments and return to the instructor for review with the intern.

Doctoral Intern__________________________________________ Course Number _______________________

**Please use the scale below to rate the intern:**

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Disagree</th>
<th>Neutra</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**CIRCLE BELOW:**

1. Overall, I would rate this intern as effective. 1 2 3 4 5
2. Intern engaged fully with students in this class. 1 2 3 4 5
3. Intern was prepared to supervise and was well organized. 1 2 3 4 5
4. Intern provided students feedback in a professional manner. 1 2 3 4 5
5. Intern demonstrated adequate knowledge in supervision. 1 2 3 4 5
6. Intern worked cooperatively with supervising faculty. 1 2 3 4 5
7. Intern demonstrated appropriate supervision behavior. 1 2 3 4 5
8. I felt comfortable approaching the intern for assistance. 1 2 3 4 5
9. Intern fielded student questions effectively. 1 2 3 4 5
10. I would recommend this intern as a supervisor to other students. 1 2 3 4 5

**Please respond to the following questions:**

1. What are the strengths of this intern?

2. What are the areas of improvement for this intern?

3. Do you feel that this intern helped you to develop as a counselor? If so, how? If not, how could they have contributed more to your development as a counselor?
Appendix BB: **Intern Self-Evaluation of Teaching/Supervision**

**TO BE COMPLETED BY STUDENT INTERN**

Doctoral Intern________________________________________ Course Number________________________

**Please use the scale below to rate yourself in the teaching and/or supervision activities you completed for your doctoral internship experience (COUC 999):**

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**CIRCLE BELOW:**

1. I was able to work with the instructor to plan curriculum and assessments. 1 2 3 4 5
2. I was able to engage fully with students in this class. 1 2 3 4 5
3. I was prepared to teach and/or supervise and was well organized. 1 2 3 4 5
4. I was able to provide students feedback in a professional manner. 1 2 3 4 5
5. I believe I had adequate knowledge of content area and/or supervision. 1 2 3 4 5
6. I was able to manage classroom instruction and student behavior. 1 2 3 4 5
8. Students in the class approached me for assistance. 1 2 3 4 5
9. I was able to demonstrate appropriate instructional or supervisory. 1 2 3 4 5
10. I believe this experience aided in my personal/professional development. 1 2 3 4 5

**Please identify 3 ways you developed personally & professionally during this experience (continue on back if needed):**

**Please identify 3 goals for continued personal & professional development in this area (continue on back if needed):**
Appendix CC: **Intern Self-Evaluation of Research/Leadership/Advocacy**

(please circle one)

**TO BE COMPLETED BY STUDENT INTERN**

Semester and Year

Doctoral Intern Experience

Please identify 3 ways you developed personally & professionally during this experience (continue on back if needed):

Please identify 3 goals for continued personal & professional development in this area (continue on back if needed):
Appendix DD: **Internship Log**

Student Name: __________________________________________ FOR _____________________ (Month and Year)

CHECK ONE:

- [ ] Counseling
- [ ] Supervision
- [ ] Teaching: Course #
- [ ] Research
- [ ] Advocacy
- [ ] Leadership
- [ ] Consultation

<table>
<thead>
<tr>
<th>Activity</th>
<th>Week 1 Hours</th>
<th>Week 2 Hours</th>
<th>Week 3 Hours</th>
<th>Week 4 Hours</th>
<th>Week 5 Hours</th>
<th>Monthly Total by Activity:</th>
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</thead>
<tbody>
<tr>
<td>INTERNSHIP EXPERIENCE</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>SUPERVISION (INDIVIDUAL OR TRIADIC) OF INTERN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROUP SUPERVISION OF INTERNSHIP EXPERIENCE (COUC 999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Doctoral Student Intern Signature

Date (Month and Year)

Supervisor Signature

Date (Month and Year)