

COUNSELING PRACTICUM AND INTERNSHIP FORMS

- 1.** Student Acknowledgement Form: Reading the Student Handbook
- 2.** CACREP Practicum & Internship Guidelines
- 3.** Practicum and Internship Application Form
- 4.** Student Agreement for Practicum & Internship
- 5.** Verification of Placement
- 6.** Practicum Individual Learning Contract
- 7.** Internship Individual Learning Contract
- 8.** Weekly Experience and Evaluation Log
- 9.** Record of Supervised Experience
- 10.** Site Supervisor's Evaluation of Student Counselor's Performance
- 11.** Student Evaluation of Site Supervisor and Site
- 12.** Audio/Video Recording Informed Consent
- 13.** ORU Counseling Practicum and Internship Sites



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

STUDENT ACKNOWLEDGMENT FORM

READING THE STUDENT HANDBOOK

The Oral Roberts University GSTM Counseling Practicum and Internship Student Handbook addresses information and concerns students may have about their counseling and marital and family therapy practicum and internship field experience. Consult this handbook first when you have questions.

You are responsible to uphold the policies and procedures detailed in this student handbook.

Please read and sign the following statement and return this form to your Faculty Group Supervisor/Instructor for your student file. Keep a copy for yourself.

I, _____ (*please print name*) , have received and read the Oral Roberts University GSTM Counseling Practicum and Internship Student Handbook and know that I am responsible to carry out the policies and procedures described herein. I have read the American Counseling Association Code of Professional Ethics and agree to uphold this code in all of my clinical work as a counseling trainee.

Student Signature: _____ **Date:** _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

CACREP Practicum & Internship Guidelines

Summer Practicum:

- 100 hours – Focus on orientation, training, and skill development; becoming acclimated with agency policies and procedures etc.
- 10 week academic term (10 hours per week); completed only in the summer
- 40 clock hours of direct service and contact with clients to develop counseling skills
- Provides an opportunity to develop counseling skills under supervision; lead or co-lead group
- Gain exposure and experience with appraisals/assessments, documentation, treatment plans, individual and group counseling, shadowing and other various areas of the mental health field.
- **Site Supervision:**
 - One (1) hour per week of individual and/or triadic supervision with site supervisor as per supervision contract.
- **Faculty Supervision:**
 - One & one-half (1 ½) hours/week of group supervision by a program faculty member
 - Audio/Video recordings or live supervision used for supervising student's interaction with clients
- **Evaluation:**
 - Site Supervisor: Evaluate student's counseling performance throughout practicum
 - Formal Final Practicum Evaluation at completion of practicum experience
 - Practicum Student is allowed to formally evaluate his/her site supervisor and learning experience (Section I.BB)

Fall & Spring Internship:

- 600 hours total (300 hours per semester); 20 hours/week
- 240 clock hours of direct service – (individual, leading group, couples, marital & family, assessments)
- Students experience a more complex variety of counseling and professional activities including leading or co-leading a counseling or psychoeducational groups, record keeping, assessment instruments, supervision, information & referral, in-service and staff meetings
- **Site Supervision:**
 - One (1) hour per week of individual and/or triadic supervision usually by onsite supervisor
- **Faculty Supervision:**
 - One & one-half (1 ½) hours/week of group supervision by a program faculty member
 - Audio/Video recordings or Live Supervision used for supervising students interaction with clients
- **Evaluation:**
 - Site Supervisor: Evaluate student's counseling performance throughout Internship
 - Formal Final Internship Evaluation by Faculty Member in consultation with Site Supervisor at completion of Internship experience
 - Intern Student is allowed to formally evaluate their site supervisor and learning experience (Section I.BB)



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

Practicum & Internship Application

All master's candidates in the ORU Christian Counseling program must complete and submit this form to their Faculty Advisor in the spring semester **before** enrolling in GCSL 763/764 Counseling/MFT Practicum. You must use this application form in connection with all the guidelines and agreements in the Counseling Practicum/Internship Student Handbook. **Completing this application does not ensure approval. Placement may begin only after the Faculty Advisor and Faculty Coordinator have signed the application.**

Name (print): _____
 Program: LPC _____ LMFT _____
 Address: _____
 Phone: (H) _____ (C) _____ (W) _____
 ORU E-mail: _____
 Summer/Year Enrolling in GCSL 763/764 Counseling/MFT Practicum: _____

ATTACH A CURRENT COPY OF YOUR UNOFFICIAL TRANSCRIPT, DEGREE PLAN SHEET, STUDENT AGREEMENT, AND DEMONSTATION OF PROGRESS TOWARD YOUR REMEDIATION PLAN (IF REQUIRED)

The following courses are required to have been completed prior to enrolling in GCSL 763/764 Practicum. Please indicate the semester and year each course was taken:

PRFT 064 Counseling/MFT Practicum and Internship Student Orientation _____
 PRFT 057 Mid-Program Assessment Audit _____
 GCSL 528 Christian Approaches to Counseling _____
 GCSL 580 Professional Issues in Counseling _____
 GCSL 650 Professional Ethics in Counseling _____
 GCSL 625 Counseling Theories (LPC only) _____
 GCSL 630 Counseling Methods _____
 GCSL 635 Human Growth and Development _____
 GCSL 670 Introduction to Psychopathology _____
 GCSL 784 Counseling Research _____
 GCSL 643 Marital & Family Systems Theory (LMFT only) _____
 GCSL 676 Marriage Counseling (LMFT only – P/T) _____ or GCSL 642 Family Therapy _____
 GCSL 641 Assessment in Marital & Family Therapy (LMFT only) _____
 GCSL 724 Testing & Assessment I (LPC only) _____

Site(s) consideration practicum/internship placement: _____

For Administrative Use Only:

	Completed Prerequisites & Course Assignments		Background Check & Liability Insurance
	Current Student Accounts (Holds or Locks)		Other:
	3.0 GPA (Grades "D" and "F" are not accepted)		Approved/Denied/Contingencies:

Faculty Advisor's Signature: _____ Date: _____
 Faculty Coordinator's Signature: _____ Date: _____
 Student's Signature: _____ Date: _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

STUDENT AGREEMENT FOR PRACTICUM & INTERNSHIP

As a practicum/intern student in the Christian Counseling Program at Oral Roberts University, I agree to do the following:

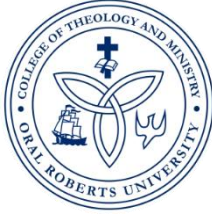
- Demonstrate a Christian attitude and behavior that is representative of ORU at my site
- Read and comply with the **Practicum/Internship Student Responsibilities** expectations and guidelines
- Adhere to the policies and procedures for mental health professionals at my site, including working hours, appropriate dress, and professional and ethical behavior
- Meet all requirements of my setting in a timely manner, including attending professional activities, orientation and training, filing reports, and attending supervisory meetings
- Maintain professional standards at all times, observing the ethical codes and guidelines of the American Counseling Association, American Association of Marriage and Family Therapy, legal codes, and other relevant professional organizations
- Cooperate with all supervisory input from my site and university supervisor/instructor, and faculty administrators.
- Attend weekly group supervision on campus with the ORU supervisor/course instructor
- Maintain an accurate and complete experience log of my counseling activities (including direct and indirect hours)
- Keep all supervisors, other relevant colleagues, or clients/students informed of any changes in my schedule or contact information
- Report all concerns and problems promptly to my site and ORU supervisors/course instructors
- Attend all professional meetings determined to be appropriate to my placement
- Carry professional liability insurance as required and provided through the university

I understand that failure to comply with any of these requirements may result in review by the counseling faculty, and/or a referral to the Dean. Consideration may be given to dismissal from my field placement, enrollment in an alternate path for completing my counseling degree in a non-licensure degree program, or dismissal from the counseling program.

Student Name (Print): _____

Student Signature: _____ Date: _____

Faculty Coordinator/Faculty Supervisor Signature: _____ Date: _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

Verification of Placement

This form must be completed at the beginning of your practicum and internship site experience AT EACH SITE where you are participating in clinical activities. Turn in the original completed copy to your ORU Faculty Supervisor/Instructor. Upload a copy to d2L. A signed copy should also be kept in the student's file on site.

To be completed by Student

Student Name (Print): _____ **Phone:** _____

ORU Email Address: _____

Faculty/Group Supervisor: _____

Semester/Year _____ **Practicum** _____ **Internship 1** _____ **Internship 2** _____

To be completed by Site Supervisor

Site Supervisor Name: _____

Site Name: _____

Site Address: _____

Office Phone: _____

Email address: _____

Supervisor's Earned Degrees: _____

Supervisor's Licenses/Certifications: _____

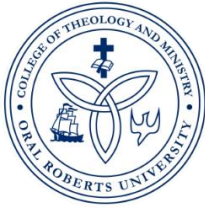
Number of Years Supervising: _____

I verify that the above named student has been accepted to fulfill practicum or internship requirements at our site. **I have agreed to supervise** _____. Consultation will be conducted at least once per semester by phone contact or email to monitor student learning. I agree to notify the ORU Faculty Supervisor regarding any questions or concerns I may have as soon as is reasonably possible. In the event of an emergency, or if the student has any questions or needs additional information,

The student may contact: _____

Emergency Phone: _____

Site Supervisor's Signature: _____ **Date:** _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

PRACTICUM INDIVIDUAL LEARNING CONTRACT

Our expectation is that ORU practicum students will have the opportunity to learn and develop the following skills:

1. Explore the roles of clinical mental health counseling in the practice setting and relationships between counselors and other professionals in this setting.
2. Demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (Clinical Mental Health Counseling Standards B.1)
3. Demonstrate skills in conducting an intake interview, a mental health history, and a psychological assessment for treatment planning and caseload management (CMHC H.2)
4. Use the principles and practices of diagnosis, treatment, and referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling (CMHC D.1)
5. Apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders (CMHC D.2)
6. Demonstrate appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling (CMHC D.5)
7. Apply effective strategies to promote client understanding of and access to a variety of community resources (CMHC D.4)
8. Select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation of assessment protocols (CMHC H.1)
9. Screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders (CMHC H.3)
10. Demonstrate appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and the clinical presentation of clients with mental and emotional impairments (CMHC L.1)
11. Demonstrate the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate (CMHC D.9)

PRACTICUM INDIVIDUAL LEARNING CONTRACT – Cont.

Site Responsibilities to Oral Roberts University's LPC/LMFT Practicum Students

It is expected that sites will offer our students the following training opportunities:

1. Provide the student with the opportunity for the application of theory and the development of counseling skills under supervision (CACREP Standard III).
2. Offer the student the opportunity to acquire a minimum of 100 hours of practicum experience over a 10 week semester; 40 of these hours must be spent in direct contact with actual client (e.g. intake, assessment, individual counseling, group counseling) that contributes to the development of counseling skills (III.F.1)
3. Provide the student with one hour of individual and/or triadic supervision per week by a licensed professional counselor (LPC), LPC-eligible counselor, licensed psychologist, or certified school counselor (if the student is at a school site) or other qualified, master's level personnel as agreed upon by the site and by the instructor. All site supervisors must have a minimum of two years of pertinent professional experience and relevant training in supervision. Supervision should include some type of direct observation (e.g. live supervision, review of audio/video tapes, co-therapy) on a regular basis (III.F.4).
4. Provide the student with a clinical environment that is conducive to modeling, demonstrating, and training, and provide settings for individual counseling and small group work with assured privacy and sufficient space for appropriate equipment (e.g. video camera, audio-tape machine; I.H.1). Informed consent policies will comply with ACA/APA ethical guidelines and Oklahoma law.
5. Allow the student to discuss clients at the site with students in the practicum class and to bring audio/video recordings of counseling off-site to be reviewed by the practicum class in case conference, by the instructor, or by the off-site doctoral student supervisor (III.F.4). Client confidentiality will be strictly maintained by students and the university.
6. Provide the student with the opportunity to counsel clients who represent the ethnic and demographic diversity of their community (III).
7. Allow the student to formally evaluate his/her supervisor and learning experience as well as provide a formal evaluation of student's counseling performance at the end of the practicum (III.F.A5).

My signature below indicates that we provide a training site for Oral Roberts University student that meets the guidelines established by the GSTM Counseling Program, as outlined in this document. I agree to notify the University regarding any concerns I may have as soon as is reasonably possible.

I agree to abide by the terms of this agreement.

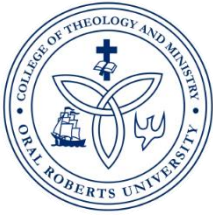
Name of Site: _____

Signature of Site Supervisor: _____ Date: _____

Printed Name of Supervisor: _____ Credentials/License: _____

Signature of Student: _____ Date: _____

Printed Name of Student: _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

INTERNSHIP INDIVIDUAL LEARNING CONTRACT

Our expectation is that ORU internship students will have the opportunity to learn and develop the following skills:

1. Demonstrate skills in conducting an intake interview, a mental health history, and a psychological assessment for treatment planning and caseload management (CMHC H.2)
2. Demonstrate the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (Clinical Mental Health Counseling Standards B.1)
3. Use the principles and practices of diagnosis, treatment, and referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling (CMHC D.1)
4. Apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevent of mental and emotional disorders (CMHC D.2)
5. Modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations
6. Demonstrate appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling (CMHC D.5)
7. Select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation of assessment protocols (CMHC H.1)
8. Apply effective strategies to promote client understanding of and access to a variety of community resources (CMHC D.4)
9. Screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders (CMHC H.3)
10. Apply the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care (CMHC H.4)
11. Demonstrate appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and the clinical presentation of clients with mental and emotional impairments (CMHC L.1)
12. Conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential with collaborating professionals (CMHC L.2)
13. Advocate for policies, programs, and services that are equitable and responsive to the unique needs of clients
14. Demonstrate the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate (CMHC D.9)

INTERNSHIP INDIVIDUAL LEARNING CONTRACT - Cont.

Site Responsibilities to Oral Roberts University's LPC/LMFT Internship Students

Our expectation is that sites will offer our students the following training opportunities:

1. Provide the student with the opportunity to perform, under supervision, a variety of counseling activities that a professional counselor is expected to perform, including leading groups (CACREP Standard III.G).
2. Orient the student to the agency, its components, policies and procedures, and inform the student of expectations of him/her. Help the student become familiar with the setting and staff. Identify an appropriate staff member to serve as clinical site supervisor.
3. Offer the student the opportunity to acquire a minimum of 600 hours of internship experience (300 hours per semester); 240 of these hours (120 hours per semester) must be spent in direct contact with actual clients (e.g. intake, assessment, individual counseling, group counseling) that contributes to the development of counseling skills (III.G.1).
4. Provide the student with the opportunity to counsel clients who represent the ethnic and demographic diversity of his/her community (III).
5. Provide the student with the opportunity to become familiar with a variety of professional activities in addition to direct service (e.g. record keeping, information and referral, in-service and staff meetings; (III.G.4).
6. Provide the student with one hour of individual and/or triadic supervision per week by a licensed professional counselor (LPC), LPC-eligible counselor, licensed psychologist, or certified school counselor (if the student is at a school site) or other qualified, master's level personnel as agreed upon by the site and by the instructor. All site supervisors must have a minimum of two years of pertinent professional experience and relevant training in supervision. Supervision should include some type of direct observation (e.g. live supervision, review of audio/video tapes, co-therapy) on a regular basis (III.2.C).
7. Provide the student with a clinical environment that is conducive to modeling, demonstrating, and training, and provide settings for individual counseling and small group work with assured privacy and sufficient space for appropriate equipment (e.g. video camera, audio-tape machine; I.H.1). Informed consent policies will comply with ACA/APA ethical guidelines and Oklahoma law.
8. Allow the student to discuss clients at the site with students in the internship class and to bring audiotapes of counseling off-site to be reviewed by the internship class in case conference, by the instructor, or by the off-site doctoral student supervisor (III.F.4). Client confidentiality will be strictly maintained by students and the university.
9. Allow the student to formally evaluate his/her supervisor and learning experience as well as provide a formal evaluation of student's counseling performance at the end of the practicum (III.F.A5).

My signature below indicates that we provide a training site for Oral Roberts University student that meets the guidelines established by the GSTM Counseling Program, as outlined in this document. I agree to notify the University regarding any concerns I may have as soon as is reasonably possible.

I agree to abide by the terms of this agreement.

Printed Name of Supervisor _____ Name of Site: _____
Signature of Site Supervisor: _____ Credentials/License _____
Signature of Student: _____ Date: _____
Printed Name of Student: _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

Weekly Experience and Evaluation Log

Student Name: _____ **Week of:** _____ **Site:** _____

Briefly describe Practicum/Internship activities engaged in (individual, family, group counseling, assessments, treatment planning, record keeping, training, audio/video recording, individual/triadic/group supervision etc.)

Monday:

Hours completed: _____

Tuesday:

Hours completed: _____

Wednesday

Hours completed: _____

Thursday

Hours completed: _____

Friday

Hours completed: _____

Saturday

Hours completed: _____

Direct Service Hours with Clients: _____ **Total hours completed for week:** _____

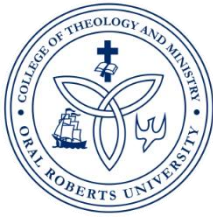
Site Supervisors Weekly Evaluation:

Student Signature

Date

Site Supervisor Signature

Date



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

RECORD OF SUPERVISED EXPERIENCE

Student Name (print): _____

Site Supervisor Name (print): _____

Semester/Year _____ Practicum _____ Internship I _____ Internship 2 _____

Week Beginning Date	Date(s) Met with Supervisor	Total Number of Face-to-Face Supervision Hours (GRP) (TRI) (IND)	Total Number of Direct Client Contact Hours	Total Number of Supervised Experience Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Hours				

Student Intern Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

**SITE SUPERVISOR'S EVALUATION OF STUDENT
 COUNSELOR'S PERFORMANCE**

Many factors influence the effectiveness of a counselor. Listed below are several which have been identified as being particularly important. This form is designed to help supervisors evaluate and provide feedback about the performance of the student. At the end of the semester, please evaluate the student in as many areas as have applied to his/her actual experience. Your comments are of particular value. Please make a review of this evaluation an important part of your supervision.

Name of Student: _____

Name of Supervisor: _____

Internship Site: _____

Semester/Year _____ **Practicum** _____ **Internship I** _____ **Internship 2** _____

Directions: Circle a number that best evaluates the student counselor on each performance at that point in time.

General Supervision Comments	Poor	Adequate	Good
1. Demonstrates a personal commitment in developing professional competencies	1 2	3 4	5 6
2. Invests time and energy in becoming a counselor	1 2	3 4	5 6
3. Accepts and uses constructive criticism to enhance self-development and counseling skills	1 2	3 4	5 6
4. Engages in open, comfortable, and clear communication with peer and supervisors	1 2	3 4	5 6
5. Recognizes own competencies and skills and shares these with peers and supervisors	1 2	3 4	5 6
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1 2	3 4	5 6
7. Completes case reports and records punctually and conscientiously	1 2	3 4	5 6
The Counseling Process			
8. Researches the referral prior to the first interview	1 2	3 4	5 6
9. Keeps appointments on time	1 2	3 4	5 6
10. Begins the interview smoothly	1 2	3 4	5 6
11. Explains the nature and objectives of counseling when appropriate	1 2	3 4	5 6
12. Is relaxed and comfortable in the interview	1 2	3 4	5 6
13. Communicates interest in and acceptance of the client	1 2	3 4	5 6
14. Facilitates client expression of concerns and feelings	1 2	3 4	5 6
15. Focuses on the content of the client's problem	1 2	3 4	5 6
16. Recognizes and resists manipulation by the client	1 2	3 4	5 6
17. Recognizes and deals with positive affect of the client	1 2	3 4	5 6
18. Recognizes and deals with negative affect of the client	1 2	3 4	5 6
19. Is spontaneous in the interview	1 2	3 4	5 6

	Poor	Adequate	Good
20. Uses silence effectively in the interview	1 2	3 4	5 6
21. Is aware of own feelings in the counseling session	1 2	3 4	5 6
22. Communicates own feelings to the client when appropriate	1 2	3 4	5 6
23. Recognizes and skillfully interprets the client's covert messages	1 2	3 4	5 6
24. Facilitates realistic goal setting with the client	1 2	3 4	5 6
25. Encourages appropriate action-step planning with the client	1 2	3 4	5 6
26. Employs judgment in the timing and use of different techniques	1 2	3 4	5 6
27. Initiates periodic evaluation of goals, action-steps, and process during counseling	1 2	3 4	5 6
28. Explains, administers, and interprets tests correctly	1 2	3 4	5 6
29. Terminates the interview smoothly	1 2	3 4	5 6

The Conceptualization Process

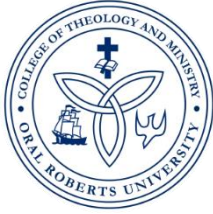
30. Focuses on the specific behaviors and their consequences, implications, and contingencies	1 2	3 4	5 6
31. Recognizes and pursues discrepancies and meaning of inconsistent information	1 2	3 4	5 6
32. Uses relevant case data in planning both immediate and long-range goals	1 2	3 4	5 6
33. Uses relevant case data in considering various strategies and their implications	1 2	3 4	5 6
34. Bases decisions on a theoretically sound and consistent rationale of human behavior	1 2	3 4	5 6
35. Is perceptive in evaluating the effects of own counseling techniques	1 2	3 4	5 6
36. Demonstrates ethical behavior in the counseling activity and case management	1 2	3 4	5 6

Additional comments and/or suggestions:

Date: _____ **Signature of Supervisor:** _____

My signature below indicates that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date: _____ **Signature of Student Counselor:** _____



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

STUDENT EVALUATION OF SITE SUPERVISOR AND SITE

This evaluation form should be completed by the student counselor at the end of the semester. Discussion of the form with the site supervisor being evaluated is encouraged but not required. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired. These forms will be kept on file for reference.

Name of Student Completing Evaluation _____

Name of Site Supervisor _____

Name & Address of Site: _____

Semester/Year _____ **Practicum** _____ **Internship I** _____ **Internship 2** _____

DIRECTIONS: Circle the number which best represents how you, the counselor trainee, perceive the supervision received at your site.

My Site Supervisor:	Poor	Adequate	Good
1. Gives time and energy in observing, tape processing, and case conferences.	1 2	3 4	5 6
2. Accepts and respects me as a person.	1 2	3 4	5 6
3. Recognizes and encourages further development of my strengths and capabilities	1 2	3 4	5 6
4. Gives me useful feedback when I do something well.	1 2	3 4	5 6
5. Provides me the freedom to develop flexible and effective counseling styles.	1 2	3 4	5 6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1 2	3 4	5 6
7. Provides suggestions for developing my counseling skills.	1 2	3 4	5 6
8. Helps me to understand the implications and dynamics of the counseling approaches I use.	1 2	3 4	5 6
9. Encourages me to use new and different techniques when appropriate.	1 2	3 4	5 6
10. Is spontaneous and flexible in the supervisory sessions.	1 2	3 4	5 6

	Poor	Adequate	Good
11. Helps me to define and achieve specific concrete goals for myself during the practicum/internship experience.	1 2	3 4	5 6
12. Gives me useful feedback when I do something inappropriate.	1 2	3 4	5 6
13. Allows me to discuss problems I encounter in my setting.	1 2	3 4	5 6
14. Focuses on both verbal and nonverbal behavior in me and in my clients.	1 2	3 4	5 6
15. Helps me define and maintain ethical behavior in counseling and case management.	1 2	3 4	5 6
16. Encourages me to engage in professional behavior.	1 2	3 4	5 6
17. Maintains confidentiality in material discussed in supervisory sessions.	1 2	3 4	5 6
18. Deals with both content and effect when supervising.	1 2	3 4	5 6
19. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.	1 2	3 4	5 6
20. Helps me organize relevant case data in planning goals and strategies with my client.	1 2	3 4	5 6
21. Helps me to formulate a theoretically sound rationale of human behavior.	1 2	3 4	5 6
22. Offers resource information when I request or need it.	1 2	3 4	5 6
23. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.	1 2	3 4	5 6
24. Allows and encourages me to evaluate myself	1 2	3 4	5 6
25. Explains his/her criteria for evaluation clearly.	1 2	3 4	5 6
26. Applies his/her criteria fairly in evaluating my counseling performance.	1 2	3 4	5 6

Site Evaluation:	Poor	Adequate	Good
27. Appropriateness of the site for counseling training.	1 2	3 4	5 6
28. Adequacy of the physical facilities.	1 2	3 4	5 6
29. Receptivity of staff toward me as a student.	1 2	3 4	5 6
30. Availability of clients for counseling sessions.	1 2	3 4	5 6
31. Receptivity of clients to me as a practicum/intern student.	1 2	3 4	5 6
32. Provided a variety of professional tasks and activities.	1 2	3 4	5 6
33. Availability of needed resources.	1 2	3 4	5 6
34. Staff support for consultation.	1 2	3 4	5 6
35. Provided with appropriate orientation to site and training.	1 2	3 4	5 6
36. Overall rating of this site for future practicum/intern students.	1 2	3 4	5 6

ADDITIONAL COMMENTS AND/OR SUGGESTIONS:

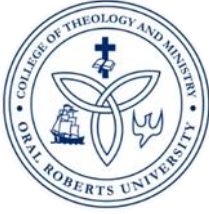
Date

Signature: Practicum/Intern Student

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

Date

Signature: Site Supervisor



ORAL ROBERTS UNIVERSITY
Graduate School of Theology and Ministry
Master of Arts in Christian Counseling
LPC/LMFT Practicum and Internship Program

Audio/Video Recording Informed Consent

I understand that the counseling interview and process in which I am about to participate is being audio-taped or video recorded (or observed live), and that it will be used to provide supervision for the graduate student who is conducting the interview. I also understand that this interview will only be used for the purposes of training and supervision stipulated above and will, for any other intent or purpose, remain confidential as the term is defined by the American Counseling Association.

In light of the forgoing, I willingly give my consent to the audio/video recording of this counseling interview. I understand that I may withdraw from this audio/video counseling interview at any time.

Client Name: Print

Client Signature:

Date

Practicum/Intern Student Name: Print

Practicum/Intern Student Signature

Date

Site Supervisor's Name: Print

Site Supervisor Signature

Date