Form 2.1: Practicum Contract

This agreement is made on ____________ by and between ____________________________________________ (date) (field site) and ____________________________________________. The agreement will be effective for a period (university program) from ____________ to _______________ for _____________ per week for _______________________.

(starting date) (ending date) (number of hours) (student name)

Purpose

The purpose of this agreement is to provide a qualified graduate student with a practicum experience in the field of counseling or psychology.

The University Program Agrees

1. to assign a university faculty liaison to facilitate communication between university and site;
2. to provide the site prior to placement of the student the following information:
   a. a profile of the student named above, and
   b. an academic calendar that shall include dates for periods during which student will be excused from field supervision;
3. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
4. that the faculty liaison shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and
5. that the university supervisor is responsible for the assignment of a fieldwork grade.

The Practicum Site Agrees

1. to assign a practicum supervisor who has appropriate credentials, time, and interest for training the practicum student;
2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student’s performance (suggested counseling experiences included in the “Practicum Activities” section);
3. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
4. to provide supervisory contact that involves some examination of student work using audio- or videotapes, observation, and/or live supervision; and
5. to provide written evaluation of student based on criteria established by the university program.

The Practicum Student Agrees

1. to obtain transportation to and from the site;
2. to schedule and attend weekly supervision sessions with on-site supervisor and attend weekly supervision sessions with faculty supervisors;
3. to adhere to the ethical guidelines of the American Counseling Association Code of Ethics; and
4. to adhere to the policies and procedures, rules, and standards of the placement site.
Within the specified time frame, ______________________________ (site supervisor) will be the primary practicum site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level of competence in each activity.

_______________________________ (faculty liaison) will be the faculty liaison with whom the student and practicum site supervisor will communicate regarding progress, problems, and performance evaluations.

**Practicum Activities**

1. Individual counseling/psychotherapy
   - Personal/social nature
   - Occupational/educational nature

2. Group counseling/psychotherapy
   - Coleading
   - Leading

3. Intake interviewing
   - Taking social history information

4. Testing
   - Administration
   - Analysis
   - Interpretation of results

5. Report writing
   - Record keeping
   - Treatment plans
   - Treatment

6. Consultation
   - Referrals
   - Professional team collaboration

7. Psychoeducational activities
   - Parent conferences
   - Outreach

8. Career counseling

9. Individual supervision

10. Group or peer supervision

11. Case conferences or staff meetings

12. Other (please list) ___________________

   ________________________________
   ________________________________
   ________________________________

Practicum site supervisor ________________________________ Date ________________

Student ________________________________ Date ________________

Faculty liaison ________________________________ Date ________________
Form 2.2: Internship Contract

This agreement is made this _____________ day of _____________________________ , by and between _______________________________________________________________ (hereinafter referred to as the AGENCY/INSTITUTION/SCHOOL) and ____________________________________________________________ (hereinafter referred to as the UNIVERSITY). This agreement will be effective for a period from ________________ to ________________ for student ____________________________.

Purpose

The purpose of this agreement is to provide a qualified graduate student with an internship experience in the field of counseling/therapy.

The UNIVERSITY Shall Be Responsible for the Following:

1. Selecting a student who has successfully completed all of the prerequisite courses and the practicum experience.
2. Providing the AGENCY/INSTITUTION/SCHOOL with a course outline for the supervised internship counseling that clearly delineates the responsibilities of the UNIVERSITY and the AGENCY/INSTITUTION/SCHOOL.
3. Designating a qualified faculty member as the internship supervisor who will work with the AGENCY/INSTITUTION/SCHOOL in coordinating the internship experience.
4. Notifying the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the AGENCY/INSTITUTION/SCHOOL.
5. Advising the student that he/she should have adequate liability and accident insurance.

The AGENCY/INSTITUTION/SCHOOL Shall Be Responsible for the Following:

1. Providing the intern with an overall orientation to the agency’s specific services necessary for the implementation of the internship experience.
2. Designating a qualified staff member to function as supervising counselor/therapist for the intern. The supervising counselor/therapist will be responsible, with the approval of the administration of the AGENCY/INSTITUTION/SCHOOL, for providing opportunities for the intern to engage in a variety of counseling activities under supervision and for evaluating the intern’s performance. (Suggested counselor/therapist experiences are included in the course outline.)
3. Providing areas for conducting counseling sessions and for doing paperwork. Provisions will be made to ensure that students have the ability to meet course requirements for internship, especially regarding direct service hours with clients.

The STUDENT Shall Be Responsible for the Following:

1. Obtaining transportation to and from the site.
2. Scheduling and attending weekly supervision sessions with on-site supervisor and attending weekly supervision sessions with faculty supervisors.
3. Adhering to the ethical guidelines of the American Counseling Association’s *Code of Ethics*.
4. Adhering to the policies and procedures, rules, and standards of the placement site.

**Equal Opportunity**

It is mutually agreed that neither party shall discriminate on the basis of race, color, nationality, ethnic origin, age, sex, or creed.

**Financial Agreement**

Financial stipulations, if any, may vary from one AGENCY/INSTITUTION/SCHOOL to another. If a financial stipulation is to be provided, the agreement is stipulated in a separate agreement and approved by the intern, the AGENCY/INSTITUTION/SCHOOL, and the UNIVERSITY.

**Termination**

It is understood and agreed by and between the parties hereto that the AGENCY/INSTITUTION/SCHOOL has the right to terminate the internship experience of the student whose health status is detrimental to the services provided to the patients or clients of the AGENCY/INSTITUTION/SCHOOL. Furthermore, it has the right to terminate the use of the AGENCY/INSTITUTION/SCHOOL by an intern if, in the opinion of the supervising counselor/therapist, such person’s behavior is detrimental to the operation of the AGENCY/INSTITUTION/SCHOOL and/or to patient or client care. Such action will not be taken until the grievance against any intern has been discussed with the intern and with UNIVERSITY officials.

The names of the responsible individuals at the two institutions charged with the implementation of the contract are as follows:

_______________________________________  _______________________________________
Internship supervisor at the UNIVERSITY  Agency supervising counselor/therapist at the AGENCY/INSTITUTION/SCHOOL

In witness whereof, the parties hereto have caused this contract to be signed the day and year first written above.

_______________________________________  _______________________________________
AGENCY/INSTITUTION/SCHOOL  Witness
(Administrator)

_______________________________________  _______________________________________
UNIVERSITY (Representative)  Witness
Form 2.3: Student Profile Sheet

Directions: The student counselor is to submit this form in duplicate to the field site.

Practicum Student Counselor/Psychologist

Name

Address

Telephone: (home)

(office)

Date __________________________

I hold the degree of ___________________________________________________________________ from

___________________________________________________________ and have completed the following
courses as part of the ____________________________________________________________ (degree)
program, with a major in ___________________________________________________________________
from ___________________________________________.

Psychology of Human Development ______________ Tests and Measurements ______________
Diagnosis and Treatment ______________ Personality Development ______________
Counseling Skills ______________ Career Development ______________
Intro to Counseling ______________ Legal and Ethical Issues ______________
Theories of Counseling ______________ Process and Techniques of
Multicultural Counseling ______________ Group Counseling ______________

Other (please specify) ______________________________________________________________________

_________________________________________________________________________________________

_____________________________________________________________________________________________

Professional and nonprofessional work experience ____________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________
Form 2.4: Student Practicum/Internship Agreement

Directions: Student is to complete this form in duplicate and submit a copy of this agreement to the university practicum supervisor or internship coordinator.

1. I hereby attest that I have read and understood the American Psychological Association and/or the American Counseling Association Code of Ethics and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum/internship and a failing grade, and documentation of such behavior will become part of my permanent record.

2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.

3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.

4. I understand that I will not be issued a passing grade in practicum/internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

5. I understand I must obtain proper clearances (e.g., child abuse clearance, criminal background checks) or health tests (e.g., TB test) as required by the program and/or my site prior to the start of practicum and internship.

6. I understand that my placement site is subject to the approval of the program faculty.

Signature ____________________________

Date ________________________________