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Criminal Background Checks

Policy
Effective Spring Semester 2016, comprehensive criminal background checks are required of all students applying for placement/enrollment in practicum/internship courses. Students who do not pass the background check requirements may be denied approval to be placed at practicum/internship sites and may be unable to complete Mental Health Counseling degree requirements.

Rationale
1. Mental health care providers are entrusted with the health, safety and welfare of patients, have access to confidential and sensitive information and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student’s suitability to function in a clinical setting is imperative to promote the highest level of integrity in mental health care services.
2. Most mental health agencies/facilities are required to conduct background checks for security purposes on individuals who supervise care, render treatment, and provide services within or for the facility.
3. Field based clinical training are an essential element of the Mental Health Counseling curriculum. Students who cannot participate in clinical rotations due to criminal or other adverse activities that are revealed in a background check are unable to fulfill the requirements of a degree program. Therefore, it is in everyone’s interest to resolve these issues prior to a commitment of resources by the College or the student.
4. An additional and important rationale for extending these requirements include compliance with UTEP policy (see UTEP Handbook of Operating Procedures, Section V, Chapter 12) that requires students who are in an educational program that requires assignment to a clinical health care facility to pass a criminal background check, including a sex offender registration check.

Timing of the Background Check
The UTEP required background check must be satisfactorily completed no more than 90 days prior to the expected date of beginning a placement at a clinical training site and at least 30 days prior to the first day of classes of the term in which enrollment in the Mental Health Counseling clinical training course (i.e. practicum/internship) ensues. An offer of placement at a site or enrollment in a clinical course will not be final until the completion of the background check is deemed favorable.

A "HOLD" will be placed on student enrollment in clinical training courses until the background check clearance documentation is received or permission is granted by the Dean of the College of Education in consultation with the Department Chair or an appropriate designee. Individuals who do not give permission for UTEP to review the results of the background check will not be placed at a clinical training site and will be barred from enrollment in clinical training courses.
Identification of Vendors
UTEP will designate the company (or companies) approved to do the background check. Results from any company or government entity other than those designated will not be accepted.

Allocation of the Cost
Students are required to pay the cost of the background check.

Period of Validity
The background checks will be honored for a five year period as long as the student has not had a break in enrollment in the clinical course training sequence. A break in enrollment is defined as non-attendance of one full semester (Fall or Spring or Summer) or more. However, a student whose attendance has been suspended due to lack of clinical space availability will not be considered as having a break in enrollment. A student on Leave of Absence is considered to be in continuous enrollment. A student who has a break in enrollment will be required to complete a new background check.

Scope of Background Check
The background check includes the following:
- Social security number validation/address history (nationwide)
- Crime database (nationwide)
- Sex offender registry (nationwide)
- County criminal records, all jurisdictions (nationwide)

Deferred adjudications and pending cases are included in the criminal search section of the report.

Student/Applicant Access to Background Check and Report
The background check report provided by the vendor(s) will be available to the student online via a secure, individually password protected web page. Under the Fair Credit Reporting Act, the student will be informed if any adverse decision is based on the report and provided with the name and contact information of the company that issued the report.

Significant Findings in Background Check Report
Students have the right to request that the vendor who performed the check re-verify that the background check is correct. Upon review of the background check, a determination will be made in consultation with a campus licensed law enforcement officer as selected by the UTEP Campus Chief of Police, whether to grant or deny the student continued enrollment or to refer the matter to a review panel appointed by the Dean in consultation with the Department Chair. The decision is based on the exclusion list provided by the health care facilities and known professional licensing requirements. The appointed panel will review the case and determine whether the student: 1) is prohibited from placement at a site and enrollment in the clinical training course; 2) is allowed placement at a site and enrollment in the clinical training course; or 3) is to be interviewed to determine appropriate action. Any student whose case is referred to the
review panel may submit information to the panel to contest or explain the negative contents of their background check.

In reviewing the background check and any supplementary information submitted, the following factors may be considered: the nature and seriousness of the offense or event, the circumstances surrounding the offense or event, the relationship between the duties to be performed as part of the educational program and the offense committed, the age of the person when the offense or event occurred, whether the offense or event was an isolated or repeated incident, the length of time that has passed since the offense or event, past employment and history of academic or disciplinary misconduct, evidence of successful rehabilitation, and the accuracy of the information provided by the student application materials, Disclosure Forms or other materials.

If the background check uncovers a question which can be cleared by the applicant, placement at a site and enrollment in the clinical training courses can be deferred up to one year while the matter is resolved. However, the student may be granted permission to re-enroll in clinical training courses only if space is available.

The decision to allow a student who has negative findings in their background check to be placed at a site and enrolled in the clinical training course is not a guarantee that any clinical training facility will permit the student to participate in clinical training at its facility, or that a state will accept the individual as a candidate for licensure.

**Appeal of Panel Decision**
Students or applicants who are denied placement and enrollment may appeal the decision to the Department Chair and Dean of the College Education. The decision of the Department Chair and Dean will be final and may not be appealed.

**Falsification of Information**
Falsification of information will result in immediate removal of approval for placement at a site and enrollment in clinical training courses and also in removal from the Mental Health Counseling degree program.

**Criminal Activity while Placed at a Site and Enrolled in Clinical Training Courses**
Criminal activity that occurs while a student is in attendance at the university may result in disciplinary action, including dismissal, and will be addressed through the university's academic or disciplinary policies.

**Confidentiality of Records**
Background check reports and all records pertaining to the results are considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act [FERPA] regulations. For additional information on FERPA please see http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html. Access to records and reports outside of the Department Chair, Mental Health Counseling Program Coordinator, Counseling Program Clinical Coordinator and an employee designated as backup (e.g. departmental administrative assistant) must be approved by
the Dean of the College of Education in consultation with the Department Chair or his/her designee, prior to granting access. Information contained in the reports/records will not be shared with facilities participating in the clinical rotations unless a legitimate need is demonstrated and approved by the Dean in consultation with the Department Chair or his/her designee.

**Recordkeeping**
Reports and related records (both electronic and paper media) are retained in a secure location and are maintained in the Department for the duration of the student’s enrollment or until the applicant is removed from the Mental Health Counseling Program. The reports and records will be physically destroyed thereafter.

**Professional Liability Insurance**
All students placed at practicum/internship sites must acquire individual professional liability insurance. Liability insurance policies for students may be purchased through a private insurance company or may be purchased at a discount by joining a professional organization (e.g. Texas Counseling Association (TCA), American Counseling Association (ACA), etc.).
## Practicum Placement Process and Timeline

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| **Semester Prior to Beginning Practicum** | 1. Attend Orientation to Practicum/Internship  
2. Receive and Read Practicum/Internship Handbook  
3. Receive Site Supervisor Orientation Handbook |
| **Deadline of 3 Months Prior to Beginning Practicum** | Electronically Submit Following to Clinical Coordinator:  
1. Application for Counseling Practicum Form  
2. Practicum/Internship Student Informed Consent Form |
| **Between 2-3 Months Prior to Beginning Practicum** | Receive Permission to:  
1. Complete Background Check Required by Counseling Program  
2. Apply to Approved Site  
3. Follow Site Application Procedure  
4. Set Up Interview  
5. Attend Interview  
6. Provide Site Supervisor a Copy of Site Supervisor Orientation Handbook at Interview  
7. Purchase Professional Liability Insurance |
| **During Enrollment Period** | 1. Receive Clearance to Enroll from Advisor  
2. Enroll in EDPC 5371 - Practicum Class |
| **At the Time Site Tentatively Accepts Student** | Follow Through on Background Check Procedures Required by Agency and All Other Site Requirements for Placement |
| **During Orientation at Site and/or First Meeting with Site Supervisor** | Obtain Site Supervisor Signature on:  
1. Student Practicum/Internship Placement Agreement Form  
2. Practicum/Internship Supervisor Credential Form (attach Supervisor Resume) |
| **First Meeting of EDPC 5371 – Practicum Class** | Make Copies of Forms for Personal File  
Submit Original Signed Forms:  
1. Practicum/Internship Student Agreement Form*  
2. Student Practicum/Internship Placement Agreement Form*  
3. Practicum/Internship Supervisor Credential Form* (attach Supervisor Resume) |

*If there are no changes of site supervisor and the student continues at the same site for Internship, no new forms are required. Students are required to submit updated copies of each form any time there is a change in supervisor or site.
I. Practicum/Internship Goals and Competencies

The Practicum and Internship field placements have been proposed and developed toward the goal of training and enhancing the competencies that are consistent with sound professional growth and the practice of professional mental health counseling.

Practicum/Internship Goal: Knowledge, Development and Demonstration of Clinical Mental Health Counseling Skills and Practices

Objectives:

a. Develop and demonstrate foundational knowledge regarding the provision of mental health treatment services including treatment models, agency operations, and the principles of clinical mental health counseling
b. Develop and demonstrate skills in addressing issues of diversity and providing advocacy
c. Develop and demonstrate skills in clinical assessment, evaluation, diagnosis, treatment planning, and intervention

Competencies Expected for these Objectives:

a. Proficiency in developing counseling relationships, performing culturally competent counseling interventions, advocating for clients, and consulting with other professionals and systems
b. Proficiency in performing intake interviews and mental status examinations, gathering biopsychosocial histories, assessing clinical information, documenting and reporting clinical information
c. Proficiency in conceptualizing cases, developing treatment plans, applying evidenced based practices, strategies, and techniques and evaluating treatment outcomes for a variety of mental health issues

II. The Structure of Practicum and Internship

Practicum
The Practicum is the first formal clinical field experience required by the Mental Health Counseling Program. It is designed to lead sequentially to the Internship. Practicum is offered during the Fall, Spring, and Summer semesters and the Internship is typically completed in the next two semesters following the Practicum semester. In Practicum the primary focus is to gain an initial field experience in direct service (e.g., individual and group counseling) as well as to acquaint the student with a wide variety of other professional activities conducted in clinical mental health settings. The Practicum should provide the student with a broad orientation to the clinical aspects of the mental health field, allow the student to learn how to interact with agency personnel and
community networks, initiate the student into a clinically supervised counseling experience, and prepare the student for the more intensive and demanding responsibilities of Internship which follows.

The EDPC 5371 – Counseling Practicum requires a semester long (approximately 15 weeks) placement at which time the student must complete a total of 100 clock hours under supervision. As part of this 100 clock hour requirement, the student must complete a minimum of 40 clock hours of direct service (i.e. face-to-face client contact) (The student must lead or co-lead a counseling or psychoeducational group during either the practicum or internship experience). The student is also expected to receive 1 hour per week of face to face individual or triadic clinical supervision by the Site Supervisor which is counted toward the indirect hours spent in other counseling-related activities. Other non-direct activities include agency functions such as agency group supervision meetings/case staffing, agency staff meetings, in-service training seminars, the agency orientation process, paperwork (case notes, progress notes, record keeping, report writing), observation of clinical work, interactions with agency personnel and networking. Supervision hours provided on campus (i.e. the EDPC 5371 – Practicum class group supervision seminar and UTEP faculty supervision) also count toward non-direct clock hours.

The student is expected to complete the total number of required direct service hours and non-direct hours during the span of weeks for the semester in which enrollment in EDPC 5371 – Practicum occurs which is 15-16 weeks during the Fall and Spring Semesters and a minimum of 10 weeks during the Summer semester.

The student may not begin accruing direct service hours before the first week of the EDPC 5371 - Practicum class, but may accrue up to 15 non-direct service hours for attending required agency orientations prior to the beginning of the first week of EDPC 5371 - Practicum class.

The student may not begin the Internship I experience until the minimum of 40 clock hours of direct service and the total of 100 clock hours required for Practicum are successfully completed according to the expectations of the EDPC 5371 – Practicum syllabus.

If a student is in good standing and has successfully completed all the required assignments of the EDPC 5371 – Practicum class, the student with a deficit in the required hours will receive a grade of P (“in progress”) for EDPC 5371 which will be changed to a grade of S once the hours are accrued to make up the deficit.

If the student has failed to meet one or more of the academic/clinical performance requirements of the EDPC 5371 Practicum course, a grade of “U” or a grade of “I” will be assigned. If the grade of “I” is received, the student may be denied permission to continue with the Internship I experience until those academic/clinical requirements are satisfactorily completed. If a grade of “U” is received, the student would have to request permission to re-take EDPC 5371
which must be successfully completed before enrolling in Internship I. Permission to enroll in EDPC 5371 again may be denied depending on the nature of the reasons for receiving a grade of “U”.

The student may not carry over hours from Practicum into Internship I. However, if Practicum and Internship I are being completed in consecutive semesters, the student who has successfully completed Practicum may accrue up to 50 non-direct and/or direct clock hours toward the Internship I hours requirements during the interim period between the last day of class of the Practicum semester and the beginning of the first week of class of the Internship I semester. The student who accrues hours during the interim period must continue to receive supervision from the Site Supervisor during the interim period.

Students must be officially enrolled in EDPC 5371 – Practicum, EDPC 5372-Internship I, or EDPC 5373 – Internship II to be able to accrue clock hours to meet the requirements of these courses.

Internship
Internship I and Internship II are the second phase of the clinical field experience. Students must successfully complete the requirements for Practicum to be allowed to continue on into Internship which is designed to immediately follow the Practicum.

EDPC 5372 – Counseling Internship I and EDPC 5373 – Counseling Internship II each require a semester long (approximately 15 weeks) placement. The student must complete a total of 300 clock-hours under supervision during each internship semester for a total of 600 hours. As part of this 600 clock-hour requirement, the student must complete a minimum of 240 clock-hours of direct service (i.e. 120 clock hours of face-to-face client contact each semester of Internship). (The student must lead or co-lead a counseling or psychoeducational group during either the practicum or internship experience). Note that students may complete more than the minimum required hours of direct contact which will decrease the required number of indirect counseling-related activity hours. The student is also expected to receive 1 hour per week of face to face individual or triadic clinical supervision by the Site Supervisor. Indirect counseling-related activities include the expected 1 hour per week of face to face individual or triadic clinical supervision by the student’s Site Supervisor. Other agency functions such as agency group supervision meetings/case staffing, agency staff meetings, in-service training seminars, paperwork (e.g. case notes, progress notes, record keeping, and report writing), observation of clinical work, interactions with agency personnel and networking count toward indirect counseling-related activities. Supervision hours provided on campus (i.e. the EDPC 5372 – Internship I class group supervision seminar and the EDPC 5373 – Internship II class group supervision seminar and UTEP faculty supervision) also count toward non-direct clock hours.
The student is expected to complete the total number of required direct service hours and non-direct hours during the span of weeks for the semester in which enrollment in EDPC 5372 – Internship I occurs which is 15-16 weeks during the Fall and Spring Semesters and a minimum of 10 weeks during the Summer semester.

If Practicum and Internship I are not being completed in consecutive semesters, the student may not begin accruing direct service hours before the first week of the EDPC 5372 – Internship I class, but may accrue up to 15 non-direct service hours for attending required agency orientations prior to the beginning of the first week of EDPC 5372 – Internship I class.

If a student is in good standing and has successfully completed all the required assignments of the EDPC 5372 – Internship I class, but has not completed the 120 clock hours of direct service and/or the total of 300 clock hours required for EDPC 5372, the student may be allowed to enroll in and begin the Internship II experience with the approval of the Clinical Coordinator, the Mental Health Program Coordinator, or the Department Chair if it is deemed likely that the student will be able to make up the deficit of accrued hours in a timely manner. A grade of P (“in progress”) will be submitted for EDPC 5372 which will be changed to a grade of S once the hours are accrued to make up the deficit. If the student has failed to meet one or more of the academic/clinical performance requirements of the EDPC 5372 Internship I course, a grade of “U” or a grade of “I” will be assigned. If the grade of “I” is received, the student may be denied permission to continue with the Internship II experience until those academic/clinical requirements are satisfactorily completed. If a grade of “U” is received, the student would have to request permission to re-take EDPC 5372 which must be successfully completed before enrolling in Internship II. Permission to enroll in EDPC 5372 again may be denied depending on the nature of the reasons for receiving a grade of “U”.

In the event the student accrues more than 300 hours during the Internship I semester, up to 50 hours from Internship I may be carried over into Internship II even if Internship I and Internship II are not being completed during consecutive semesters. In addition, if Internship I and Internship II are being completed during consecutive semesters, the student may accrue up to 50 clock hours toward the Internship II hours requirements during the interim period between the last day of class of the Internship I semester and the beginning of the first week of classes of the Internship II semester. The student who accrues hours during the interim period must continue to receive supervision from the Site Supervisor during the interim period.

Even though a student may complete the required minimum 240 hours of direct service and the 600 total hours required for the two semesters of Internship before the last week of class for the Internship II semester, the student is expected to continue to provide services at the Internship site, receive supervision, and attend EDPC 5373 – Internship II class until the semester ends.
Students must be officially enrolled in EDPC 5371 – Practicum, EDPC 5372- Internship I, or EDPC 5373 – Internship II to be able to accrue clock hours to meet the requirements of these courses.

Supervision
Within the framework of the Practicum and Internship clock-hour requirements, CACREP mandates that the average number of individual or triadic clinical supervision hours each student must receive on site is 1 hour per week. Clinical supervision hours comprise an essential component of the Practicum and Internship experience, and it is the Site Supervisor’s responsibility to be available at times that are mutually agreed upon with the Practicum/Internship student. It is the student’s responsibility to ensure compliance with these obligatory training functions. Practicum students also receive individual or triadic and group supervision on a regular basis provided by a Mental Health Counseling Program faculty supervisor.

Each semester, practicum and Internship students must enroll in and attend a campus-based class (i.e. EDPC 5371 – Practicum, EDPC 5372 – Internship I, or EDPC 5372 – Internship II) which provides a group supervision seminar experience for an average of at least one and one-half hours per week of supervision. This class runs concurrently with the site placement during the Practicum semester and the two consecutive Internship semesters. The class instructor functions as the group supervision supervisor and assigns the grade earned by the Practicum/Internship student. The student is graded on a Satisfactory- Unsatisfactory basis and must earn a grade of Satisfactory in EDPC 5371 to be allowed to advance to EDPC 5372 and then must earn a grade of Satisfactory in EDPC 5372 to be allowed to advance to EDPC 5373. The student must successfully pass all three courses to graduate from the Mental Health Counseling Program.

III. Practicum/Internship Agency and Site Supervisor Guidelines

As summarized in the Student Practicum/Internship Placement Agreement, the responsibilities pertaining to the site/agency and the Site Supervisor are as follows:

1. To provide on-site individual or triadic supervision to the student for a minimum of one hour per week during the specified period of the practicum/internship placement at the site.

2. To provide a site supervisor who meets the Mental Health Counseling Program’s requirement for supervisors. Criteria for supervisors include a master’s (or doctoral) degree in Mental Health Counseling or a related field (e.g., counseling, social work, psychology) a minimum of two years relevant professional counseling experience following completion of the master’s degree, and training/experience in counselor supervision.

3. For supervisors without the requisite supervisor training in 2 above, the agency is asked to support the Site Supervisor’s attendance at a 3 hour continuing
education supervision seminar provided by the Mental Health Counseling Program faculty.

4. To provide the student with sufficient, appropriate counseling clients to complete the clock hour requirements of the practicum (which includes 40 direct service hours) and/or internship (which includes 120 direct service hours per semester).

5. To provide suitable work space to conduct professional activities.

6. To permit the student to audio record selected counseling sessions for later review by counseling faculty supervisors in individual/triad supervision and in the group supervision seminar at UTEP. Recordings will be permitted only when clients have signed written consent forms and all recordings will be erased/destroyed at the conclusion of the Practicum or Internship period in which they are recorded.

7. The Site Supervisor should be available by phone or email to counseling faculty for regular (i.e. a minimum of once per term) consultation regarding the practicum/internship student's progress. The practicum/internship class supervisor or a designee of the Mental Health Counseling Program Clinical Coordinator will initiate contact with the Site Supervisor during the practicum/internship. If any problem arises with the student during the field placement, Site Supervisors are requested to contact the practicum/internship student's group supervision seminar class instructor to request a telephone conference or a site visit with the instructor and/or the Counseling Program Clinical Coordinator when warranted.

8. To provide timely and ongoing written evaluations of the student's performance to UTEP and to share those evaluations with the student.

9. The Site Supervisor should complete Clinical Mental Health Counseling Clinical Student Evaluation Form in a timely manner each semester as required by the Mental Health Counseling Program. Site Supervisors should review their evaluation forms with each individual supervisee.

10. It is the responsibility of the Site Supervisor to monitor and provide direct or indirect supervision for ALL CLINICAL WORK conducted at the agency/site. The Site Supervisor and the agency/site maintain legal and professional responsibility for all agency clients served by the Practicum/Internship student.

11. The Site Supervisor is to provide the Practicum/Internship student with each of the following:
   1. Sufficient orientation to the site
   2. Healthy professional working alliance/relationship
   3. Sufficient clarity regarding agency/site expectations and objectives (i.e., workload, flexibility of hours, mandatory meetings, activities, etc.)
4. Frequent observation or close case review on all counseling sessions conducted by the student
5. Frequent constructive supervisory feedback
6. Facilitation of student professional growth and learning (i.e., case conceptualization, resources and specific information when necessary)
7. Facilitation of student interface with agency personnel and collateral sources when warranted
8. Opportunities to become familiar with a broad range of professional activities and resources which might include (but not be limited to) use of professional resources, appraisal instruments, attendance at agency clinical case conferences, in-service trainings, consultations, and access to computers, print media, or other communication technology typically available to clinical employees at the agency

IV. Practicum/Internship University Faculty Responsibilities

As outlined in the Student Practicum/Internship Placement Agreement the Mental Health Counseling Program assumes the following responsibilities:

1. To provide a Clinical Coordinator to collaborate in the student's training experience and to serve as a liaison for the agency
2. To provide and receive regular (i.e. a minimum of once per term) phone or email consultation with the agency and agency supervisors regarding the student’s training
3. To provide a concurrent, group supervision seminar class to be held on campus during the specified period of the practicum/internship placement
4. To provide the student with a faculty supervisor for additional individual and/or triadic supervision during the practicum placement
5. To insure the student is covered by professional liability insurance
6. To insure the student has agreed to abide by the Code of Ethics of the American Counseling Association, State laws and HIPAA regulations relevant to the counseling field
7. To offer counseling supervision training opportunities for site supervisors

V. Practicum/Internship Selection of Field Placement

Students will be oriented to the Practicum/Internship in person or electronically early in the semester preceding the semester they intend to enroll in EDPC 5371 – Practicum. During this orientation, the Mental Health Counseling Program Clinical Coordinator
reviews the Application for Counseling Practicum form, site selection procedures and other core aspects of the Practicum/Internship experience. Student selection of Practicum/Internship sites will be done in consultation with the Clinical Coordinator, whose approval must be obtained before initiating any contact with a potential Practicum/Internship site. The Clinical Coordinator typically contacts potential sites to ascertain their willingness and availability to have a student at that site during the intended semester of Practicum. Students may apply and begin to interview at prospective Practicum sites after receiving approval to do so from the Clinical Coordinator.

Students usually complete Practicum, Internship I, and Internship II training at the same site or agency. If a student wishes to remain at an approved Practicum site for the Internship, it is not necessary to obtain additional site approval, unless there would be significant changes in the site experience (e.g. a change in the Site Supervisor or counseling duties). However, students may, upon approval by the Clinical Coordinator, be permitted to complete Practicum and Internship placements at two different sites when this arrangement would be more tailored to meet specific program needs and/or a student’s professional aspirations.

Students may apply to complete their Practicum and/or Internship experience at a site in which they are currently employed. When this request is made, the Mental Health Counseling Program requires specific conditions as follows:

1. The student’s place of employment is subject to evaluation by the Clinical Coordinator to ensure that it is an appropriate counseling setting for the Practicum/Internship field experience.

2. The student is required to obtain a Site Supervisor for Practicum/Internship who is NOT his/her current administrative supervisor.

3. The student is required to conduct work and to be exposed to counseling experiences that are not normally part of his/her regular employment duties, unless these employment duties began no more than 6 months preceding the start of the Practicum or Internship. Exceptions to this requirement can be made only with the permission of the Clinical Coordinator in consultation with Mental Health Counseling Program Coordinator.

VI. Practicum/Internship Application, Documentation, and Evaluation Forms

Clear and consistent documentation of the Practicum/Internship experience comprises a vital communication link between the agency/site and the Mental Health Counseling Program. Faculty and Site Supervisors are required to complete evaluation forms and record-keeping data throughout the period of the Practicum/Internship. Students must submit original hard copies (or an equivalent electronic copy as provided by the Mental Health Counseling Program) to the Program for review and approval. The documentation should reflect the student’s progress, skills, and experiences gained during the practicum/Internship period.
Health Counseling Program), of all forms that require a site supervisor signature to their group supervision seminar instructor. It is highly recommended that students always make and retain a photocopy in their personal files of any forms submitted to the Mental Health Counseling Program.

Required forms and completion deadlines are delineated as follows:

1. **UTEP Graduate School Degree Plan (Appendix A)**
2. **Application for Counseling Practicum Form (Appendix B)**
3. **Practicum/Internship Student Informed Consent Form (Appendix C)**
   - Any student applying for the Practicum/Internship must submit these 3 forms to the Clinical Coordinator for review and approval prior to enrollment in the EDPC 5371 – Practicum course. Typically, these forms will be turned in approximately 3 months prior to the beginning of the semester for which the student applying to begin Practicum. The forms must be reviewed and on file before a student will be approved to begin the Practicum experience.

4. **Practicum/Internship Student Agreement Form (Appendix D)**
5. **Student Practicum/Internship Placement Agreement Form (Appendix E)**
6. **Practicum/Internship Supervisor Credential Form (with attached Supervisor Resume) (Appendix F)**
   - These forms must be completed and signed by the appropriate parties (i.e. student and/or Site Supervisor (or appropriate agency representative)) after the student has been accepted by a site for the Practicum and/or Internship. A copy of each form should be given to the Site Supervisor and the original signed copy of each form is to be submitted to group supervision seminar class instructor on the first night of class following the student’s initial meeting at the site with his/her site supervisor. The group supervision seminar class instructor will forward them to the Clinical Coordinator for filing.

7. **Practicum/Internship Weekly Hours Log (Appendix G)**
   - This log is to be kept by the student and signed weekly by the student and the appropriate supervisors who met with the student that week. The form documents direct service and non-direct service hours (including site supervision hours) completed under the supervision of the Site Supervisor. In addition, campus supervision hours (i.e. group supervision seminar class hours and faculty supervision hours) are also recorded in this weekly log. This form is for record keeping purposes and should be kept by the student as back up documentation should such be needed to verify contact hours. It is not required to be submitted to the Mental Health Counseling Program unless requested by the program.
8. **Semester Summary Hours Log for Practicum/Internship (Appendix H)**

   - This form is a summary statement of the Practicum/Internship Weekly Hours Log and is completed by the student at the end of the Practicum and each semester of Internship. This form requires the signature of the student and the Site Supervisor. It is submitted to the group supervision seminar class instructor who also signs the form and forwards it to the Clinical Coordinator for filing.

9. **Practicum/Internship Supervision Hours Completion Form (Appendix I)**

   - This form is to be completed by the student and signed by the student, the Site Supervisor and the group supervision seminar instructor at the end of the Practicum semester and each semester of Internship. It is an additional verification of total hours completed and number of supervision hours completed which is often requested by credentialing and licensing bodies.

10. **Clinical Mental Health Counseling Clinical Student Evaluation Form (Appendix J)**

    - This form is a comprehensive review of the student’s demonstration of the applied knowledge, skills and practices competencies of a professional mental health counselor. The Site Supervisor and the Mental Health Counseling Program group supervision seminar class instructor are each expected to complete this form at the end of each semester. After reviewing this form with the student, the Site Supervisor will either submit the form electronically or give the signed form to the student to submit to the student’s group supervision seminar class instructor who will forward both his/her evaluation and the Site Supervisor’s evaluation to the Clinical Coordinator for filing.

11. **Student Evaluations of Agency/Site and Agency/Site Supervisor Form (Appendix K)**

    - This form is completed by the student at the completion of each semester of Practicum/Internship. It is submitted to the group supervision seminar instructor who forwards it to the Clinical Coordinator for filing.

12. **Student Evaluation of Faculty Supervisor and Group Supervision (Appendix L)**

    - This form is completed by the student at the completion of each semester of Practicum/Internship. It may be submitted to the group supervision seminar instructor who forwards it to the Clinical Coordinator for filing. However, if the student wishes, he/she may submit the form directly to the Clinical Coordinator.
VII. Practicum/Internship Student Responsibilities

1. **Academic Coursework** - It is the responsibility of each prospective and active Practicum/Internship student to meet in a timely manner the Mental Health Counseling Program’s academic and clinical performance requirements as specified in the relevant syllabi for EDPC 5371 – Practicum, EDPC 5372 – Internship I and EDPC 5373 – Internship II while enrolled in these courses. Students will be expected to complete various learning activities related to the application of clinical knowledge to the practice of mental health counseling (e.g. intake interviewing, case documentation, report writing, clinical assessment, treatment planning, counseling interventions, client advocacy, interagency consultation, etc.) and will be evaluated on their performance so as to offer feedback and learning opportunities to further develop these skills.

2. **Professionalism** - In addition, students will be expected to demonstrate a high degree of personal maturity, ethically sound performance and decision making, and exceptional professionalism in their relationships with fellow students, administrative and professional colleagues at their sites, Site Supervisors, university supervisors, public contacts, and their clients. Students are held accountable to the ethical standards of the counseling profession as identified in the Code of Ethics of the American Counseling Association (ACA) [http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4](http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4) and the Code of Ethics of the American Mental Health Counselors Association [http://www.amhca.org/assets/content/AMHCA_Code_of_Ethics_2010_update_1-20-13_COVER.pdf](http://www.amhca.org/assets/content/AMHCA_Code_of_Ethics_2010_update_1-20-13_COVER.pdf).

3. **Clinical Supervision** - Supervision is a tutorial form of counselor training that enhances the professional functioning of the supervisee, monitors the quality of professional services offered to the clients that are seen by the supervisee, and provides the information necessary for the supervisor to serve as a gatekeeper for the counseling profession. It is simultaneously a forum for teaching/learning counseling skills, becoming aware of personal/professional biases and blind spots and developing a proactive habit of self-reflection, and for demonstrating clinical strengths and remediating areas of clinical weakness. As such, the clinical supervisor is in a unique position to assist supervisees to enrich the quality of their counseling. Students are expected to engage fully in the supervision process which can at first be anxiety provoking until a strong supervisory working relationship is established, but is usually extremely rewarding as the student realizes their professional growth through the supervision process. Full engagement in the supervision process entails attending all scheduled supervision sessions (on campus and at the site) timely preparation for supervision sessions, open and authentic discussion of skills, attitudes, and personal concerns over professional performance, and a willingness to be influenced by the supervision process so as to be prepared to meet the expectations of Mental Health Counseling Program’s clinical training.
requirements.

4. **Student Role at the Agency/Site Placement** - Practicum/Internship student site placements will vary in the nature of their purpose, scope, size, target population, client diversity, and specific function/role in the local community. Because of these agency variations, it is imperative that Practicum/Internship students receive a comprehensive orientation to the practices of the agency in which they are placed. The Practicum/Internship students request and attend to the specific expectations and objectives outlined for them by their agencies in general and by their Site Supervisors in particular. These expectations will be uniquely influenced by the nature of the agency and the professional expertise of the Site Supervisor. It is the responsibility of each student to ensure that agency and Site Supervisor expectations are clearly communicated and understood.

   a. Students should adhere to all agency policies regarding dress, time of arrival and departure, agency paperwork and procedures, mandatory meetings, rules of privacy/confidentiality, office space usage, and so forth.
   b. Students should consider themselves as a "regular staff/employee" of their agency for the duration of their field work, and arrange their work schedule in accord with agency protocol and requirements.
   c. Students are expected to engage in a broad range of professional activities afforded them by their agency and/or Site Supervisor, but at a level commensurate with their education and clinical experience.
   d. Students work under the supervision of their Site Supervisors, and the agency and Site Supervisor maintain the final responsibility for clients assigned to their Practicum/Internship students, client terminations, transfers and referrals affecting those clients, and the overall disposition of each client case. All clinical decisions made by Practicum/Internship students must be done in consultation with the appropriate Site Supervisor.

5. **Student Responsibility to Adhere on Site to Clinical Training Requirements** – Students have a responsibility to respond appropriately and ethically should it become apparent that any of the requirements of the Mental Health Counseling Program are not being met by the agency/site or the Site Supervisor. If the student is having difficulties with any of the required activities or any other problems or issues at site then he/she is directed to proceed as follows:

   a. Discuss the issue(s) with the Site Supervisor to seek solutions, clarity and resolution.
   b. If Step a. is not successful, the student is to inform his/her campus group supervision seminar class instructor of his/her concerns, who, if appropriate, will intervene in a timely and fitting manner.
   c. If no resolution can be agreed upon, the group supervision seminar class instructor is to notify the Clinical Coordinator for assistance and possible intervention.
It is imperative for all involved to seek to resolve issues that affect the student’s ability to fulfill the Practicum and/or Internship requirements in as timely a manner as possible.

VIII. Practicum/Internship Faculty Supervisor Responsibilities

A vital component in clinical Practicum/Internship training is the Mental Health Counseling Program faculty member who serves as the group supervision seminar class instructor. He/she meets with students on a regular and prescribed basis to provide clinical guidance and direction, to discuss and review audio recordings of work samples in individual/triad supervision (Practicum) and in group supervision (Practicum, Internship I, and Internship II).

The group supervision seminar class instructor’s supervision responsibilities may be delineated as follows:

1. Set up regular one-to-one and/or triadic supervision with the student throughout the course of Practicum semester, and as needed during Internship.
2. Document and keep a brief record of supervision meetings and class activities.
3. Provide students with informal and/or formal/written evaluative feedback regarding their:
   a. Proficiency in developing counseling relationships, performing culturally competent counseling interventions, advocating for clients, and consulting with other professionals and systems
   b. Proficiency in performing intake interviews and mental status examinations, gathering biopsychosocial histories, assessing clinical information, documenting and reporting clinical information
   c. Proficiency in conceptualizing cases, developing treatment plans, applying evidenced based practices, strategies, and techniques and evaluating treatment outcomes for a variety of mental health issues
4. At the conclusion of each semester of Practicum/Internship the group supervision seminar class instructor will complete the Clinical Mental Health Counseling Clinical Student Evaluation Form as shown in Appendix J and will review their evaluation forms with each individual and/or group supervisee whom they supervised. All forms will be submitted to the Clinical Coordinator following review with the supervisee.
5. Serve as liaison to the Clinical Coordinator. In this role he/she will provide informal feedback regarding progress and/or problems concerning the Practicum/Internship student.
6. Attend any scheduled group supervision seminar class instructor meetings.

In performing the duties described above, the group supervision seminar class instructor the plays a number of roles, including that of teacher and evaluator, counselor, and consultant.

As teacher and evaluator group supervision seminar class instructor helps the student
to develop his/her basic counseling, diagnostic, and case conceptualization skills, as well as gain a more thorough ability to apply his/her theoretical underpinnings in treatment. The group supervision seminar class instructor provides a critical evaluation of the student’s level of performance relative to his/her expected level of development and ensures that the student practices according to the ethics and standards expected of a counseling professional.

As counselor the group supervision seminar class instructor facilitates the student’s exploration of his/her self-awareness and emotional maturity, especially highlighting the impact of issues concerning transference and counter-transference with clients. In this role the group supervision seminar class instructor is responsible to help the student identify any needs for remediation and/or personal growth and will refer the student for counseling if indicated.

As consultant the group supervision seminar class instructor enables the student to review clinical cases in light of professional and agency standards and discuss and review ethical/legal issues regarding clients and agencies. The group supervision seminar class instructor also may also provide a professional point of view that helps the student to crystallize his/her professional aspirations as he/she begins a career as a mental health professional.
Appendix A - UTEP Graduate School Degree Plan
THE UNIVERSITY OF TEXAS AT EL PASO
GRADUATE SCHOOL

DEGREE PLAN (PPS)

Student: ________________________________ Student I.D.: ___________

Department ________ Major ________ E-mail _______________________

Terms of acceptance into program ________ Term of First Course Used Towards Degree ________

Check Appropriate Requirement: ☐ Thesis ☐ Dissertation ☐ Course Work ☐ Seminar Paper ☐ Graduate Project
☐ Research Paper ☐ Capstone ☐ Exhibition ☐ Comprehensive Written Exam ☐ Comprehensive Oral Exam/Portfolio

All requirements to be completed within six years for master’s students and eight years for doctoral students.

MINIMUM REQUIRED PROGRAM

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<th>COURSE TITLE</th>
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ADDITIONAL PROGRAM REQUIREMENTS

Recommended Committee:
1) Chair: __________________________ 2) __________________________
3) Outside Member: __________________________ 4) __________________________ 5) __________________________

Signature Approvals: Graduate Advisor: __________________________ Date __________

College Dean __________________________ Graduate School __________________________ Date __________

Students are urged to study the general requirements for graduate degrees stated in the Graduate Studies Catalog. Students are responsible for checking their own progress to be sure they meet these requirements. Any deviation from the above course schedule must have the approval of the Department Graduate Advisor and the Graduate School. The Degree Plan should include all coursework required for the graduate degree. It does not constitute a waiver of any requirements for the degree as set by the Graduate School or Department. Program requirements beyond the minimum required for the degree are listed above.

Signature of Student: __________________________ Address __________________________

Number and Street __________________________ Zip Code __________________________

University of Texas at El Paso - 500 W. University Ave. - El Paso, TX 79968
Appendix B - Application for Mental Health Counseling Practicum Form
**Department of Educational Psychology and Special Services**  
**Application for Mental Health Counseling Practicum**

Please Submit Electronic Copy to Clinical Coordinator: rcwilliams@utep.edu

**Application Deadlines:**  

Date: __________

Last Name: ____________________ First Name: ___________ UTEP ID# __________

Other surname (if any) at UTEP: ___________________________________________

Home Phone: ___________ Cell: ___________ Email: ______________________

Address: _______________________________________________________________

City: ___________________________ State: _______ Country: ___ Zip Code: _____

Best phone number to reach you and leave a message: _______________________

Are you fluent in Spanish and able to conduct counseling sessions in Spanish?  ____Yes  ___No

Please check mark below your top 3 preferences for age group and for type of issues:*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Types of Issues</th>
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<tr>
<td>__Children</td>
<td>_Process Addictions</td>
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<tr>
<td>__Adolescents</td>
<td>_Substance Addictions</td>
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<tr>
<td>__Young Adults</td>
<td>_Trauma/PTSD</td>
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<tr>
<td>__Adults</td>
<td>_Educational/Career/Vocational</td>
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<td>__Senior Adults</td>
<td>_Chronic Mental Illness</td>
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<td>_Grief/Loss</td>
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<td>_Anger Management</td>
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<td>_Health and Wellness</td>
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<td></td>
<td>_Marriage &amp; Family Problems</td>
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<td></td>
<td>_Behavioral Problems/Special Needs</td>
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<td>_Immigration/Displacement</td>
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<td>_Victim Services (e.g. domestic violence, crime victims)</td>
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<td></td>
<td>_General Mental Health (e.g. anxiety, depression, etc.)</td>
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<td></td>
<td>Other: ______________________________________________</td>
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</table>

*(Specify)*

*The program cannot guarantee that you will receive a placement that matches your preferences but will work with you to find an approved site that possibly matches.

**Mental health counseling students must complete their practicum in a setting that provides mental health counseling services.*
Appendix C - Practicum/Internship Student Informed Consent Form
Counseling Program
Practicum/Internship Student Informed Consent

I agree to participate in the on-site counseling practicum/internship experiences according to the guidelines and procedures described in the syllabi for each course.

I hereby attest that I have read and understand the American Counseling Association Code of Ethics (available at www.counseling.org) and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part could result in my removal from practicum/internship and a failing grade.

I agree to adhere to the administrative policies, rules, standards and practices of the practicum/internship site(s) at which I am placed.

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

I agree to contact my practicum/internship group supervision course professor anytime that ethical issues arise during my practicum/internship due to:

(a) Breach of client confidentiality based on a danger to self or others
(b) Participation in a dual relationship with a client
(c) Inadequate or lack of individual supervision time with my site supervisor

I understand that neither the University of Texas at El Paso nor the Department of Educational Psychology and Special Services will provide or pay for my legal counsel in the event I am sued for malpractice during the course of my practicum/internship. I understand that the university will not compensate me in the event I am found liable.

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.

Student Name _________________________________________________________________
(Please Print)

Student Signature______________________________________________Date:____________
Appendix D - Practicum/Internship Student Agreement Form
Counseling Program

Practicum/Internship Student Agreement

Student Information

Date ____________

Last Name _____________________ First Name _____________________

Approved Site Information

Agency Name __________________________________________ Telephone ______________

Street Address _________________________________________________________________

City ___________________________________ State ______________ Zip Code ___________

Mailing Address ________________________________________________________________

City ___________________________________ State ______________ Zip Code ___________

Administrative Director of Site

Last Name ______________________________First Name ____________________________

Telephone ______________ Email ________________________ Title ____________________

Degree ______________ Field of Study ______________________ Credentials _____________

Site Supervisor

Last Name ______________________________First Name ____________________________

Telephone ______________ Email ________________________ Title ____________________

Degree ______________ Field of Study ______________________ Credentials _____________
Memorandum of Agreement by Student

I, _____________________________________________________________________ agree to
(Please Print Student Name)

be placed at the above-named site/agency for completion of my practicum and/or internship field placement hours.

I will adhere to the following conditions as the terms of my placement at the site and agree to:

1) To attend all mandatory practicum/internship orientation meetings at UTEP.

2) To abide by the Ethical Code of the American Counseling Association, all applicable state laws regarding counseling work, and maintain HIPAA compliance concerning all Protected Health Information for transporting and storing agency data.

3) To work under the supervision of site supervisor and to ensure that ALL clinical decisions regarding “high-risk” clients are done in consultation with the site supervisor.

4) To attend and adhere to all site and site supervisor specific expectations and objectives.

5) To ensure that the site/site supervisor’s expectations have been clearly communicated and to seek clarity if not understood.

6) To adhere to all agency policies regarding dress, time of arrival and departure, paperwork, documentation, record-keeping procedures, mandatory meetings, rules of privacy/confidentiality, office space usage and other relevant agency requirements and protocol as expected of any “regular staff/employee”.

7) To address issues of not receiving: sufficient numbers of clients, flexible access to site supervisor(s) and/or permission to audio record counseling sessions.

9) To attend regularly scheduled supervision sessions with the site supervisor and the faculty supervisor (one-to-one and/or triadic supervision format), and to attend the group supervision seminar at UTEP throughout the course of the field placement.

10) To complete all paperwork, forms and assignments associated with on-going site, faculty and group supervision in a timely manner.

11) To maintain appropriate professionalism and manifest good work habits (i.e., use organization skills, be punctual, act responsibility, be dependable, check email messages and phone messages frequently, etc.).

12) To maintain respectful and appropriate decorum, boundaries and professional relationships with faculty, clients, peers, colleagues and supervisors.

Signature________________________________________________________Date:_________
(Student)

Signature________________________________________________________Date:_________
(Practicum/Internship Coordinator or Designee)
Appendix E - Student Practicum/Internship Placement Agreement
Counseling Program

Student Practicum/Internship Placement Agreement

Student Information

Date __________

Last Name _____________________ First Name _____________________

Approved Site/Agency Information

Agency Name __________________________________________ Telephone ______________

Street Address _________________________________________________________________

City ______________________________ State ______________ Zip Code ___________

Mailing Address ________________________________________________________________

City ______________________________ State ______________ Zip Code ___________

Administrative Director of Site (or Designee)

Last Name ______________________________ First Name _______________________________

Telephone ______________ Email ________________________ Title ____________________

Degree ______________ Field of Study ______________________ Credentials _____________

Site Supervisor

Last Name ______________________________ First Name _______________________________

Telephone ______________ Email ________________________ Title ____________________

Degree ______________ Field of Study ______________________ Credentials _____________
Memorandum of Agreement

Length of Agency Placement
The identified approved site/agency agrees to accept the identified MHC Student to be placed at the site for the following Practicum and/or Internship field placement hours and time periods:

(Check All that Apply)

___ 100 clock hours (Practicum) Time period: _____/____through____/___ (1 semester)
   (Month/Yr.)               (Month/Yr.)

___ 300 clock hours (Internship I) Time period: ____/_____through____/___ (1 semesters)
   (Month/Yr.)                  (Month/Yr.)

___ 300 clock hours (Internship II) Time period: ____/_____through____/___ (1 semesters)
   (Month/Yr.)                  (Month/Yr.)

___ ___ clock hours (Partial Practicum or Internship) Time period: ____/____through____/____
   (Specify #)             (Circle)             (Month/Yr.)                (Month/Yr.)

The identified approved site/agency hereby also agrees to adhere to the following training obligations and site activities as conditions of placement and training of the student at the site.

Site/Agency Training Obligations
1. To provide on-site individual supervision to the student for a minimum of one hour per week during the specified period of the practicum/internship placement at the site.
2. To provide a credentialed site supervisor who meets the Counseling Program’s requirement for supervisors. Criteria for supervisors include a master's or doctoral degree in a mental health related field (e.g., counseling, social work, psychology) a minimum of two years relevant professional counseling experience following completion of the master’s degree, and training/experience in counselor supervision.
3. For supervisors without the requisite supervisor training in 2 above, the agency is asked to support the Site Supervisor’s attendance at a 3 hour continuing education supervision seminar provided by the MHC faculty.
4. To provide the student with sufficient, appropriate counseling clients to complete the clock hour requirements of the practicum (which includes 40 direct service hours) and/or internship (which includes 240 direct service hours).
5. To provide suitable work space to conduct professional activities.
6. To permit the student to audio record selected counseling sessions for later review by counseling faculty supervisors in individual/triadic supervision and in the group supervision seminar at UTEP.
7. The Site Supervisor should be available by phone or email to counseling faculty for regular (i.e. a minimum of once per term) consultation regarding the practicum/internship student's progress. The practicum/internship class supervisor or a designee of the Counseling Program clinical coordinator will initiate contact with the Site Supervisor during the practicum/internship. If any problem arises with the student during the field placement, Site Supervisors are requested to contact the practicum/internship student's Group Supervision
class Supervisor to request a telephone conference or a site visit from the Group Supervision
class Supervisor and/or the Clinical Coordinator when warranted.
8. To provide timely and ongoing written evaluations of the student’s performance to UTEP
and to share those evaluations with the student.

Client Contact Activities at the Site: (Check All that Apply)
_____ Individual Counseling  _____ Group Counseling  _____ Family Counseling
_____ Marital Counseling  _____ Intake Interviews  _____ Crisis Intervention
_____ Psycho-educational Groups  _____ Admin./Interp. of Tests to Clients

Case Conceptualization/Documentation Activities
_____ Case Assessment/Diagnosis  _____ Case Conceptualization  _____ Treatment Planning
_____ Case Documentation

Agency Related Administrative Activities
_____ Site Supervision  _____ Staff Meetings  _____ Prof. Development and Training
_____ Consultation  _____ Scoring Instruments
_____ Other Specify: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Memorandum of Agreement continued

University Obligations:
The counseling program hereby agrees adhere to the following training obligations and activities
as conditions of placement and training of the student at the site.
1. To provide a Practicum/Internship Coordinator to collaborate in the student's training
   experience and to serve as a liaison for the agency.
2. To provide and receive regular (i.e. a minimum of once per term) phone or email
   consultation with the agency and agency supervisor regarding the student’s training.
3. To provide a concurrent, group supervision seminar class to be held on campus during the
   specified period of the practicum/internship placement.
4. To provide the student with a faculty supervisor for additional individual and/or triadic
   supervision during the practicum placement.
5. To insure the student is covered by professional liability insurance.
6. To insure the student has agreed to abide by the Code of Ethics of the American Counseling
   Association, State laws and HIPAA regulations relevant to the counseling field.
7. To offer counseling supervision training opportunities for site supervisors.

Agency Administrative Director or Designee: ______________________________________
(Please Print)
Signature_____________________________________________________Date:___________
Counseling Program
Representative:_________________________________/Title:___________________
(Please Print)
Signature________________________________________________________Date:_________

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Appendix F - Practicum/Internship Supervisor Credential Form
Counseling Program

Practicum/Internship Supervisor Credential Form

Student Information

Date ____________

Last Name _____________________ First Name _____________________

Approved Site/Agency Information

Agency Name __________________________________________ Telephone ______________

Street Address

City ___________________________ State __________ Zip Code ___________

Mailing Address

City ___________________________ State __________ Zip Code ___________

Supervisor Information

Supervisor Last Name _________________________ First Name ________________________

Email _________________ Phone _____________________ Cell Phone _________________

Position/Title ___________________________________ Degree _________________________

Field of Study __________________ Specialty ____________________________

Credentials/Certifications ______________________________________________________

Licensure __________________ License Number _________________ State __________

Licensure __________________ License Number _________________ State __________

Licensure __________________ License Number _________________ State __________

Current Employment Position ____________________________________________________
**Supervisor Experience/Training**

Number of years of post-masters counseling experience ________

Number of years of post-masters clinical supervisory experience: a) supervising mental health professional staff ____________ and b) supervising counseling interns _______________

Number of Graduate Courses in Theory and Practice of Counselor Supervision ______________

Number of CEUs with specific focus on “clinical supervision” in the past 10 YEARS: ________

Would you be willing to attend a MHC Program supervision training workshop presented at UTEP for CEUs at no cost as part of the program’s compliance with the CACREP Accreditation Standards? ____Yes ____No

I have received a copy of the Site Supervisor Orientation Handbook.

Site Supervisor’s Signature ___________________________ Date: __________

**PLEASE ATTACH SITE SUPERVISOR’S RESUME**
Appendix G - Practicum/Internship Weekly Hours Log
## Counseling Program
### Weekly Hours Log for Practicum/Internship

**Print Student Name:** ____________________________  
**Print Agency Supervisor Name:** ____________________________

#### A. Agency Direct Client Contact Hours

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1. Individual Counseling  
2. Group Counseling  
3. Family Counseling  
4. Marital Counseling  
5. Crisis Intervention  
6. Intake/Diagnostic Interview  
7. Didactic/Psycho-educational Presentations to Client  
8. Administration and/or Interpretation of Tests to Clients  
9. Other (Specify):

#### A. Total Direct Client Hours

#### B. Agency Non-direct Service Hours

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1. Agency functions (e.g. in-service training, staff meetings, orientation...)  
2. Administrative (e.g. paperwork, case notes, report writing, review of cases...)  
3. Observation (e.g. tape review, non-participatory observation, etc.)  
4. Consultation  
5. Scoring/Review of Assessment Instruments  
6. Conference Attendance (Specify):  
7. Other (Specify):  
8. Agency Supervision Hours: Individual/Triadic Supervision with Agency Supervisors  
9. Agency Supervision Hours: Group Supervision with Agency Supervisors

#### B. Total Agency Non-Direct Hours

#### C. TOTAL SERVICE HOURS (A+B)

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#### D. UTEP Faculty Supervision Hours

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1. Individual/Triadic Supervision with Faculty Supervisors  
2. Group Supervision Seminar

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<th>Print UTEP Faculty Supervisor Name</th>
<th>D. Total Faculty Supervision Hours</th>
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<tbody>
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<td>Adjacent space for name.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UTEP Faculty Supervisor Signature***</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjacent space for signature and date.</td>
<td></td>
</tr>
</tbody>
</table>

---

* Verifies All Service Hours, **Verifies Agency Service Hours, ***Verifies Faculty Supervision Hours
Counseling Program  
Semester Summary Hours Log for Practicum/Internship  

(Agency Name)

Print Student Name ____________________________________________________________

Term/Year:  Fall/_____  Spring/_____  Summer/_____

Type of Placement:  _____Practicum  _____Internship I  _____Internship II

<table>
<thead>
<tr>
<th>A. Agency Direct Client Contact Hours</th>
<th>Sem. Hours Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual Counseling</td>
<td></td>
</tr>
<tr>
<td>2. Group Counseling</td>
<td></td>
</tr>
<tr>
<td>3. Family Counseling</td>
<td></td>
</tr>
<tr>
<td>4. Marital Counseling</td>
<td></td>
</tr>
<tr>
<td>5. Crisis Intervention</td>
<td></td>
</tr>
<tr>
<td>6. Intake/Diagnostic Interview</td>
<td></td>
</tr>
<tr>
<td>7. Didactic/Psycho-educational Presentations to Client</td>
<td></td>
</tr>
<tr>
<td>8. Administration and/or Interpretation of Tests to Clients</td>
<td></td>
</tr>
<tr>
<td>9. Other (Specify):</td>
<td></td>
</tr>
</tbody>
</table>

A. Total Direct Client Hours

<table>
<thead>
<tr>
<th>B. Agency Non-direct Service Hours</th>
<th>Sem. Hours Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agency functions (e.g. in-service training, staff meetings, orientation...)</td>
<td></td>
</tr>
<tr>
<td>2. Administrative (e.g. paperwork, case notes, report writing, review of cases...)</td>
<td></td>
</tr>
<tr>
<td>3. Observation (e.g. tape review, non-participatory observation, etc.)</td>
<td></td>
</tr>
<tr>
<td>4. Consultation</td>
<td></td>
</tr>
<tr>
<td>5. Scoring/Review of Assessment Instruments</td>
<td></td>
</tr>
<tr>
<td>6. Conference Attendance (Specify):</td>
<td></td>
</tr>
<tr>
<td>7. Other (Specify):</td>
<td></td>
</tr>
<tr>
<td>8. Agency Supervision Hours: Individual/Triadic Supervision with Agency Supervisors</td>
<td></td>
</tr>
<tr>
<td>9. Agency Supervision Hours: Group Supervision with Agency Supervisors</td>
<td></td>
</tr>
</tbody>
</table>

B. Total Agency Non-Direct Hours

C. TOTAL SERVICE HOURS (A+B)

Student Signature* ____________________________ Date ____________

Print Agency Supervisor Name __________________________________________________

Agency Supervisor Signature** ____________________________ Date ____________

<table>
<thead>
<tr>
<th>D. UTEP Faculty Supervision Hours</th>
<th>Sem. Hours Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual/Triadic Supervision with Faculty Supervisors</td>
<td></td>
</tr>
<tr>
<td>2. Group Supervision Seminar</td>
<td></td>
</tr>
</tbody>
</table>

D. Total Faculty Supervision Hours

Print UTEP Faculty Supervisor Name __________________________________________________

UTEP Faculty Supervisor Signature*** ____________________________ Date ____________

* Verifies All Service Hrs. **Verifies Agency Service Hrs. ***Verifies Faculty Supervision Hrs.
### Counseling Program

**Semester Summary Hours Log for Practicum/Internship by Week**

**Student Initials:**

**Agency Name:**

**Type of Placement:**

**Term/Year:**

- Fall/_____
- Spring/_____
- Summer/_____

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Weekly Hours Totals</th>
<th>Sem. Hrs. Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Agency Direct Client Contact Hours</strong></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</td>
<td></td>
</tr>
<tr>
<td>1. Individual Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Group Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Family Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Marital Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Crisis Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Intake/Diagnostic Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Didactic/Psycho-educational Presentations to Client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Administration and/or Interpretation of Tests to Clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other (Specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A. Total Direct Client Hours</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Agency Non-direct Service Hours</strong></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</td>
<td></td>
</tr>
<tr>
<td>1. Agency functions (e.g. in-service training, staff meetings, orientation…)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Administrative (e.g. paperwork, case notes, report writing, review of cases…)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Observation (e.g. tape review, non-participatory observation, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Scoring/Review of Assessment Instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Conference Attendance (Specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other (Specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Agency Supervision Hours: Individual/Triadic Supervision -Agency Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Agency Supervision Hours: Group Supervision with Agency Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Total Agency Non-Direct Hours</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. TOTAL SERVICE HOURS (A+B)</strong></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</td>
<td></td>
</tr>
<tr>
<td><strong>D. UTEP Faculty Supervision Hours</strong></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</td>
<td></td>
</tr>
<tr>
<td>1. Individual/Triadic Supervision with Faculty Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Group Supervision Seminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D. Total Faculty Supervision Hours</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix I - Practicum/Internship Supervision Hours Completion Form
Counseling Program

Practicum/Internship Supervision Hours Completion Form

<table>
<thead>
<tr>
<th>Term/Year:</th>
<th>Fall/____</th>
<th>Spring/____</th>
<th>Summer/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Placement:</td>
<td>___Practicum</td>
<td>___Internship I</td>
<td>___Internship II</td>
</tr>
</tbody>
</table>

**Student Information**
(To be completed by student)  
Date ____________

Last Name _________________________  First Name _________________________________
Home Telephone ______________  Cell _______________  Email ________________________
Address ______________________________________________________________________
City ___________________________________  State ______________  Zip Code ___________
Completion Date ____________

**Student Signature**  
__________________________________________

**Agency/Site Hours Completion Verification**
(To be signed by agency supervisor)

Agency Name __________________________________________  Telephone ______________
Address ______________________________________________________________________
City ___________________________________  State ______________  Zip Code ___________
Supervisor Last Name _________________________  First Name ________________________

For the type of placement and term/year listed above, I certify that the student identified above has completed ______ total clock hours of experience under my supervision and ______ total clock hours of supervision with me. This information is accurate as of the date of my signature.

Supervisor Signature ____________________________________________  Date ____________

**Supervision Hours Completion Verification**
(To be completed by student and signed by group supervision instructor)

This is to certify that the following clock hours of supervision have been successfully completed by the above listed student.

<table>
<thead>
<tr>
<th>Supervision Hours Total</th>
<th>______hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Triadic Supervision by Agency Supervisor</td>
<td>___hours</td>
</tr>
<tr>
<td>Individual/Triadic Supervision by Counseling Program Faculty</td>
<td>___hours</td>
</tr>
<tr>
<td>Group Supervision Seminar by Counseling Program Faculty</td>
<td>___hours</td>
</tr>
</tbody>
</table>

The accuracy of the report information has been verified through student contact and an examination of the student’s practicum/internship hour logs.

Counseling Program Group Supervision Instructor: ___________________________________
(Please Print)

**Group Supervisor Signature**  
__________________________________________  Date ____________
Appendix J - Clinical Mental Health Counseling Clinical Student Evaluation Form
Clinical Mental Health Counseling Clinical Student Evaluation Form

Student Name: ______________________________________________________

Supervisor Name: ________________________________________

Site Name: ______________________________________________________

Course: __Practicum __Internship I __Internship II

Year: ______

Term: __Fall __Spring __Summer

INSTRUCTIONS

For each bolded and shaded CACREP/CMHC Standard evaluate the student based on what is an appropriate level of performance for someone at his/her level of education and experience at the time of the evaluation according to the scale below and write the appropriate number in the right hand column next to the standard. 0 = Unable to Evaluate 1 = Unsatisfactory 2 = Marginal 3 = Satisfactory 4 = Good 5 = Exemplary

Use the bulleted specific behaviors as a guide to help you make your evaluation. Please put a minus (-) in the column next to any specific bulleted behaviors that need improvement and discuss those with your supervisee. Please put a plus (+) in the column next to any specific bulleted behaviors for which you observe the student excelling. Please put a zero (0) in the column next to any specific bulleted behavior you did not have the opportunity to observe. Please leave the column blank () for any specific behavior that is at the expected/satisfactory level.

Please provide written comments in the area provided at the end of the form and date and sign the form. Thank you.

EXAMPLE: Student is highly consistent in following agency procedures. However student violated confidentiality of client to clerical staff member and was confused regarding this ethical issue. Thus, supervisor evaluates the student as only marginal in meeting this ethical standard.

<table>
<thead>
<tr>
<th>CACREP Standards /CMHC</th>
<th>CACREP/CMHC Standard SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Unable to Evaluate</td>
<td>1 = Unsatisfactory</td>
</tr>
<tr>
<td>2 = Marginal</td>
<td>3 = Satisfactory</td>
</tr>
<tr>
<td>4 = Good</td>
<td>5 = Exemplary</td>
</tr>
</tbody>
</table>

Bulleted Behavior Scale

(0) = Did not observe  (-) = Needs improvement  () = At Expected Level  (+) = Excelling

<table>
<thead>
<tr>
<th>CACREP Standard</th>
<th>Behaviors</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.</td>
<td>• Knows and follows agency policies and procedures</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>• Knows and adheres to professional ethical codes and legal standards</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>• Applies sound ethical reasoning in decision-making</td>
<td>-</td>
</tr>
</tbody>
</table>
### 5.C.2.i. 1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Unable to Evaluate</td>
</tr>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>2</td>
<td>Marginal</td>
</tr>
<tr>
<td>3</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
</tr>
<tr>
<td>5</td>
<td>Exemplary</td>
</tr>
</tbody>
</table>

- Knows and follows agency policies and procedures
- Knows and adheres to professional ethical codes and legal standards
- Applies sound ethical reasoning in decision-making

### 5.C.3.b. 2. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.

- Ability to initiate the clinical data gathering process and successfully engage clients
- Ability to assist clients to identify precipitating events and describe their issues
- Ability to assist clients to identify desired outcomes of counseling
- Ability to collaborate with clients to define viable treatment goals
- Ability to describe the symptoms and clinical presentation of clients with mental and emotional impairments
- Ability to formulate appropriate and useful theory-based case conceptualizations
- Ability to construct and implement appropriate and useful treatment plans for clients
- Ability to implement the treatment process and successfully engage clients as a mutual partner
- Ability to successfully focus, maintain, and modify the treatment process as needed over time
- Ability to recognize client needs for additional resources and/or adjunctive services
- Ability to make appropriate referrals for clients
- Ability to assist clients to identify ongoing strategies to maintain treatment progress and prevent relapse upon termination
- Ability to appropriately transfer and/or terminate with clients

### 5.C.3.b. 3. Demonstrates appropriate use of culturally responsive skills in individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.

- Demonstrates culturally responsive therapeutic communication skills
  - Defines the purpose of and identifies parameters for the counseling session
  - Uses effective questions to initiate discussion of client issues and exploration of the narrative
  - Maintains appropriate focus on clients' salient issues (i.e. is not easily diverted and does not divert tracking)
  - Establishes trust and rapport with clients
  - Demonstrates genuineness/warmth
  - Demonstrates unconditional positive regard/acceptance
  - Expresses appropriate empathy
  - Utilizes appropriate attending behaviors (i.e. non-verbal communication, encouragers, tracking, etc.)
  - Understands and effectively paraphrases the content of the client stories
  - Identifies and understands the situational context of the client issues
  - Identifies, understands, and respects the cultural context of client issues
  - Inquires about the underlying meanings of issues/contexts for clients
  - Responds therapeutically appropriately to clients' feelings (i.e. reflects, non-verbal matching, etc.)
- Effectively summarizes by tying together the content, affect, and meanings of client situations
- Uses self-disclosure appropriately to enhance client communication and to validate client experience
- Demonstrates awareness of and appropriately manages power differentials in the therapeutic relationship
- Collaborates with clients to mutually develop and clarify goals
- Assists clients to identify cultural and contextual factors in the development and resolution of client issues
- Appropriately challenges discrepancies in client communication of emotions, behaviors, and thoughts

- Demonstrates culturally responsive group counseling skills
  - Appropriately addresses the unique ethical dilemmas for group counseling approaches
  - Appropriately utilizes group process interventions
  - Maintains appropriate boundaries with group members so as to not jeopardize the group process
  - Uses appropriate strategies to address oppression and enhance sensitivity to culturally diverse group members
  - Collaborates effectively with group co-facilitators

- Demonstrates culturally responsive family systems interventions
  - Maintains appropriate confidentiality of couples and family members
  - Recognizes and addresses the impact of cultural contexts on the issues of the system and its members

**4. Demonstrates the ability to use procedures for assessing and managing suicide risk.**

- Demonstrates appropriate assessment of client high risk factors (e.g. suicide, homicide, self-harm, etc.)
- Seeks consultation on how to manage high risk cases
- Appropriately documents risks, supervisory consultation, and clinical interventions to address risk

**5. Applies current record-keeping standards related to clinical mental health counseling.**

- Completes required intake forms and consent forms accurately and in a timely manner
- Documents case progress notes/session notes accurately and in a timely manner using required formats
- Completes referral, transfer, and termination documentation accurately and in a timely manner
- Maintains confidentiality of client records

**6. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.**

- Manifests appropriate professionalism
  - Demonstrates good work habits (i.e. is organized, prompt, responsible, and dependable)
  - Dresses in appropriate professional attire consistent with agency expectations
  - Maintains appropriate and respectful professional relationships with clients, agency peers, and supervisors
  - Exhibits emotional maturity in interactions with colleagues and other agency personnel
  - Maintains appropriate boundaries between personal issues and functioning in the agency
  - Displays emotional maturity in the practice of counseling skills
  - Addresses interpersonal conflict in an appropriate, open, and timely manner

- Utilizes supervision
<table>
<thead>
<tr>
<th>5.C.2.f.</th>
<th>7. Applies multicultural competencies to clinical mental health counseling.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identifies limitations and seeks advice, consultation, and supervision in an appropriate and timely manner</td>
<td></td>
</tr>
<tr>
<td>• Demonstrates openness to and seeks constructive criticism and feedback</td>
<td></td>
</tr>
<tr>
<td>• Reflects upon and integrates constructive criticism/feedback into clinical, professional, and personal behaviors</td>
<td></td>
</tr>
<tr>
<td>• Refers clients in a timely and appropriate manner when limitations as a counselor warrant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Maintains information regarding community resources to make appropriate referrals. Applies effective strategies to promote client understanding of and access to a variety of community resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrates awareness of own world view, sensitivity toward own cultural heritage, and resultant attitudes</td>
</tr>
<tr>
<td>• Respects the rights, dignity, and worth of all clients</td>
</tr>
<tr>
<td>• Honors diversity issues related to age, gender, race, ethnicity, origin, religion, sexual orientation, ability, language, SES</td>
</tr>
<tr>
<td>• Maintains awareness of the potential for culturally based power differentials and modifies practice accordingly</td>
</tr>
<tr>
<td>• Recognizes, respects, consults, and incorporates the world view of clients into all aspects of practice</td>
</tr>
<tr>
<td>• Recognizes the impact of oppression and social injustice in the development and manifestation of client issues</td>
</tr>
<tr>
<td>• Assesses, conceptualizes, diagnoses, plans treatment, and treats clients appropriately in light of cultural considerations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Actively seeks and compiles resource lists/information to be used in assisting clients</td>
</tr>
<tr>
<td>• Proactively appropriately introduces and offers clients information about additional community resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrates awareness of the cultural limitations and potential bias in assessment instruments and tests</td>
</tr>
<tr>
<td>• Uses assessment procedures and makes interpretations that are mindful of clients’ cultural and linguistic characteristics</td>
</tr>
</tbody>
</table>

| 5.C.3.a. | 11. Demonstrates skill in conducting an intake interview, a mental status evaluation, a bio-psychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. |
|---------------------------------------------------------------|
| • Demonstrates skill in conducting an intake interview |
| • Demonstrates skill in conducting a mental status evaluation |
| • Demonstrates skill in conducting a client history that integrates biological, psychological, and social factors |
| • Demonstrates skill in conducting a mental health history |
| • Demonstrates skill in performing a psychological assessment |
| • Demonstrates skill in documenting and reporting intakes, mental status exams, histories, and psych assessments |
12. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

- Consistently appropriately probes for and assesses addiction, aggression, self/other harm, and co-occurring disorders

13. Applies 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.

- Formulates treatment recommendations and strategies in light of clients' readiness to address addictions/compulsions

### 5.C.1.c. 5.C.2.d. 14. Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments. Differentiates between diagnoses and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

- Describes client symptoms and behaviors in appropriate and parsimonious clinical language when discussing cases
- Recognizes and classifies clusters of symptoms and other case information appropriately based on the DSM
- Accurately identifies and considers developmental, situational, and contextual factors in making a diagnosis
- Accurately assigns a diagnosis using the appropriate terms and diagnostic codes of the DSM
- Considers a variety of diagnoses and uses relevant case information and appropriate logic in reaching a final diagnosis
- Discusses diagnosis and diagnostic considerations for cases presented in supervision and case staffing

### 5.C.3.c,d,e. 15. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.

- Articulates clients' strengths when assessing and conceptualizing cases
- Recognizes, formulates, and implements interventions that can draw upon and enhance clients' strengths and abilities
- Refers to or enacts appropriate educational activities to develop/maintain resiliency and prevent deterioration of wellness
- Assists clients to advocate for selves for equitable and responsive policies, programs, and services
- Advocates appropriately on behalf of clients for equitable and responsive policies, programs, and services if necessary
- Strategically interfaces with other professionals (e.g. healthcare, legal, social welfare, etc.) regarding clients

16. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

- Identifies and tracks appropriate observable behaviors to indicate successful client progress on identified goals
- Identifies and utilizes useful clinical scales to assess and track clients’ subjective sense of progress on identified goals
- Performs ongoing evaluation of the success of treatment using client data and modifies interventions appropriately
- Discusses and participates in agency wide efforts at outcomes assessment

17. Uses research to inform evidence-based practice. Applies relevant research findings to inform the practice of clinical mental health counseling.

- Seeks to inform counseling interventions and strategies by reviewing empirically based research and practice literature
- Discusses research findings and empirically based intervention protocols in supervision
Comments

Supervisor Signature:______________________________________

Date:________________________________
Appendix K - Student Evaluations of Site and Site Supervisor Form
Counseling Program

Student Evaluations of Site and Site Supervisor

Student Information

Date ____________

Last Name _____________________ First Name _____________________

Student Evaluation of Agency and Agency Supervisor

Agency Name _________________________________________________________________

Agency Supervisor Last Name ______________________ First Name ____________________

Term/Year:  Fall/_____  Spring/_____  Summer/_____  

Type of Placement: _____Practicum  _____Internship I  _____Internship II

Agency Evaluation Rating Scale:  1 Poor  2 Fair  3 Average  4 Very Good  5 Excellent  

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Availability of sufficient client contact hours to fulfill the Direct Contact Service clock hour requirement of the course.</td>
</tr>
<tr>
<td>2. Adequate orientation to the agency</td>
</tr>
<tr>
<td>3. Availability of private office space for counseling</td>
</tr>
<tr>
<td>4. Permission to audio record counseling sessions</td>
</tr>
<tr>
<td>5. Flexibility of working hours</td>
</tr>
<tr>
<td>Opportunities to experience the following: (Rate each separately)</td>
</tr>
<tr>
<td>Client Contact Activities at the Site</td>
</tr>
<tr>
<td>12. Psycho-educational Group  13. Admin./Interp. of Tests</td>
</tr>
<tr>
<td>Case Conceptualization/Documentation Activities</td>
</tr>
<tr>
<td>14. Case Assessment/Diagnosis  15. Case Conceptualization</td>
</tr>
<tr>
<td>16. Treatment Planning  17. Case Documentation</td>
</tr>
<tr>
<td>Agency Related Administrative Activities</td>
</tr>
<tr>
<td>18. Site Supervision  19. Staff Meetings</td>
</tr>
<tr>
<td>22. Scoring Instruments</td>
</tr>
<tr>
<td>23. Overall evaluation of this agency/site</td>
</tr>
<tr>
<td>24. Would you recommend this agency/site for future practicum/internship placements? (circle) Yes No</td>
</tr>
</tbody>
</table>

54
**Agency/Site Supervisor Evaluation Rating Scale:** 1 Poor  2 Fair  3 Average  4 Very Good  5 Excellent

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Consistently provided the one hour of face-to-face individual/triadic supervision each week</td>
</tr>
<tr>
<td></td>
<td>2. Established good rapport and maintained a good working relationship with student</td>
</tr>
<tr>
<td></td>
<td>3. Was available to address specific university needs of student (i.e. signing weekly logs, providing necessary evaluations)</td>
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<tr>
<td></td>
<td>4. Provided constructive feedback and suggestions to enhance student performance of counseling duties</td>
</tr>
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<td></td>
<td>5. Demonstrated sufficient knowledge of counseling-related activities (e.g. specific techniques, theory, ethics, etc.)</td>
</tr>
<tr>
<td></td>
<td>6. Facilitated relationships with other agency personnel and outside/collateral contacts</td>
</tr>
<tr>
<td></td>
<td>7. Facilitated student integration of theory and practice, (e.g. case conceptualization, resources and specific information when necessary)</td>
</tr>
<tr>
<td></td>
<td>8. Was available to observe student’s work (in person, or through audio/video taping)</td>
</tr>
<tr>
<td></td>
<td>9. Overall quality of the agency supervision</td>
</tr>
<tr>
<td></td>
<td>10. Would you recommend this supervisor to future practicum/internship students (circle)</td>
</tr>
</tbody>
</table>

**Reasons for your answer to 24 above regarding recommending the site:**

**Reasons for your answer to 10 above regarding recommending the supervisor:**
## Counseling Program

### Student Evaluation of Faculty Supervisor and Group Supervision

#### Student Information

Last Name _____________________ First Name _____________________

Term/Year: Fall/_____ Spring/_____ Summer/_____  

Type of Placement: _____Practicum _____Internship I _____Internship II  

Faculty Supervisor Last Name _____________________ First Name _____________________

### Faculty Supervisor Rating Scale:  1 Poor  2 Fair  3 Average  4 Very Good  5 Excellent

<table>
<thead>
<tr>
<th>Rating</th>
<th>1. Developed and maintained a good working relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Provided clear and consistent feedback on student progress</td>
</tr>
<tr>
<td></td>
<td>3. Provided valuable suggestions, advice, and guidance in supervision</td>
</tr>
<tr>
<td></td>
<td>4. Demonstrated sensitivity to ethical/legal concerns</td>
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<tr>
<td></td>
<td>5. Maintained reasonable expectations</td>
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<tr>
<td></td>
<td>6. Demonstrated interest and commitment to the supervisory process</td>
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<tr>
<td></td>
<td>7. Presented a positive role model</td>
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<tr>
<td></td>
<td>8. Assisted in the conceptualization of cases</td>
</tr>
<tr>
<td></td>
<td>9. Assisted in translating theory into practice</td>
</tr>
<tr>
<td></td>
<td>10. Demonstrated sensitivity to student needs and concerns</td>
</tr>
<tr>
<td></td>
<td>11. Overall quality of supervision</td>
</tr>
</tbody>
</table>

Group Supervision Instructor Last Name _____________________ First Name _____________________

### Group Supervision Instructor Rating Scale:  1 Poor  2 Fair  3 Average  4 Very Good  5 Excellent

<table>
<thead>
<tr>
<th>Rating</th>
<th>1. Developed and maintained good class atmosphere and rapport</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Provided appropriate feedback in classroom setting</td>
</tr>
<tr>
<td></td>
<td>3. Provided valuable suggestions, advice, and guidance in group supervision</td>
</tr>
<tr>
<td></td>
<td>4. Demonstrated sensitivity to ethical/legal concerns</td>
</tr>
<tr>
<td></td>
<td>5. Maintained expectations consistent with generic course syllabus</td>
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<tr>
<td></td>
<td>6. Demonstrated interest and commitment to the group supervisory process</td>
</tr>
<tr>
<td></td>
<td>7. Provided a consistent positive role model</td>
</tr>
<tr>
<td></td>
<td>8. Discussed cases in terms of conceptualization, strategies and techniques</td>
</tr>
<tr>
<td></td>
<td>9. Explored cases in terms of counseling theories</td>
</tr>
<tr>
<td></td>
<td>10. Demonstrated sensitivity to student needs and concerns</td>
</tr>
<tr>
<td></td>
<td>11. Overall quality of group supervision</td>
</tr>
</tbody>
</table>
Please suggest ways the faculty supervisor could improve individual/triad supervision process:

Please suggest ways the group supervision instructor could improve the group supervision process: