


**WIU
COUNSELOR EDUCATION DEPT
SCHOOL COUNSELING
PRACTICUM PACKET
2015-2016**



WESTERN ILLINOIS UNIVERSITY
03/2015

Western Illinois University - Quad Cities
3300 River Drive
Moline, IL 61265
Phone: 309/762-1876
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www.wiu.edu/counselored

Student Name: _____

WIU Faculty Supervisor (Instructor): _____

Counseling Practicum

Counseling Practicum requires students to apply previously gained knowledge about counseling techniques and theories to work with clients at a field-site. The emphasis of Counseling Practicum focuses on students practicing individual and group counseling skills under supervision. The most desirable situation is one in which students are able to counsel a limited number of clients over an extended period of time. This allows students the opportunity to develop skills to promote in- depth change. Supervision will come from several sources: One hour per week (min) face to face supervision with site supervisor from a counselor at the agency/school where the student is working (including review of counseling tapes); One hour per week (min) face to face supervision from the university supervisor, and group supervision from the university supervisor and classmates. Counseling Practicum consists of a minimum of 100 hours, which includes a minimum of 40 direct contact hours with clients plus 10 hours are group counseling **co-facilitation** (total=minimum direct 50 hours). These requirements are in compliance with CACREP and the recommendations of the Association for Specialists in Group Work (ASGW).

My initial & signature indicates that I accept and understand the following conditions and expectations related to Practicum and that all the information herein is accurate.

- ___ I am responsible for completing the duties assigned to me at the Practicum site in accordance with University, departmental, and cooperating agency or school policies and procedures, as well as the ethics, statutes, and laws governing the professional practice for counseling. ***Failure to act within these boundaries may result in one or more of the following: a failing grade for Practicum, removal from the site, and/or termination from the program.***
- ___ Early separation from the Practicum requires written approval of the faculty supervisor, the site supervisor and the CNED Department Chair. ***Failure to act within these boundaries may result in one or more of the following: a failing grade for Practicum, removal from the site, and/or termination from the program.***
- ___ I will keep and submit appropriate Practicum-related records and forms, including site supervisor evaluations.
- ___ I will meet with faculty supervisor regularly at times established by the faculty supervisor for an average of one (1) hour per week of individual supervision.
- ___ I will meet with the site supervisor(s) regularly at times established by the site supervisor(s) for an average of one (1) hour per week of individual supervision.
- ___ I will participate in group supervision for an average of two and one half (2 ½) hours per week, usually performed by a faculty member, on a regular schedule throughout the Practicum. If I miss a class meeting, I understand I am to make it up another instructor's class- with permission from both professors.
- ___ I understand that specific certification and licensing requirements may differ from programmatic requirements. I am responsible for knowing specific requirements for certification and licensure.
- ___ I understand that I am required to provide my own transportation to and from pre-clinical and clinical/student teaching field assignments. I attest that when using my personal auto, I am covered by valid auto insurance that provides at least the limits of coverage statutorily required to legally operate my vehicle in Illinois and all other jurisdictions in which I travel.

Student's Signature

Date

Site Supervisor Signature

Date

Secondary Site Supervisor Signature

Date

CNED Faculty Supervisor Signature

Date

CNED Department Chair Signature

Date

**Department of Counselor Education
Western Illinois University – Quad Cities
PRACTICUM: FIELD PLACEMENT CONTRACT**

PLEASE TYPE

DUE FRIDAY, MAY 1TH

Incomplete Contracts will not be accepted

SCHOOL COUNSELING

The University Program agrees:

1. To assign a **University faculty supervisor** to facilitate communication between University and site;
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
3. That the faculty supervisor shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or University occur; and
4. That the faculty supervisor is responsible for the assignment of a fieldwork grade.

The Practicum Site agrees:

1. To assign a **Site Supervisor** who has appropriate credentials, time, and interest for training the counseling student;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student’s performance;
3. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
4. To provide supervisory contact which involves some examination of student work using video tapes, observation, and/or live supervision; and
5. To provide written evaluation of student based on criteria established by the Department of Counselor Education.

Student Name: _____

Address _____ City _____ Zip _____

Student phone number: _____ Student email: _____

Primary Site Information:

Dates: ____/____/____ through ____/____/____ Hours per week at Site: _____

Full Name of field site _____ Phone (____) _____

Site address _____

Supervisor Name _____ Phone (____) _____ E-mail _____

Check One: Highest degree of supervisor: EdD PhD MS MSEd MA other (specify) _____

Professional School Counselor give number _____

Specific discipline (e.g., counseling, psychology): _____

Secondary Site Information:

Dates: ____/____/____ through ____/____/____ Hours per week at Site: _____

Full Name of field site _____ Phone (____) _____

Site address _____

Supervisor Name _____ Phone (____) _____ E-mail _____

Check One: Highest degree of supervisor: EdD PhD MS MSEd MA other (specify) _____

Professional School Counselor give number _____

Specific discipline (e.g., counseling, psychology): _____

Type(s) of counseling in which student will be supervised:

Check all that apply:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Family | <input type="checkbox"/> Group | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Career/Vocational | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Child/Adolescent | <input type="checkbox"/> Other, Specify _____ |

Time at Site:

During a 16-week semester, Practicum requires approximately **8-10 hours** of appropriate activities per week.

<u>Monday</u>	<u>times</u>	<u># hours</u>
<u>Tuesday</u>	<u>times</u>	<u># hours</u>
<u>Wednesday</u>	<u>times</u>	<u># hours</u>
<u>Thursday</u>	<u>times</u>	<u># hours</u>
<u>Friday</u>	<u>times</u>	<u># hours</u>
<u>Saturday</u>	<u>times</u>	<u># hours</u>
<u>Sunday</u>	<u>times</u>	<u># hours</u>

TOTAL HOURS PER WEEK

The training activities below will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

_____ will be the **WIU supervisor** with whom the student and Site Supervisor will communicate regarding progress, problems, and performance evaluations.

Phone _____ E-mail _____

Suggested Practicum Activities:

- Individual Counseling (personal/social nature; occupational/educational nature)
- Group Counseling (co-leading or leading)
- Assisting with Report Writing (records, treatment plans, treatment summaries)
- Consultation (referrals, professional team collaboration)
- Career Counseling
- Assisting with Programming
- Individual Supervision; Group or Peer Supervision
- Case Conferences at Staff Meetings

Experience/Duties: List the various duties the student will perform, and indicate approximate time devoted to each per week. The field placement should provide opportunity for the student to engage in many of the professional activities performed by a full-time staff member at the site.

Student's Goals: (Be specific)

Student Signature *date*

Site Supervisor Signature *date*

Secondary Site Supervisor Signature *date*

WIU Faculty Supervisor Signature *date*

CNED Department Chair *date*

School Administrator *date*

Secondary School Administrator *date*

CONFIDENTIALITY POLICY: PRACTICUM

I. Disclosure

I understand that it is in violation of professional ethics and standards, as well as departmental policies, to discuss or disclose any part of my client’s content or emotional expression outside of the counseling or supervision sessions without express written permission of the client and practicum supervisor.

II. Video Tapes

It is mandatory that students erase all taped counseling sessions at the end of the semester in which practicum or internship is conducted. This may be accomplished by the following:

- a. The student assumes responsibility to erase all tapes at the end of practicum (or after tapes have been viewed). The student may use a tape eraser at the WIU-QC campus under faculty supervision.
- b. If a site desires to maintain control of the tapes, the Department of Counselor Education needs to receive a letter stating that the tapes will be destroyed at the site at the end of the semester OR that the site will be responsible for the content of the tapes and releases WIU from any liability for maintaining possession of the tapes.

(Student Signature) (Date)

(Site Supervisor Signature) (Date)

(Secondary Site supervisor Signature) (Date)

(Primary School Site Administrator Signature) (Date)

(Secondary School Site Administrator Signature) (Date)

STUDENT AGREEMENT: PRACTICUM

Student is to complete this form and submit a copy of this agreement with Practicum Contract

1. I hereby attest that I have read and understand the American Counseling Association Code of Ethics and Standards of Practice (school counselor trainees should read the ASCA Code of Ethics) and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum or internship, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum site.
3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum experiences.
4. I understand that I will not be issued a passing grade in practicum unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

I verify that I have professional liability insurance as follows (check one):

<input type="checkbox"/> private policy	_____
	(Name of insurance company)

OR

<input type="checkbox"/> professional organization Enrollment	_____
	(name of organization)

_____	_____
(Amount of coverage)	(Period of enrollment)

*****Attach a copy of the policy to this form*****

(Student Signature)	(Date)
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EMERGENCY/CRISIS MANAGEMENT: PRACTICUM

Any situation involving a client that is of a serious nature requiring immediate medical or psychotherapeutic attention constitutes an emergency. Examples of emergencies/crisis include:

- Imminent suicide attempt
- Drug Overdose
- Aggressive Reaction (present or imminent)
- Physical illness or adverse physical reactions requiring immediate medical attention
- Psychotic reaction or other serious psychological disturbance
- Report of child abuse
- Severe depression, anxiety, etc.

Community Agency/School Policy: What is the community agency/school policy about students managing a client crisis?

Procedures:

During Field Placement Hours:

Who is the student to contact?

Name _____ Phone (____) _____

If this person is not available who else can the student contact?

Name _____ Phone (____) _____

Outside of Field Placement Hours:

If students are concerned about clients and need to contact a supervisor outside of their regular field placement hours, what are the procedures?

SITE SUPERVISOR AGREEMENT FORM: PRACTICUM

Please **initial** each criterion and sign form. Initialing the criteria indicates agreement on the part of the site supervisor to fulfill CACREP Accreditation Requirements.

QUALIFICATIONS OF SITE SUPERVISORS:

To function as a site supervisor for practicum or internship, the professional:

- ___ 1. Must have a minimum of a master's degree in Counseling or related profession with equivalent qualifications, including appropriate certifications and/or licenses.

- ___ 2. Must have a minimum of two (2) years of pertinent professional experience in the program area in which the student is completing clinical instruction.

- ___ 3. Must have knowledge of the program's expectations, requirements, and evaluation procedures for students, including requirements for the video taping of counseling sessions.

- ___ 4. Must be available to the student for adequate clinical supervision and consultation for a minimum of one hour every week for Practicum.

RESPONSIBILITIES OF SITE SUPERVISORS

- ___ 1. To acquire all official authorization necessary from the agency or institutional administration for the counseling student to work in the setting under the supervision of the site supervisor.

- ___ 2. To determine experiences that can be provided to students in the setting are appropriate and will assist in professional growth. This includes assisting students with client referrals for individual and group counseling, when needed.

- ___ 3. To meet a minimum of one hour per week with the student to provide for regular clinical supervision and to be available at other times as needs arise. It is expected that the student and site supervisor will discuss the specific cases and experiences in the setting as well as the counseling profession at large. Supervision of student work using video tapes, observations, and/or live supervision are expected.

- ___ 4. To co-facilitate groups with student during the Practicum experience.

- ___ 5. To attend the WIU Annual Site Supervisor Training on **Friday, September 11, 2015**. Continuing Education Credits will be available for

this half day (morning) workshop. **It is mandatory that all site supervisors attend this training.**

- ___ 6. To assist students with the acquisition of counseling skills, specifically in the area of theory to practice.
- ___ 7. To provide regular on-going evaluation and feedback to student regarding their performance. Site supervisors should contact the university supervisor immediately to discuss any concerns which may arise during the semester which they do not feel comfortable handling alone. Problems or concerns should be taken care of in a timely manner.
- ___ 8. To meet with the university supervisor at least one time during the semester and at other times as needed.
- ___ 9. To provide the university supervisor and the student with a formal evaluation of the student's performance at mid-term and the end of the semester. Site supervisors are to meet with the student and discuss the evaluation prior to submitting it to the university supervisor.
- ___ 10. To provide student with adequate work space, telephone, office supplies, and staff to conduct professional activities.
- ___ 11. To be familiar with and abide by the ACA Code of Ethics and Standards of Practice and the ASCA code as appropriate.

The site supervisor agrees to take responsibility to fulfill the above criteria required for Counseling Practicum.

Primary Site Supervisor Signature

Date

Secondary Site Supervisor Signature

Date

Primary Site School Administrator

Date

Secondary Site School Administrator

Date