



2008

2009

*Community and
College Student
Development*

PRACTICUM HANDBOOK

The College of Education
& Human Development

UNIVERSITY OF MINNESOTA

Department of Educational Psychology
Counseling and Student Personnel Psychology

PRACTICUM HANDBOOK

TABLE OF CONTENTS

LETTER FROM THE DIRECTOR OF CLINICAL TRAINING	1
CONTINUING EDUCATION UNITS	2
GENERAL INFORMATION ABOUT CSPP PRACTICUM	3
PRACTICUM GUIDELINES FOR SECOND YEAR M.A. STUDENTS	4
REQUIRED PRACTICUM FORMS	6
STUDENT SELECTION OF PRACTICUM SITE	7
PRACTICUM AGREEMENT	8
PRACTICUM DATA FORM	9
PRACTICUM LEARNING CONTRACT	10
TAPE PERMISSION FORM	12
COUNSELING TAPING CONSENT FORM	13
COUNSELING LOG	14
TIME AND TASK LOG	15
ON-SITE INDIVIDUAL SUPERVISION SESSION REPORT	16
EVALUATION OF PRACTICUM STUDENT (COMMUNITY COUNSELING)	17
EVALUATION OF PRACTICUM STUDENT (COLLEGE STUDENT DEVELOPMENT)	20
CSPP SMALL GROUP SUPERVISOR EVALUATION	23
EVALUATION OF PRACTICUM SITE (COMMUNITY COUNSELING)	24
EVALUATION OF PRACTICUM SITE (COLLEGE STUDENT DEVELOPMENT)	26
CSPP DOCTORAL SUPERVISOR'S EVALUATION OF PRACTICUM STUDENT	28

LETTER FROM THE DIRECTOR OF CLINICAL TRAINING

Dear Site Supervisor,

As the Counseling and Student Personnel Psychology (CSPP) Director of M.A. Clinical Training, I wish to thank you for your willingness to assist a CSPP graduate student in the practicum experience. This handbook of information about the practicum, including explanations, forms, and requirements of the program, has been created for your convenience. My hope is that the handbook will help you understand the needs of the students and the CSPP program during this experience.

A CSPP practicum supervisor is in weekly contact with the practicum student in the required practicum class on campus. The students are required to present taped recordings of the work they are doing at the site. These tapes are reviewed during class and are confidential. A CSPP practicum supervisor plans to make a personal visit to your site to discuss the student's progress.

To show our appreciation for your generosity, efforts, and expertise, you will be awarded 30 CEU's for a minimum of 30 hours of individual supervision. The acknowledgement of CEU's will be presented at the Practicum Supervisor Appreciation Reception in May or it can be mailed to you at that time. Thank you for agreeing to add a practicum student to your busy schedule. Please feel free to call or e-mail the practicum supervisor with any comments and suggestions.

Sincerely,

Kay Herting Wahl, Ed.D.
Director of M.A. Clinical Training
University of Minnesota
Department of Educational Psychology
Counseling and Student Personnel Psychology

CONTINUING EDUCATION UNITS FOR ON-SITE PRACTICUM SUPERVISORS

Minimum 30 hour individual supervision = 30 CEU's

Formula developed by Deanne Magnussen and Kay Herting Wahl, October, 2002.

The acknowledgement of Continuing Education Units for supervision will be presented at the Practicum Supervisor Appreciation Reception in May or it can be mailed to you at that time.

EXPECTATIONS OF THE SITE SUPERVISOR

1. A minimum of a master's degree in counseling, college student development, or a related field and appropriate certifications and/or licenses.
2. **Perform a minimum of one (1) hour per week of individual supervision, throughout the practicum. Discuss the student's case conceptualization, counseling skills, and professional behaviors in the supervision session.**
3. Complete, with the student, a learning contract identifying specific objectives, goals, and activities for the practicum.
4. Introduce the practicum student to the culture of the practicum setting including formal and informal procedures.
5. Familiarize the student with policies regarding case management, record keeping, confidentiality, crisis team functions, abuse reporting procedures, and the consulting role.
6. Provide the practicum student with a caseload representing a variety of client needs; provide work space and supplies.
7. Assist the student in making arrangements for audio or videotaping sessions for evaluative purposes.
8. Have a conference with the student and the University of Minnesota practicum supervisor.
9. Complete formal written evaluations at the end of the first semester and at the end of the year, along with ongoing verbal feedback. Evaluation criteria include oral and written case reports, tapes of counseling sessions, counseling skills, and the degree to which the student accomplishes the goals set forth in his/her learning contract.
10. Consult the university practicum instructor in the event the site supervisor becomes aware of personal or other issues which are impairing the student's learning and/or performance.

GENERAL INFORMATION ABOUT CSPP PRACTICUM

The primary purpose of the Counseling and Student Personnel Psychology (CSPP) M.A. program is to provide a fundamental body of knowledge and skills that prepares counselors and student personnel specialists for work in a variety of settings. The M.A. program allows for specialization in school counseling, community agency counseling, and college student development counseling.

The Master of Arts (M.A.) degree is a program that emphasizes the practice of individual and group counseling and focuses on interviewing, counseling theory, client assessment, career development, and ethics training. The CSPP faculty is also committed to addressing multicultural and diversity concerns, gender roles, prevention, and advocacy. The M.A. program frequently leads to the following types of occupations: college counselor or student development professional, school counselor, career counselor, community agency counselor, counselor in employee assistance programs, or human resource development worker.

1. Intent of M.A. Community/ College Student Development Practicum

Practicum is completed during the second year of the program and is intended to provide students with the opportunity to engage in the activities of a practicing Community or College Student Development Counselor. Practicum experiences will take place at sites where the practicum student can work with clients and programs appropriate to the student's degree and areas of interest.

2. Practicum Class

The weekly practicum class provides students the opportunity to discuss, question, practice, and examine community or college student development counseling issues, counseling techniques and strategies, comprehensive programs, and counselor role and function. Tape recorded sessions of the students' work will be critiqued in class. Taping is confidential and completed only with written permission.

3. Supervision

The site supervisor will provide a minimum of one hour per week of individual supervision, throughout the practicum. The site supervisor will choose, direct, and supervise the student's counseling activities. CSPP program supervision will be the responsibility of the CSPP faculty member and the doctoral supervisors and will include at least one visit to the site while the student is at the practicum site.

4. Evaluation

The site supervisor and the CSPP doctoral supervisor will complete evaluations of the practicum student. The student provides evaluation forms to the site supervisor. The forms may be completed by the supervisor in a confidential manner and mailed to the CSPP faculty member, or may be completed and returned via the student. CSPP faculty member will decide a Grade of A-F each semester.

PRACTICUM GUIDELINES FOR SECOND YEAR M.A. STUDENTS

Register for: EPsy 8503 & 8504, sec. 1; 4 credits each; A/F

- Requirements:**
- 1) Spend a minimum of 24 hours per week at the practicum site in direct service, supervision, and practicum-related activities.
 - 2) Meet individually with a site supervisor once a week for one hour. Your supervisor must hold at least an M.A. degree in a counseling-related field (counseling, clinical, social work, student personnel, etc.).
 - 3) Accrue 50 client contact hours during the fall semester and 70 during spring semester. One client contact hour is calculated as follows: one 50-minute session, two 30-minute sessions, or four 15-minute sessions. Activities that count as client contact include your provision of individual or group counseling, advising, consulting, teaching, testing, and assessment. They do not include your receipt of any of these activities.
 - 4) Audio or video tape at least some of your sessions with clients.
 - 5) Meet two hours per week with a CSPP faculty member and doctoral student supervisor. Specific assignments to be determined by the faculty member.
 - 6) Complete and submit required practicum forms.

- Site Selection:**
- 1) You are responsible for selecting your practicum site. A number of potential sites have been identified by program faculty and students. They will be shared with you at a general advising meeting during your first year in the program. In addition, a list of possible sites and evaluations of these sites by former practicum students are available for review in Room 206 Burton Hall. You may pursue one of the sites or develop your own practicum site. Most sites require resumes and interviews. Several require letters of recommendation. Application deadlines vary.
 - 2) Your site must allow you to tape.
 - 3) Your site supervisor must sign Practicum Agreement before the site is approved by CSPP agreeing to a minimum of one hour per week of individual supervision throughout the practicum.
 - 4) Students who select sites primarily working with children, couples, or families must demonstrate having taken academic course work in these areas.

Minimum Practicum Hours: 700 hours at site including 120 client contact hours plus 60 hours in practicum class

OPTION II: Only for University Counseling and Counseling Services Practicum

Register for: EPsy 8513 & 8514; 4 credits each; S/N

- Requirements:**
- 1) Contact UCCS for application materials This is a competitive practicum.
 - 2) Hand in “Student Selection of Practicum Site” (p.7) to the Clinical Training Administrative Assistant by May 1st of the first year.
 - 3) Hand in the “Evaluation of Practicum Site” (p.25) to the Clinical Training Administrative Assistant at the end of spring semester.

Note: If you enroll in this practicum, you do not meet with CSPP faculty and doctoral student supervisors.

If you wish to enroll at UCCS practicum, please meet with the Director of M.A. Clinical Training before application process.

REQUIRED PRACTICUM FORMS

Form	Due Date	To Whom
Student selection of practicum site (p.7)	May 1st of your first year	Clinical training assistant
Practicum agreement (p.8)	Within the 1 st month of fall semester	Clinical training assistant
Practicum data form (p.9)	First day of practicum class in the fall semester	Clinical training assistant
Practicum learning contract (p.10)	Third week of each semester	Practicum instructor With a copy at the end of each semester to the director of clinical training
Tape permission form (p.12)	By the end of September	Clinical training assistant
Tape consent form (p.13)	By the end of September	Clinical training assistant
Counseling log (p.14) Time and task log (p. 15)	At the end of each semester	Practicum instructor With a copy at the end of each semester to the director of clinical training Keep a copy for yourself
Individual supervision session report (p. 16)	At the end of each semester	Clinical training assistant
Evaluation of practicum student by site supervisor (Community counseling: p.17) (College student development: p.20)	At the end of each semester	Practicum instructor With a copy at the end of each semester to the director of clinical training and your advisor Keep a copy for yourself
CSPP small group doctoral supervisor evaluation (p.23)	At the end of each semester	Practicum instructor
Student evaluation of practicum site (Community counseling: p.24) (College student development: p. 26)	At the end of spring semester	Clinical training assistant

STUDENT SELECTION OF PRACTICUM SITE

Name of Student _____ Date: _____

Name, Address, Phone # of Site: _____

Name of Supervisor: _____

Degree of Supervisor: _____

License of Supervisor: _____

Phone # of Supervisor: _____ Email: _____

Brief Description of Site: (site's mission/orientation)

Type of clientele: (age and diversity)

Common type of issues:

Type of counseling: (short term, long term, individual, group, career, etc.)

Anticipated Activities:

Reason for Choosing this Site:

Number of hours per week at this site:

If this site includes working with children/adolescents or couples/family, please list training/courses you have had in this area:

Signature of Clinical Training Director*PLEASE GIVE SIGNED FORM TO CLINICAL TRAINING ASSISTANT*

PRACTICUM AGREEMENT

COMMUNITY COUNSELING AND COLLEGE STUDENT DEVELOPMENT

The Counseling and Student Personnel Psychology program (CSPP) of the University of Minnesota (UMN), the _____ (Agency site), the community of _____, MN, and Mr./Ms. _____, practicum student, agree to a practicum experience according to the conditions outlined in the Counseling and Student Personnel Psychology program of the University of Minnesota. The Supervisor on-site agrees to provide one hour of individual supervision to the student per week, and the student will be allowed to audio or visually tape certain sessions with clients at the site.

Upon signatures of the practicum student, the site supervisor, and the University of Minnesota practicum instructor, the agreement is deemed to be in effect for the duration of the practicum experience in the _____ academic year.

Practicum Student

Date

Site Supervisor

Date

University of Minnesota Practicum Instructor

Date

PRACTICUM DATA FORM

Name: _____ Date: _____

Address: _____
(Street) (City, State, Zip Code)

Phone: () _____ Email: _____

Please complete the following regarding your Practicum setting:

Name of SITE: _____

Address of Site: (Please be accurate)

(Street)_____
(City, State, Zip Code)**Name of On-site Supervisor:** (Please spell correctly)

Supervisor's Phone: () _____ Email: _____

Total hours of work at this site per week: _____

Days of the week at this site: _____

PRACTICUM LEARNING CONTRACT

_____ CSPP Program: M.A. ___ Ph.D.____
Course Name & Number

Semester _____ Year _____ Instructor _____

Name of Student

Name of Site

Direct Service Objectives: Describe your counseling/therapy-related goals; specify the learning activities that you will use to achieve your objectives and the methods you will use to evaluate your performance. (Attach additional pages if necessary.)

Supervision: Describe the type and frequency of supervision you will receive (at site and CSPP).

Activities: List the activities you will engage in while at your site.

Time Commitment per Week:

_____ Direct Service _____ Supervision _____ Other (Specify)

Signature of Student & Date

Signature of Practicum Instructor

Signature of Site Supervisor

GIVE ORIGINAL TO INSTRUCTOR; SIGNED COPY TO DIRECTOR OF CLINICAL TRAINING

TAPE PERMISSION FORM

Audio or visual tapes may be utilized in counseling sessions when the counselor is a practicum student. The sessions are taped for the purpose of evaluating and critiquing the skills of the practicum student from the University of Minnesota (UMN). The tape may be viewed by the site supervisor, the UMN supervisor, and the UMN practicum class.

The student will obtain signed permission from the client before taping. If the client is under the age of 18, the student will obtain permission from the parent or guardian. The tape will be erased or destroyed immediately after the educational viewing and critiquing process.

Name of Practicum Site or Agency

Name & Signature of the Site Supervisor

Name & Signature of the Practicum Student

COUNSELING TAPING CONSENT FORM

1. I understand my counselor is a practicum student in training, which requires the review of audio taped/videotaped sessions with his/her University of Minnesota instructor, supervisor, and other practicum students in training. I understand the focus of the discussions of these counseling sessions will be the performance of my counselor.
2. I agree to have my counseling session(s) recorded by audiotape/videotape by my counselor who is a practicum student in the Counseling and Student Personnel Psychology Program at the University of Minnesota
3. I give my permission for the audiotape/videotape to be used for evaluation of my counselor by his/her university instructor, supervisor, and other practicum students in training. I understand all tapes will be erased at the end of the course.
4. I understand I am free not to participate in recording any session, and that it will in no way affect my relationship with my counselor. I understand I may request that the tape be stopped at any time during the session and that I may also request that the tape be withdrawn from use.

Client's Name (Printed)

Client's Signature

Date

Counselor's Name (Printed)

Counselor's Signature

Date

ONLY NEED THIS IF SITE DOES NOT HAVE ITS OWN

ON-SITE INDIVIDUAL SUPERVISION SESSION REPORT

- *To be filled out weekly by the student and/or supervisor:*

Subject	Comments
Focus of the supervision session (weekly topic):	
Strengths of student (related to weekly topic):	
Areas for growth	
Follow-up for next session:	
Ethical concerns about issues at the site:	

Please Sign and Date

Supervisor

Student

Date

EVALUATION OF PRACTICUM STUDENT

COMMUNITY COUNSELING

UMN COUNSELING AND STUDENT PERSONNEL PSYCHOLOGY PROGRAM

Student Name: _____ Phone: _____
 Email: _____

Site Supervisor Name: _____ Phone: _____
 Email: _____

Practicum Site: _____

Semester: _____ Year: _____

This counseling practicum evaluation is intended to provide: a) a tool for student self-assessment, b) feedback from the supervisor to the student, and c) data to the program faculty for discussion of progress and areas needing improvement. After reading each statement below, circle the number that best reflects your evaluation of the student's performance.

Please rate the student's performance using the following scale: 1 = Below average, 2 = Average, 3 = Above average, 4 = Excellent, N = No basis for evaluation

Counseling and Case Conceptualization Skills

- | 1 | 2 | 3 | 4 | N | |
|---|---|---|---|---|--|
| | | | | | 1. Establishes and maintains appropriate therapeutic boundaries. |
| | | | | | 2. Builds rapport. |
| | | | | | 3. Uses basic helping skills (silence, questions, reflection of feelings and content, clarifying responses). |
| | | | | | 4. Uses advanced helping skills (confrontation, interpretation, self-disclosure, referrals, etc.). |
| | | | | | 5. Explains, administers, and interprets assessment instruments. |
| | | | | | 6. Conceptualizes client concerns/formulates clinical hypotheses. |
| | | | | | 7. Works with the client to establish counseling/helping goals. |
| | | | | | 8. Works with the client toward <u>achieving</u> |

counseling/helping goals.

1 2 3 4 N 9. Terminates counseling sessions effectively.

1 2 3 4 N 10. Terminates counseling relationship effectively.

Professional Attitudes and Behaviors

1 2 3 4 N 11. Uses supervision (comes prepared, seeks out feedback and learning opportunities).

1 2 3 4 N 12. Is open and responsive to feedback.

1 2 3 4 N 13. Engages in open and clear communication with peers and supervisors.

1 2 3 4 N 14. Recognizes the boundaries of his/her competencies.

1 2 3 4 N 15. Demonstrates a personal commitment to develop professional competencies.

1 2 3 4 N 16. Demonstrates awareness and openness to diversity issues which may affect professional interaction with clients, peers, supervisors, and staff members.

1 2 3 4 N 17. Is punctual and keeps client and supervision appointments.

1 2 3 4 N 18. Completes case records in a timely and accurate manner.

1 2 3 4 N 19. Demonstrates ethical and legal behavior in counseling, case management, and supervision.

1 2 3 4 N 20. Has an accurate perception of his/her strengths and limitations.

1 2 3 4 N 21. Works effectively with staff members.

1 2 3 4 N 22. Follows the policies and procedures of the counseling agency.

Overall Evaluation

1 2 3 4 N 23. Your overall evaluation of the student's level of performance this semester.

Comments: (Please list at least two of the student's major strengths and two areas for improvement.)

Strengths:

1)

2)

Improvement:

1)

2)

Signatures please:

Date: _____

Student: _____

Date: _____

Site Supervisor _____

Date: _____

Practicum Supervisor: _____

*GIVE ORIGINAL TO INSTRUCTOR; COPIES TO DIRECTOR OF CLINICAL TRAINING
AND YOUR ADVISOR; KEEP A COPY FOR YOURSELF*

EVALUATION OF PRACTICUM STUDENT

COLLEGE STUDENT DEVELOPMENT

UMN COUNSELING AND STUDENT PERSONNEL PSYCHOLOGY PROGRAM

Student Name: _____ Phone: _____
 Email: _____

Site Supervisor Name: _____ Phone: _____
 Email: _____

Practicum Site: _____

Semester: _____ Year: _____

This college student development practicum evaluation is intended to provide: a) a tool for student self-assessment, b) feedback from the supervisor to the student, and c) data to the program faculty for discussion of progress and areas needing improvement. After reading each statement below, circle the number that best reflects your evaluation of the student's performance.

Please rate the student's performance using the following scale: 1 = Below average, 2 = Average, 3 = Above average, 4 = Excellent, N = No basis for evaluation

COUNSELING SKILLS

- | | |
|-----------|---|
| 1 2 3 4 N | 1. Builds an effective helping relationship with students. |
| 1 2 3 4 N | 2. Responds to and deals with student's feelings. |
| 1 2 3 4 N | 3. Facilitates student's expression of concerns. |
| 1 2 3 4 N | 4. Brings focus to student's concerns or issues. |
| 1 2 3 4 N | 5. Fosters student problem-solving and decision-making behavior. |
| 1 2 3 4 N | 6. Encourages student to assume responsibility for their development. |
| 1 2 3 4 N | 7. Promotes/fosters student growth and goal attainment. |
| 1 2 3 4 N | 8. Is skilled in academic areas of counseling. |
| 1 2 3 4 N | 9. Is skilled in career counseling areas. |

- 1 2 3 4 N 10. Maintains confidentiality.
- 1 2 3 4 N 11. Refers students appropriately.
- 1 2 3 4 N 12. Terminates student relationships effectively.

LEADERSHIP SKILLS

- 1 2 3 4 N 13. Works effectively with others (with parents, professors, etc.)
- 1 2 3 4 N 14. Conducts administrative tasks effectively (scheduling, class changes, etc.)
- 1 2 3 4 N 15. Maintains student records effectively.
- 1 2 3 4 N 16. Conducts effective workshops and/or teaching activities.
- 1 2 3 4 N 17. Helps with program development.
- 1 2 3 4 N 18. Demonstrates career guidance skill (career center, assessment, etc.)
- 1 2 3 4 N 19. Knows and uses technology in advising/counseling.
- 1 2 3 4 N 20. Is skilled in test interpretation.

PROFESSIONAL ATTITUDE AND BEHAVIOR

- 1 2 3 4 N 21. Understands and applies legal and ethical standards of conduct.
- 1 2 3 4 N 22. Is dependable and responsible.
- 1 2 3 4 N 23. Behaves in a mature, professional manner.
- 1 2 3 4 N 24. Is adaptable and appropriately flexible.
- 1 2 3 4 N 25. Is aware of areas where improvement is needed.
- 1 2 3 4 N 26. Is open to personal growth and introspection.
- 1 2 3 4 N 27. Shows willingness to take reasonable risks.

WORKING IN THE COLLEGE ENVIRONMENT

- 1 2 3 4 N 28. Shows interest in and familiarizes self with the mission of the organization.
- 1 2 3 4 N 29. Seeks and/or accepts supervision or feedback.
- 1 2 3 4 N 30. Works well with fellow staff members.
- 1 2 3 4 N 31. Uses time effectively.

1 2 3 4 N 32. Takes initiative to make things happen.

OVERALL EVALUATION

1 2 3 4 N 33. Your overall evaluation of the student's level of performance this semester.

Comments: (Please list at least two of the student's major strengths and two areas for improvement.)

Strengths:

1)

2)

Improvement:

1)

2)

Signatures please:

Date: _____

Student: _____

Date: _____

Site Supervisor _____

Date: _____

Practicum Supervisor: _____

GIVE ORIGINAL TO INSTRUCTOR; COPIES TO DIRECTOR OF CLINICAL TRAINING AND YOUR ADVISOR; KEEP A COPY FOR YOURSELF

CSPP SMALL GROUP SUPERVISOR EVALUATION

Name of small group supervisor: _____

Name (Optional): _____ Date: _____

Please rate the following as they apply to your small group supervisor by circling your response.

1 = seldom, almost never

2 = infrequent, not likely to happen

3 = usually, more than half the time

4 = generally, much more likely than not

5 = consistently, almost always when appropriate

Communicates respect and concern for me	1.....2.....3.....4.....5
Promotes a supportive, safe environment	1.....2.....3.....4.....5
Addresses my learning needs	1.....2.....3.....4.....5
Challenges my thinking	1.....2.....3.....4.....5
Gives useful feedback	1.....2.....3.....4.....5
Confronts me constructively	1.....2.....3.....4.....5
Uses positive reinforcement	1.....2.....3.....4.....5
Displays knowledge about counseling	1.....2.....3.....4.....5
Demonstrates supervisory skills	1.....2.....3.....4.....5
Responds helpfully to written materials	1.....2.....3.....4.....5
Is knowledgeable about ethical issues	1.....2.....3.....4.....5
Demonstrates group facilitation/leadership skills	1.....2.....3.....4.....5

Additional comments:

EVALUATION OF PRACTICUM SITE
COMMUNITY COUNSELING

Student Name: _____ Date: _____

Course Name & Number: _____ CSPP Program: M.A. ___ Ph.D. ___

Name of Site: _____

Address/Phone Number of Site: _____

Name & Title of Supervisor: _____

Phone Number and e-mail: _____

****These evaluations will be available to other students to assist them in choosing a practicum site****

Type of counseling site provides (check all that apply):

<input type="checkbox"/> Brief Therapy	<input type="checkbox"/> Individual	<input type="checkbox"/> Personal	<input type="checkbox"/> Remedial
<input type="checkbox"/> Long-Term Therapy	<input type="checkbox"/> Family	<input type="checkbox"/> Career	<input type="checkbox"/> Preventive
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Group	<input type="checkbox"/> Academic	<input type="checkbox"/> Other

Number of Hours per Week at Site:

Number of Hours per Week of Supervision: _____ Individual _____ Group

Describe the client population (gender, ethnicity, socioeconomic status, presenting concerns):

List activities in which you participated:

Describe any specialized training you had to undergo at your site prior to seeing clients:

Please use the following scale to evaluate your experience:

STRONGLY AGREE = 5, AGREE = 4, NEUTRAL = 3,
DISAGREE = 2, STRONGLY DISAGREE = 1

- | | | | | | |
|--|---|---|---|---|---|
| 1. I received adequate orientation to the site. | 5 | 4 | 3 | 2 | 1 |
| 2. I felt that my level of training and experience adequately prepared me to work with this particular population. | 5 | 4 | 3 | 2 | 1 |
| 3. I had adequate opportunity to develop my counseling skills. | 5 | 4 | 3 | 2 | 1 |
| 4. I received constructive feedback on my counseling performance. | 5 | 4 | 3 | 2 | 1 |
| 5. I received adequate supervision. | 5 | 4 | 3 | 2 | 1 |
| 6. My client load was adequate. | 5 | 4 | 3 | 2 | 1 |
| 7. My client load was manageable. | 5 | 4 | 3 | 2 | 1 |
| 8. I had adequate opportunity to participate in professional activities (e.g., staff meetings, workshops). | 5 | 4 | 3 | 2 | 1 |
| 9. The work environment at my site was generally supportive and professional. | 5 | 4 | 3 | 2 | 1 |
| 10. This experience has contributed to my professional development. | 5 | 4 | 3 | 2 | 1 |

Would you recommend this site to other students?

Yes, without reservation.

Yes, with some reservations. Please explain (use attached sheet if necessary):

No. Please explain (use attached sheet if necessary):

Are you willing to discuss your experience with future CSPP students? Yes No
If so, your name and phone number:

PLEASE GIVE THIS FORM TO THE CLINICAL TRAINING ASSISTANT

EVALUATION OF PRACTICUM SITE
COLLEGE STUDENT DEVELOPMENT

Student Name: _____ Date: _____

Course Name & Number: _____ CSPP Program: M.A. ___ Ph.D. ___

Name of Site: _____

Address/Phone Number of Site: _____

Name & Title of Supervisor: _____

Phone Number and e-mail: _____

****These evaluations will be available to other students to assist them in choosing a practicum site****

Type of counseling site provides (check all that apply):

___ Brief Counseling ___ Individual ___ Group ___ Personal
 ___ Career ___ Academic ___ Remedial ___ Preventive
 ___ Other

Number of Hours per Week at Site:

Number of Hours per Week of Supervision: _____ Individual _____ Group

Describe the student population (gender, ethnicity, socioeconomic status, presenting concerns):

List activities in which you participated:

Describe any specialized training you had to undergo at your site prior to seeing clients:

Please use the following scale to evaluate your experience:

STRONGLY AGREE = 5, AGREE = 4, NEUTRAL = 3,
DISAGREE = 2, STRONGLY DISAGREE = 1

- | | | | | | |
|--|---|---|---|---|---|
| 1. I received adequate orientation to the site. | 5 | 4 | 3 | 2 | 1 |
| 2. I felt that my level of training and experience adequately prepared me to work with this particular population. | 5 | 4 | 3 | 2 | 1 |
| 3. I had adequate opportunity to develop my counseling (student advising) skills. | 5 | 4 | 3 | 2 | 1 |
| 4. I received constructive feedback on my counseling (student advising) performance. | 5 | 4 | 3 | 2 | 1 |
| 5. I received adequate supervision. | 5 | 4 | 3 | 2 | 1 |
| 6. My client load was adequate. | 5 | 4 | 3 | 2 | 1 |
| 7. My client load was manageable. | 5 | 4 | 3 | 2 | 1 |
| 8. I had adequate opportunity to participate in professional activities (e.g., staff meetings, workshops). | 5 | 4 | 3 | 2 | 1 |
| 9. The work environment at my site was generally supportive and professional. | 5 | 4 | 3 | 2 | 1 |
| 10. This experience has contributed to my professional development. | 5 | 4 | 3 | 2 | 1 |

Would you recommend this site to other students?

Yes, without reservation.

Yes, with some reservations. Please explain (use attached sheet if necessary):

No. Please explain (use attached sheet if necessary):

Are you willing to discuss your experience with future CSPP students? Yes No

If so, your name and phone number:

PLEASE GIVE THIS FORM TO THE CLINICAL TRAINING ASSISTANT

CSPP DOCTORAL SUPERVISOR'S EVALUATION OF PRACTICUM STUDENT

Address the following areas in your end-of-semester evaluation of each supervisee.

1. Brief description of the practicum site, including characteristics of clients, types of interventions, and nature of site supervision.
2. Strengths of the supervisee (be specific).
3. Areas needing further development (be specific)
4. Supervisee's development this semester.
5. Supervisee's response to supervision and the supervision group.
6. Suggestions for next semester's practicum experience (e.g., areas to work on, supervision, clients).
7. To what extent have the goals in the supervisee's learning contract for this semester been met?
8. Have quantitative requirements been met?
 - a. Client contact hours
 - b. Client logs
 - c. Four counseling cases presented with audio/video tapes
9. Sign the typed report and date it. Be sure to put your name and the supervisee's name at the top of the evaluation, along with the semester.