

## Practicum Agreement Responsibilities

**As the provider of the practicum setting, the Practicum Site/Agency agrees to provide the following:**

- 1. Appropriate experience:** The practicum setting will provide sufficient opportunity for the Practicum Student to be involved in appropriate experiences. Appropriate experiences are those activities in which counseling personnel employed at this facility participate with emphasis on refining the Practicum Student's counseling techniques and approaches. Also considered as appropriate experiences are activities that have been agreed upon by the Practicum Student, Practicum Site Supervisor, and Practicum Faculty Supervisor as specified in the Practicum Student's Statement of Learning Objectives.
- 2. Supervision:** The practicum setting shall provide an onsite Practicum Site Supervisor to whom the student shall be directly responsible. Supervision shall include regularly scheduled supervisory sessions at least once each week during the practicum.
- 3. Orientation:** The practicum setting shall provide students documented opportunities to become familiar with a variety of professional activities, resources, technological resources within the practicum site.
- 4. Evaluation:** The Practicum Site Supervisor and Practicum Faculty Supervisor shall make regular contact during the practicum in order to evaluate the Practicum Student's progress (at least two times during the semester). A final confidential evaluation by the Practicum Site Supervisor is to be completed and submitted to the Practicum Faculty Supervisor at the conclusion of the practicum experience.
- 5. Learning Climate:** It is expected that the climate in the agency will be conducive to learning. Policies and procedures governing the provision of the agency's services will be clearly defined. Learning opportunities are expected to provide variety and depth.
- 6. Program:** The Practicum Student's Statement of Learning Objectives will serve as the basis for the Practicum Student's activities at the agency.
- 7. Grievances:** The Practicum Site Supervisor shall contact the Practicum Student and the Practicum Faculty Supervisor, should any difficulties arise during the placement.
- 8. Professional Development:** The practicum site supervisor is eligible for continuing education credits for agreeing to provide onsite supervision to the practicum student. Please contact the Fieldwork Coordinator at the semester's end to request a continuing education verification letter.

**The Practicum Student will be responsible for the following:**

- 1. Adherence to rules and regulations:** The Practicum Student will assume a role as a member of the agency's staff in adhering to policies, regulations, and procedures within the agency. Also, the Practicum Student will observe and work within the framework of the agency, as related to staff protocol and behaviors, as well as to mode of dress.
- 2. Attendance:** The Practicum Student will fulfill the agreed-upon time commitments. Time lost shall be made up in a way which is agreeable to the Practicum Site Supervisor and Practicum Faculty Supervisor.
- 3. Ethical standards:** The Practicum Student is expected to conform to ethical standards, especially with regard to confidentiality.

**4. Grievances:** The Practicum Student shall contact the Practicum Faculty Supervisor regarding any difficulties that arise regarding the placement.

**5. Education Guidelines:** The Practicum Student will abide by the conditions as listed in the Student Expectations section in the Practicum Manual.

**6. Agency Orientation:** The Practicum Student will have completed all necessary agency forms and in-service training concerning confidentiality and appropriate procedures.

**The Practicum Faculty Supervisor will assume responsibility for the following:**

**1. Regular contact:** The Practicum Faculty Supervisor will meet with the Practicum Site Supervisor and the Practicum Student at least twice during the Practicum to participate in the evaluation of the Practicum Student's performance and to provide feedback.

**2. Paperwork:** The Practicum Faculty Supervisor will gather and review all required practicum documentation and logs.

**3. Signatures:** The Practicum Faculty Supervisor will obtain all necessary university signatures and check additional signatures to insure all documents are complete.

**4. Files:** Student practicum files will be maintained and updated by the RC Program Fieldwork Coordinator, with a copy to the Practicum Faculty Supervisor.

**5. Grades:** It will be the Practicum Faculty Supervisor's responsibility to assign grades based on the evaluation of the Practicum Site Supervisor.

**6. Grievances:** The Practicum Faculty Supervisor shall be the intermediary, should any grievances occur during the practicum.

\_\_\_\_\_  
Practicum Student [Signature]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Site Supervisor [Signature]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Faculty Supervisor [Signature]

\_\_\_\_\_  
Date

UNIVERSITY OF ARKANSAS LITTLE ROCK  
MASTER OF ARTS IN COUNSELING  
WITH EMPHASIS IN REHABILITATION COUNSELING

**APPLICATION FOR PRACTICUM: COUN 7365**

The Application for Practicum (page 1 of the Practicum Application) must be completed by the following deadline dates:

**Fall Semester** - **April 1**  
**Spring Semester** - **October 1**  
**Summer Semester** - **March 1**

Semester Desired for Practicum: \_\_\_\_\_ [Semester/Year]

You will be required to participate in 1 ½ hours of online Group Supervision each week. Specify all times you will be available.

Time Blocks	Weekday	Weekend
8am – 10 am		
10am – Noon		
Noon – 2 pm		
2pm – 4 pm		
4pm – 6 pm		
6 pm – 8 pm		

T-number \_\_\_\_\_ Are you also pursuing State licensure? Y/N \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Student Address: \_\_\_\_\_  
Number/Street City/State Zip

Phone Numbers: \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_

**“I understand that I must secure a practicum placement before my practicum course (COUN 7365) begins, and that failure to do so may require me to drop the course.”**

\_\_\_\_\_  
Student [Signature] Date

**Submit completed and signed document to the UA Little Rock RC Fieldwork Coordinator.**

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**FIELDWORK LOG**

This log is to be completed by the student for every week and is to be submitted to the Site Supervisor and to the Faculty Supervisor. Individual and group supervision hours do count toward indirect hours.  
**ALL LOGS ARE TO BE TYPED AND SUBMITTED AS WORD OR PDF DOCUMENTS.**

Fieldwork Student Name: \_\_\_\_\_

Week of: \_\_\_\_\_

Section One: \_\_\_\_\_

Section Two: \_\_\_\_\_

Total: \_\_\_\_\_

MONDAY		DATE	
INDIVIDUAL SUPERVISION	GROUP/CLASS SUPERVISION	DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS

TUESDAY		DATE	
INDIVIDUAL SUPERVISION	GROUP/CLASS SUPERVISION	DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS

WEDNESDAY		DATE	
INDIVIDUAL SUPERVISION	GROUP/CLASS SUPERVISION	DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS

THURSDAY		DATE	
INDIVIDUAL SUPERVISION	GROUP/CLASS SUPERVISION	DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS

<b>FRIDAY</b>		<b>DATE</b>	
<b>INDIVIDUAL SUPERVISION</b>	<b>GROUP/CLASS SUPERVISION</b>	<b>DIRECT SERVICE HOURS</b>	<b>INDIRECT SERVICE HOURS</b>

<b>EVENING/WEEKEND/HOLIDAY</b>		<b>DATE</b>	
<b>INDIVIDUAL SUPERVISION</b>	<b>GROUP/CLASS SUPERVISION</b>	<b>DIRECT SERVICE HOURS</b>	<b>INDIRECT SERVICE HOURS</b>

	<b>WEEKLY TOTAL</b>	<b>SEMESTER TOTAL</b>
<b>INDIVIDUAL SUPERVISION HOURS</b>		
<b>GROUP/CLASS SUPERVISION HOURS</b>		
<b>DIRECT SERVICE HOURS</b>		
<b>INDIRECT SERVICE HOURS</b>		
<b>TOTAL DIRECT AND INDIRECT SERVICE HOURS</b>		

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

UNIVERSITY OF ARKANSAS LITTLE ROCK  
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**PRACTICUM AGREEMENT: COUN 7365**

Student Name: \_\_\_\_\_ T-Number: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Semester: Fall \_\_\_\_\_ Year: \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

Practicum Site/Agency Name: \_\_\_\_\_

Practicum Site Address: \_\_\_\_\_  
Street City/State Zip

Practicum Site Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is this Agreement for a *change* in Practicum sites? (Y/N) \_\_\_\_\_

If so, how many Direct Hours has the student completed? \_\_\_\_\_ Indirect Hours? \_\_\_\_\_

Does the Site Supervisor agree to provide 1 hr. of weekly supervision to the student? (Y/N) \_\_\_\_\_

Will the student be allowed to audio or video record at least 2 client sessions? (Y/N) \_\_\_\_\_

*The proposed site supervisor should include a copy of his/her current resume/vitae.*

- Does the proposed site supervisor have a **minimum of a master's degree**, preferably in counseling, or a related profession? (Y/N) \_\_\_\_\_ If yes, please list earned graduate degree(s) and the institution degree(s) were conferred.  
\_\_\_\_\_

Relevant certifications and/or licenses: \_\_\_\_\_  
\_\_\_\_\_

- Does the proposed site supervisor have a **minimum of two years** of pertinent professional experience in the specialty area in which the student is enrolled? (Y/N) \_\_\_\_\_ CRC? (Y/N) \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Details: \_\_\_\_\_

Requested Practicum Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Proposal Description: (1) Reason for choosing this site **and** (2) Proposed work schedule.

\_\_\_\_\_  
\_\_\_\_\_

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This Practicum Agreement is entered into between \_\_\_\_\_  
as **onsite supervisor** for \_\_\_\_\_, a **practicum student**  
enrolled in the UA Little Rock Rehabilitation Counseling Master’s program. This fieldwork practicum  
placement shall involve a time commitment of \_\_\_\_\_ hours that will commence on \_\_\_\_\_  
(month/day/year)  
and terminate on \_\_\_\_\_.  
(month/day/year)

**The Practicum Site Supervisor agrees to assume responsibility for assisting the student in conducting activities related to his/her practicum experience. These activities are defined below between the Practicum Student and the UA Little Rock Rehabilitation Counseling Program and agreed to by the Practicum Site Supervisor.**

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**PRACTICUM CHECKLIST: COUN 7365**

Student Name \_\_\_\_\_

No practicum hours may be accrued before the approval of the practicum site and practicum site supervisor by the RC Program Fieldwork Coordinator and RC Program Fieldwork Supervisor.

- **Faculty Advisor Consultation:** Consultation with your Faculty Advisor is required to determine that you have taken all of the pre-requisite courses.
- **Semester/Year:** Determine the Semester and Year you desire to complete Practicum.
- **Application for Practicum [See Appendices]:** Complete and submit to the RC Program Fieldwork Coordinator by the following dates.

<b>Fall Semester</b>	-	<b>April 1</b>
<b>Spring Semester</b>	-	<b>October 1</b>
<b>Summer Semester</b>	-	<b>March 1</b>

- **Securing a Practicum Site:**
  - Consult with your Faculty Advisor and the RC Program Fieldwork Coordinator to discuss determination of an appropriate practicum site and required documentation.
  - Research and gather information about potential practicum sites in which you may be interested.
  - Contact potential agency supervisors and discuss potential practicum placement.
  - If agency is a new/unapproved potential practicum site, then submit proposal for site review and approval by the RC Fieldwork Coordinator.
  - Secure approval for practicum site/agency from the RC Program Fieldwork Coordinator
  
- **Once Practicum Site is Approved:**
  - Complete Practicum Application, obtain necessary signatures, and submit to the RC Program Fieldwork Coordinator by the applicable deadline date.
  - All blanks must be completed and all signatures/dates must be secured.
  
- **Computer, Recording Equipment, and Webcam:**
  - Digital audio recorder and webcam equipment is required for Practicum. **Currently, the only acceptable formats will be mp3 for audio and mp4 for video.** Be sure to convert other formats before submission to the Instructor. Specific instructions will be provided by your Practicum Faculty Supervisor.
  
  - Computer connection **must be high speed or cable** to ensure your ability to participate in video conferencing throughout the semester.
  
- **Apply for CRC/NCE Exam if you plan to take it during your Internship**



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**PRACTICUM PROPOSAL: COUN 7365**

Student Name: \_\_\_\_\_

Last

First

Middle

Student Address: \_\_\_\_\_

Number/Street

City/State

Zip

Phone Numbers: \_\_\_\_\_

Home

Work

Cell

Email Address: \_\_\_\_\_ T-number: \_\_\_\_\_

\_\_\_\_\_ requests to complete his/her Practicum at:

(Practicum Student)

Name of Practicum Site/Agency: \_\_\_\_\_

Name of Practicum Site Supervisor: \_\_\_\_\_

*The proposed site supervisor should include a copy of his/her current resume/vitae*

- Does the proposed site supervisor have a **minimum of a master's degree**, preferably in counseling, or a related profession? (Y/N) \_\_\_\_\_ If yes, please list earned graduate degree(s) and the institution degree(s) were conferred.

Relevant certifications and/or licenses: \_\_\_\_\_

- Does the proposed site supervisor have a **minimum of two years** of pertinent professional experience in the specialty area in which the student is enrolled? (Y/N) \_\_\_\_\_ CRC? (Y/N) \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Details: \_\_\_\_\_

Requested Practicum Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Proposal Description: (1) Reason for choosing this site **and** (2) Proposed work schedule.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued)

**Proposal Approved by:**

\_\_\_\_\_  
Practicum Site Supervisor [Signature]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fieldwork Coordinator  
UA Little Rock Rehabilitation Counseling Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Faculty Supervisor [Signature]  
UA Little Rock Rehabilitation Counseling Program

\_\_\_\_\_  
Date

**Submit completed and signed document to the UA Little Rock RC Program Fieldwork Coordinator.**

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**PRACTICUM STUDENT: COUN 7365**  
**STATEMENT OF LEARNING OBJECTIVES**

The Practicum Student is required to establish at least three (3) learning objectives for the specified grading period. The primary focus of the Practicum course is to improve counseling skills, especially the core skills of helping. Secondary emphasis is on providing quality client service and case management, and for new counselors, an orientation to the field and to the specific agency in which he/she is completing the Practicum.

Learning objectives should reflect the counseling focus, as well as any secondary focus areas, and emphasize specific areas where the student needs to enhance or acquire skills (i.e. theory-based techniques, case note documentation, service plan development). The learning objectives must be originated by the Practicum Student in cooperation with the Practicum Site Supervisor, and reviewed by the Practicum Faculty Supervisor. Please consult your Practicum Faculty Supervisor if you need help in formulating your objectives. Goals should be specific, measurable, attainable, relevant, and time-bound.

The Practicum Site Supervisor will evaluate the Practicum Student's success in achieving the learning objectives at the end of the grading period. The university will award academic credit for successful accomplishment of the learning objectives listed below:

1. *(Related to counseling skills)*

2.

3.

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Practicum Student [Signature]

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Date

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Practicum Site Supervisor [Signature]

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Date

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**PRACTICUM MANUAL: COUN 7365**  
**ACKNOWLEDGEMENT PAGE**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Acknowledgement	Student Initials
The Practicum student has received and read the COUN 7365 Practicum Manual.	
The Practicum student should register for the CRC/NCC Exams before the completion of the Practicum course if you plan to take either or both during your Internship.	
The Practicum student must obtain liability insurance before logging Practicum hours, and provide proof of insurance to the Faculty supervisor.	
The Practicum student must complete all Practicum application materials and submit them to the Fieldwork Coordinator, in order to receive a final grade in the Practicum course.	
The Practicum student must complete at least 2 recordings of therapeutic counseling sessions in order to receive a final grade in the course.	
The Practicum student must complete 100 hours of Practicum, with at least 40 of those hours being direct service, in order to receive a passing grade in the course.	

\*This checklist is due to the Faculty Practicum Supervisor and the RC program Fieldwork Coordinator by the start of the Practicum course.

UNIVERSITY OF ARKANSAS LITTLE ROCK  
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**MIDSEMESTER PERFORMANCE EVALUATION  
PRACTICUM STUDENT: COUN 7365**

Semester/Year \_\_\_\_\_ Date of Mid Semester Evaluation: \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Practicum Site \_\_\_\_\_

Practicum Site Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Practicum Faculty Supervisor \_\_\_\_\_

**Directions: Please indicate the degree to which each competency has been demonstrated using the following scale:**

- 5 - Indicates a frequently demonstrated very high degree of competence.
- 4 - Indicates a frequently demonstrated high degree of competence.
- 3 - Indicates an adequate degree of competence.
- 2 - Indicates a relatively low level of competence.
- 1 - Indicates extremely low level of competence.

**AREAS TO BE ASSESSED**

1. Professional and appropriate behavior and dress while at Practicum site.	
2. Ability to develop and maintain positive working relationships onsite.	
3. Submission of Practicum logs in a thorough and timely manner.	
4. Attendance and participation in supervision.	
5. Demonstration of active steps towards achieving his/her learning goals.	
6. Strengths of this student.	
7. Areas in which the student needs to improve.	

\_\_\_\_\_  
Practicum Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Site Supervisor

\_\_\_\_\_  
Date

UNIVERSITY OF ARKANSAS LITTLE ROCK  
 MASTER OF ARTS IN COUNSELING  
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**PRACTICUM STUDENT SELF-EVALUATION: COUN 7365**

Practicum Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practicum Site/Agency Name: \_\_\_\_\_

Practicum Site Supervisor Name: \_\_\_\_\_

Period of Evaluation: From \_\_\_\_\_ to \_\_\_\_\_ [Day/Month/Year]

**Directions: Please indicate the degree to which each competency has been demonstrated using the following scale:**

- 5 - Indicates a frequently demonstrated very high degree of competence.
- 4 - Indicates a frequently demonstrated high degree of competence.
- 3 - Indicates an adequate degree of competence.
- 2 - Indicates a relatively low level of competence.
- 1 - Indicates extremely low level of competence.

**Summarize your activities related to each of the following categories. If a category does not apply to you, write N/A.**

<b>Interpretation of Diagnostics:</b>	
Medical:	
Psychological:	
Educational:	
Social:	
Vocational:	
<b>Rehabilitation Planning and Case Management:</b>	
<b>Career and Vocational Counseling:</b>	
<b>Personal Adjustment Counseling:</b>	
<b>Job Development and Placement:</b>	
<b>Community Resource Utilization:</b>	
<b>Recording and Reporting:</b>	
<b>Application of Counseling Theory and Techniques:</b>	
<b>Other Related Tasks:</b>	

\_\_\_\_\_  
 Practicum Student [Signature]

\_\_\_\_\_  
 Date

UNIVERSITY OF ARKANSAS LITTLE ROCK  
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 WITH EMPHASIS IN REHABILITATION COUNSELING

**PRACTICUM STUDENT SITE EVALUATION: COUN 7365**

Practicum Student's Name \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Practicum Site \_\_\_\_\_

Site Address \_\_\_\_\_

Practicum Site Supervisor Name/Phone \_\_\_\_\_

Practicum Faculty Supervisor Name \_\_\_\_\_

**Directions: Please indicate the degree to which each competency has been demonstrated using the following scale:**

- 5 - Indicates a frequently demonstrated very high degree of competence.
- 4 - Indicates a frequently demonstrated high degree of competence.
- 3 - Indicates an adequate degree of competence.
- 2 - Indicates a relatively low level of competence.
- 1 - Indicates extremely low level of competence.

<b>Practicum Site</b>	
1. Adequate assistance in meeting university requirements.	
2. Staff acceptance of you as a counseling practicum student.	
3. Support and cooperation of the administrative staff.	
4. Physical facilities (space to work in, phone ...).	
5. Flexibility of site in meeting student's needs and client's needs.	
6. Site requirements were reasonable.	
<b>A. Practicum Site Supervisor</b>	
1. He/she offered constructive feedback.	
2. He/she provided support when needed.	
3. He/she provided assistance or referred you to someone who could	
4. He/she allowed adequate time for individual supervision.	
5. He/she helped me integrate theory and practice.	
6. Overall evaluation of Practicum Site Supervisor	
<b>B.</b> Please describe how the practicum was a learning experience for you?	
<b>D.</b> What kind of supervision activities did you have? (e.g., listening to tapes, direct observation, group supervision, individual supervision, other)	
<b>E.</b> What suggestions could you offer to improve this field site?	

\_\_\_\_\_  
 Practicum Student [Signature]

\_\_\_\_\_  
 Date

**Submit completed and signed document to Practicum Faculty Supervisor.**

UNIVERSITY OF ARKANSAS LITTLE ROCK  
 MASTER OF ARTS IN COUNSELING  
 WITH EMPHASIS IN REHABILITATION COUNSELING

**PRACTICUM SITE SUPERVISOR  
 FINAL EVALUATION OF PRACTICUM STUDENT: COUN 7365**

Name of Student \_\_\_\_\_ Semester/Year \_\_\_\_\_

Practicum Site \_\_\_\_\_

Practicum Site Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Practicum Faculty Supervisor \_\_\_\_\_

**Directions: Please indicate the degree to which each competency has been demonstrated using the following scale:**

- 5 - Indicates a frequently demonstrated very high degree of competence
- 4 - Indicates a frequently demonstrated high degree of competence
- 3 - Indicates an adequate degree of competence
- 2 - Indicates a relatively low level of competence
- 1 - Indicates extremely low level of competence

<b>Counseling and Service Delivery</b>	
1. Demonstrated an appropriate application of counseling theory and techniques.	
2. Demonstrated the ability to gather, integrate, and interpret client information, such as diagnostics.	
2. Took pertinent histories and recorded progress notes adequately.	
3. Demonstrated the ability to conduct case planning.	
4. Demonstrated the ability to coordinate services.	
5. Demonstrated the ability to conduct job development and job placement skills.	
6. Adhered to the standards of ethical and professional conduct in relationship to clients, practicum site and other professionals.	
7. Attended and participated in case conferences.	
8. Terminated counseling relationships in a therapeutic fashion.	
<b>General Characteristics</b>	
1. Demonstrated the ability to relate to others.	
2. Demonstrated the ability to communicate verbally and in writing.	
3. Demonstrated knowledge of and adherence to ethical behavior.	
4. Demonstrated conscientiousness and dependability.	
5. Demonstrated adaptability and resourcefulness.	
6. Demonstrated organizational ability.	
What do you recognize as strengths of this student?	
What do you recognize as limitations of this student?	
Do you have any suggestions for addressing these limitations?	
<b>Using the above scale, indicate your overall rating of how the student has met his/her learning objectives:</b>	



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Practicum Site Supervisor [Signature]

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Date of Evaluation

**Submit completed and signed document to Practicum Faculty Supervisor.**

## UA LITTLE ROCK MASTER OF ARTS IN REHABILITATION COUNSELING PROFESSIONAL PRACTICE FIELDWORK CONTRACT

I understand that I must complete COUN 7365, Rehabilitation Counseling Practicum with a grade of B or better prior to being allowed to register for COUN 7660 Internship in Rehabilitation Counseling. I understand that both Practicum and Internship are both experiential with actual clients and work environments. The requirements for both are stated in the UA Little Rock Fieldwork Manuals. I also understand that I will be required to meet the following specific requirements:

- ✓ I will establish a weekly work schedule with my onsite supervisor and will keep all scheduled appointments with assigned clients
- ✓ I will submit recordings of counseling sessions as required by my faculty supervisor
- ✓ I will attend and participate in all scheduled individual and group supervision sessions
- ✓ I will submit activity logs and other documentation at the end of each week
- ✓ I will participate in all group discussion forums
- ✓ I will meet all other class requirements specified by my faculty and onsite supervisor
- ✓ I will adhere to all CRCC and ACA ethical standards
- ✓ I will notify my faculty supervisor immediately, if I experience a change in my onsite supervisor or if an unexpected life event happens that may cause me the need to temporarily postpone my participation in fieldwork or pursue a new fieldwork site. I understand that modifications to fieldwork sites are rare, and will be reviewed on a case-by-case basis by the faculty supervisor and the fieldwork coordinator.
- ✓ I will demonstrate the work values and attributes associated with the profession of rehabilitation counseling, particularly:
  - a. Integrity
  - b. Concern for others
  - c. Dependability
  - d. Cooperation
  - e. Self-control

The requirements for assessment of student knowledge, skills, competence and professional attributes are covered in the Codes of Ethics, as well as in the CACREP Accreditation Standards. I understand that failure to comply with these standards, will result in a failing grade; will mandate the necessity for me to repeat fieldwork courses and may result in dismissal from the program. I also understand that if I repeat fieldwork courses and do not adhere to the above-mentioned requirements, I will be dismissed from the program.

Student Signature	Date
Faculty Supervisor Signature	Date
Site Supervisor Signature	Date