

## **Internship Agreement Responsibilities**

**As the provider of the internship setting, the internship site agrees to provide the following:**

- 1. Appropriate experience:** The internship setting will provide sufficient opportunity for the internship 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 internship student's counseling techniques and approaches. Also considered as appropriate experiences are activities that have been agreed upon by the internship student, internship site supervisor, and internship faculty supervisor as specified in the internship student's statement of learning objectives.
- 2. Supervision:** The internship setting shall provide an onsite internship site supervisor to whom the student shall be directly responsible. Supervision shall include regularly scheduled supervisory sessions at least once each week during the internship.
- 3. Orientation:** The internship setting shall provide students documented opportunities to become familiar with a variety of professional activities, resources, technological resources within the internship site.
- 4. Evaluation:** The internship site supervisor and internship faculty supervisor shall make regular contact during the internship in order to evaluate the internship student's progress (at least two times during the semester). A final confidential evaluation by the internship site supervisor is to be completed and submitted to the internship faculty supervisor at the conclusion of the internship 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 internship student's statement of learning objectives will serve as the basis for the internship student's activities at the agency.
- 7. Grievances:** The Internship Site Supervisor shall contact the Internship Student and the Internship Faculty Supervisor, should any difficulties arise during the placement.
- 8. Professional Development:** The internship site supervisor is eligible for continuing education credits for agreeing to provide onsite supervision to the internship student. Please contact the Fieldwork Coordinator at the semester's end to request a continuing education verification letter.

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

- 1. Adherence to rules and regulations:** The Internship 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 Internship 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 Internship Student will fulfill the agreed-upon time commitments. Time lost shall be made up in a way which is agreeable to the Internship Site Supervisor and Internship Faculty Supervisor.
- 3. Ethical standards:** The Internship Student is expected to conform to ethical standards, especially

with regard to confidentiality.

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

**5. Education Guidelines:** The Internship Student will abide by the conditions as listed in the Student Expectations section in the fieldwork manual.

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

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

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

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

**3. Signatures:** The Fieldwork Coordinator will obtain all necessary university signatures and to ensure all documents are complete.

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

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

**6. Grievances:** The Internship Faculty Supervisor and Fieldwork Coordinator shall act as intermediaries, should any grievances occur during the Internship.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Faculty Supervisor Signature

\_\_\_\_\_  
Date

UNIVERSITY OF ARKANSAS LITTLE ROCK  
MASTERS in COUNSELING

**SAMPLE LETTER  
REQUEST FOR INTERNSHIP SITE APPROVAL**

Date:

Dear: Fieldwork Coordinator:

Will you please review the information below and let me know if it is a viable site for me to complete my internship requirements:

**Name of Agency/Facility:**

**Address:**

**Type of Agency/Facility:**

**Goals/Mission/Purpose of Facility:**

**Description of Facility:**

**Site Supervisor Name:**

**Site Supervisor Credentials (degrees, certifications and/or licenses and years of experience post certification and/or licensure attainment):**

Student's Signature \_\_\_\_\_ T# \_\_\_\_\_

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**INTERNSHIP AGREEMENT: COUN 7660**

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

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

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

Internship Site/Agency Name: \_\_\_\_\_

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

Internship Site Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is this agreement for a change in internship sites? (Y/N) \_\_\_\_\_

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

*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 \_\_\_\_\_
- Does the proposed site supervisor agree to provide (1) hour 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) \_\_\_\_\_
- In conjunction with course requirements during the internship experience, do the onsite supervisor and student agree to comply with all confidentiality, FERPA and HIPPA laws by using pseudo names during recorded individual client and group sessions? Accessibility to all recordings is limited to individuals with legitimate supervisory responsibility and

are destroyed once the legitimate supervision requirement has been completed. (Y/N)\_\_\_\_\_

This Internship Agreement is entered into between \_\_\_\_\_ as  
the **on-site supervisor** for \_\_\_\_\_, an **internship student**  
enrolled in an UA Little Rock graduate counseling program. This internship placement shall involve a  
time commitment of \_\_\_\_\_ hours that will commence on \_\_\_\_\_ and terminate on  
\_\_\_\_\_.  
(month/day/year) (month/day/year)

**The Internship Site Supervisor agrees to assume responsibility for assisting the student in conducting activities related to his/her Internship experience. These activities are defined below between the Internship Student and the UA Little Rock graduate counseling program and agreed to by the Internship Site Supervisor.**

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**APPLICATION FOR INTERNSHIP: COUN 7660**

**The Application for Internship must be completed by the following deadline dates:**

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

Semester(s) desired for internship: If you are planning to take internship over two terms, please specify which terms.

Spring Term Year \_\_\_\_ One section (6 SH) \_\_\_\_ Two sections (12 SH) \_\_\_\_  
Summer Term Year \_\_\_\_ One section (6 SH) \_\_\_\_ Two sections (12 SH) \_\_\_\_  
Fall Term Year \_\_\_\_ One section (6 SH) \_\_\_\_ Two sections (12 SH) \_\_\_\_

You will be required to participate in 1 ½ hours of online group supervision each week. Specify time zone and 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 |         |         |

Student T-number \_\_\_\_\_ 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 an internship placement before my internship course (COUN 7660) begins, and that failure to do so may require me to drop the course.”**

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

\_\_\_\_\_  
Date

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**INTERNSHIP CHECKLIST: COUN 7660**

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

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

- **Faculty Advisor Consultation:** Consultation with your faculty advisor and the Fieldwork Coordinator 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 Internship.
- **Internship Application Deadlines:** Complete and submit to the Fieldwork Coordinator.

|                        |   |                  |
|------------------------|---|------------------|
| <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 an Internship Site:**
  - Research and gather information about potential agencies that you may be interested in completing your internship.
  - Contact potential agency supervisors and discuss potential internship placement.
  - Consult with your Faculty Advisor and the Fieldwork Coordinator to determine if a desired location or environment is appropriate
- **Once internship site is approved:**
  - Complete internship application, obtain necessary signatures, and submit to Fieldwork Coordinator.
  - **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 internship. 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 internship faculty supervisor.
  - Computer connection must be high speed or cable to ensure your ability to participate in video conferencing throughout the semester.
- **Apply for Internship and certifying and licensure exams (CRC/NCE) if you'd like to take them prior to graduation**

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**INTERNSHIP PROPOSAL: COUN 7660**

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 Internship at:  
(Internship Student)

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

Name of Internship 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/LPC? (Y/N) \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_



(continued)

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**Proposal Approved by:**

\_\_\_\_\_  
Internship Site Supervisor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Faculty Supervisor Signature  
UA Little Rock Counseling Program

\_\_\_\_\_  
Date

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**INTERNSHIP STUDENT: COUN 7660**  
**STATEMENT OF LEARNING OBJECTIVES**

The Internship Student is required to establish at least three (3) learning objectives for the specified grading period. The primary focus of the Internship 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 Internship.

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 Internship Student in cooperation with the Internship Site Supervisor, and reviewed by the Internship Faculty Supervisor. Please consult your Internship Faculty Supervisor if you need help in formulating your objectives. Goals should be specific, measurable, attainable, relevant, and time-bound.

The Internship Site Supervisor will evaluate the Internship 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.
  
  
  
  
  
  
  
  
  
  
- 2.
  
  
  
  
  
  
  
  
  
  
- 3.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Site Supervisor Signature

\_\_\_\_\_  
Date

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**FIELDWORK MANUAL  
ACKNOWLEDGEMENT PAGE**

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

| <b>Acknowledgement</b>   | <b>Student Initials</b> |
|--|-------------------------|
| The Internship student has received and read the fieldwork manual.   |                         |
| The Internship student must obtain liability insurance before logging internship hours, and provide proof of insurance to the Fieldwork Coordinator. |                         |
| The internship student must complete 600 internship hours, with at least 240 hours being direct service, in order to pass Internship.                |                         |

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**FIELDWORK LOG**

This log is to be completed by the Internship Student every week during the Internship experience and it is to be submitted to the Site Supervisor and to the Faculty Supervisor. Group and individual supervision activities do count toward indirect hour requirements. **ALL LOGS ARE TO BE TYPED AND SUBMITTED AS WORD OR PDF DOCUMENTS.**

Student Name: \_\_\_\_\_ Week of: \_\_\_\_\_

Site Name: \_\_\_\_\_

|               |  |                             |   |
|---------------|--|-----------------------------|---|
| <b>MONDAY</b> |  | <b>DATE</b>                 |   |
|               |  |                             |   |
|               |  | <b>DIRECT SERVICE HOURS</b> | <b>INDIRECT SERVICE HOURS</b> (INCLUDE ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION) |
|               |  |                             |   |

|                |  |                             |   |
|----------------|--|-----------------------------|---|
| <b>TUESDAY</b> |  | <b>DATE</b>                 |   |
|                |  |                             |   |
|                |  | <b>DIRECT SERVICE HOURS</b> | <b>INDIRECT SERVICE HOURS</b> (INCLUDE ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION) |
|                |  |                             |   |

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>WEDNESDAY</b> |  | <b>DATE</b> |  |
|------------------|--|-------------|--|

|  |  |                             |  |
|--|--|-----------------------------|--|
|  |  |                             |  |
|  |  | <b>DIRECT SERVICE HOURS</b> | <b>INDIRECT SERVICE HOURS</b> ((INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION) |
|  |  |                             |  |

|                 |  |                             |   |
|-----------------|--|-----------------------------|---|
| <b>THURSDAY</b> |  | <b>DATE</b>                 |   |
|                 |  |                             |   |
|                 |  | <b>DIRECT SERVICE HOURS</b> | <b>INDIRECT SERVICE HOURS</b> (INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION) |
|                 |  |                             |   |

|               |  |                             |   |
|---------------|--|-----------------------------|---|
| <b>FRIDAY</b> |  | <b>DATE</b>                 |   |
|               |  |                             |   |
|               |  | <b>DIRECT SERVICE HOURS</b> | <b>INDIRECT SERVICE HOURS</b> (INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION) |
|               |  |                             |   |

|                                |             |  |
|--------------------------------|-------------|--|
| <b>EVENING/WEEKEND/HOLIDAY</b> | <b>DATE</b> |  |
|                                |             |  |

|  |  |                             |   |
|--|--|-----------------------------|---|
|  |  | <b>DIRECT SERVICE HOURS</b> | <b>INDIRECT SERVICE HOURS</b> (INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION) |
|  |  |                             |   |

| <b>CATEGORY</b>                                | <b>WEEKLY TOTAL</b> | <b>SEMESTER TOTAL</b> |
|--|---------------------|-----------------------|
| <b>DIRECT SERVICE HOURS</b>                    |                     |                       |
| <b>INDIRECT SERVICE HOURS</b>                  |                     |                       |
| <b>TOTAL DIRECT AND INDIRECT SERVICE HOURS</b> |                     |                       |
|  |                     |                       |
|  |                     |                       |

Student Signature:

Date:

Onsite Supervisor Signature:

Date:

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MASTERS IN COUNSELING

**MID-SEMESTER PERFORMANCE EVALUATION**  
**INTERNSHIP STUDENT: COUN 7660**

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

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

Name of Internship Site \_\_\_\_\_

Internship Site Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Internship 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 Internship site. |  |
| 2. Ability to develop and maintain positive working relationships onsite.    |  |
| 3. Submission of Internship 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.                              |  |

\_\_\_\_\_  
Internship Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internship Site Supervisor

\_\_\_\_\_  
Date

UNIVERSITY OF ARKANSAS LITTLE ROCK  
MASTERS IN COUNSELING

**INTERNSHIP STUDENT SELF-EVALUATION: COUN 7660**

Internship Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Site/Agency Name: \_\_\_\_\_

Internship 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>Goal 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>                             |  |

\_\_\_\_\_  
Internship Student [Signature]

\_\_\_\_\_  
Date



UNIVERSITY OF ARKANSAS LITTLE ROCK  
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**INTERNSHIP STUDENT SITE EVALUATION: COUN 7660**

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

Internship Site \_\_\_\_\_

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

Internship Site Supervisor Name/Phone \_\_\_\_\_

Internship 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>Internship Site</b>  |  |
|---|--|
| 1. Adequate assistance in meeting university requirements.            |  |
| 2. Staff acceptance of you as a counseling Internship 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>Internship 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 Internship Site Supervisor                             |  |
| <b>F.</b> Please describe how the Internship was a learning experience for you? |  |
|   |  |

**G.** What kind of supervision activities did you have? (e.g., listening to tapes, direct observation, group supervision, individual supervision, other)

**H.** What suggestions could you offer to improve this fieldwork site?

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

\_\_\_\_\_  
Date

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

UNIVERSITY OF ARKANSAS LITTLE ROCK  
MASTERS IN COUNSELING

**INTERNSHIP SITE SUPERVISOR  
FINAL EVALUATION OF INTERNSHIP STUDENT: COUN 7660**

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

Internship Site \_\_\_\_\_

Internship Site Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Internship 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.                             |  |
| 3. Took pertinent histories and recorded progress notes adequately.  |  |
| 4. Demonstrated the ability to conduct case and goal planning.   |  |
| 5. Demonstrated the ability to coordinate services.  |  |
| 6. Demonstrated the ability to conduct career development and job placement skills.  |  |
| 7. Adhered to the standards of ethical and professional conduct in relationship to clients, Internship site and other professionals. |  |
| 8. Attended and participated in case conferences.  |  |
| 9. 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?   |  |
| Using the above scale, indicate your overall rating of how the student has met his/her learning objectives: |  |

\_\_\_\_\_  
 Internship Site Supervisor Signature

\_\_\_\_\_  
 Date of Evaluation

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

UNIVERSITY OF ARKANSAS LITTLE ROCK  
MASTERS IN COUNSELING

**PROFESSIONAL PRACTICE FIELDWORK CONTRACT**

I understand that I must complete my COUN 7660, counseling internship with a grade of B or better to be eligible to graduate. I understand that comparable to the counseling practicum, internship is also experiential with actual clients and in work environments. The requirements for both are stated in the Fieldwork Manual. 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 |