

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 Fieldwork Coordinator will obtain all necessary university signatures to ensure all documents are complete.

4. Files: Student practicum files will be maintained and updated by the 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 and Fieldwork Coordinator shall be the intermediaries, should any grievances occur during the practicum.

Practicum Student

Date

Practicum Site Supervisor

Date

Practicum Faculty Supervisor

Date

UNIVERSITY OF ARKANSAS LITTLE ROCK
MASTERS IN COUNSELING

**SAMPLE LETTER
REQUEST FOR PRACTICUM 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 practicum 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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APPLICATION FOR PRACTICUM: COUN 7365

The application must be completed by the following deadline dates:

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

Semester and year desired for practicum: _____

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		

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 begins, and that failure to do so may require me to drop the course.

Student Signature Date

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FIELDWORK LOG

This log is to be completed by the practicum student every week during the practicum 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: _____

MONDAY		DATE	
		DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS (INCLUDE ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION)

TUESDAY		DATE	
		DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS (INCLUDE ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION)

WEDNESDAY		DATE	

		DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS ((INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION)

THURSDAY		DATE	
		DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS (INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION)

FRIDAY		DATE	
		DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS (INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION)

EVENING/WEEKEND/HOLIDAY		DATE	
		DIRECT SERVICE HOURS	INDIRECT SERVICE HOURS (INCLUDE.ONSITE INDIVIDUAL AND CLASS GROUP SUPERVISION)

CATEGORY	WEEKLY TOTAL		SEMESTER TOTAL
DIRECT SERVICE HOURS			
INDIRECT SERVICE HOURS			
TOTAL DIRECT AND INDIRECT SERVICE HOURS			

Student Signature:

Date:

Onsite Supervisor Signature:

Date:

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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/LPC? (Y/N) _____
- In conjunction with course requirements during the practicum 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? (Y/N) _____
- 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) _____

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.

This Practicum Agreement is entered into between _____

as **onsite supervisor** for _____, a **practicum student**

enrolled in the UA Little Rock counseling program. This 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 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 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 practicum.
- **Application Deadlines:** Complete and submit to the Fieldwork Coordinator.

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

- **Securing an Practicum 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 practicum site is approved:**
 - Complete practicum 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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PRACTICUM PROPOSAL: COUN 7365

Student Name:

Last	First	Middle
------	-------	--------

Student Address: _____

Number/Street	City/State	Zip
---------------	------------	-----

Phone Numbers: _____

Home	Work	Cell
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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/LPC? (Y/N) _____
- In conjunction with practicum course requirements, 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? (Y/N) _____
- 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) _____

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.

Proposal Approved by:

Practicum Site Supervisor Signature

Date

Fieldwork Coordinator Signature
UA Little Rock Counseling Program

Date

Practicum Faculty Supervisor Signature
UA Little Rock Counseling Program

Date

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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.

2.

3.

Practicum Student Signature

Date

Practicum Site Supervisor Signature

Date

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FIELDWORK MANUAL
ACKNOWLEDGEMENT PAGE

Student Name: _____ **Date:** _____

Acknowledgement	Student Initials
The Practicum student has received and read the fieldwork manual.	
The Practicum student should register for appropriate certification and/or licensure 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 Fieldwork Coordinator.	
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.	

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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

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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.

Interpretation of Diagnostics:	
Medical:	
Psychological:	
Educational:	
Social:	
Vocational:	
Goal Planning and Case Management:	
Career and Vocational Counseling:	
Personal Adjustment Counseling:	
Career Exploration and Placement:	
Community Resource Utilization:	
Recording and Reporting:	
Application of Counseling Theory and Techniques:	
Other Related Tasks:	

Practicum Student [Signature]

Date

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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.

Practicum Site	
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.	
A. Practicum Site Supervisor	
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. Please describe how the practicum was a learning experience for you?	
D. What kind of supervision activities did you have? (e.g., listening to tapes, direct observation, group supervision, individual supervision, other)	
E. What suggestions could you offer to improve this field site?	

Practicum Student [Signature]

Date

Submit completed and signed document to Practicum Faculty Supervisor.

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**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

Counseling and Service Delivery	
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.	
General Characteristics	
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:

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1 - Indicates extremely low level of competence

Practicum Site Supervisor Signature

Date of Evaluation

Submit completed and signed document to Practicum Faculty Supervisor.

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PROFESSIONAL PRACTICE FIELDWORK CONTRACT

I understand that I must complete my COUN 7365, counseling Practicum with a grade of B or better prior to being allowed to register for my COUN 7660 counseling Internship. I understand that both Practicum and Internship are both experiential with actual clients and in work environments. The requirements for both are stated in the counseling 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