**MENTAL HEALTH COUNSELING – REHABILITATION**

**PRACTICUM AND INTERNSHIP CONTRACT**

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| --- | --- | --- | --- | --- |
| This agreement is made on | Click here to enter a date. | by and between |       | and  |
|  | (Date) |  | (Practicum/Internship Site) |  |  |  |
| NC A&T State University Department of Counseling. The agreement will be effective for a period from |
| Click here to enter a date. | to | Click here to enter a date. | for |    | hours per week for |       |
| (Date) |  | (Date) |  |  |  | (Student Name) |

Purpose: The purpose of this agreement is to provide a qualified graduate student with an internship or practicum in the field of Mental Health Counseling - Rehabilitation.

The University Program agrees to:

1. Assign a faculty member as supervisor of the student to facilitate and assure communication between university and the practicum/internship site on a regular schedule.
2. Notify practicum/internship student that they must adhere to the administrative and practice policies, rules, standards, schedules, and practices of the site.
3. Have a faculty supervisor of the practicum/internship student available for consultation with both site supervisors and/or practicum/internship students, should any problem or difficulty in relation to student, site, or university occur.
4. That the University Supervisor is responsible for the assignment of a fieldwork grade for the practicum/internship student.
5. The University Supervisor will review audio tapes during practicum/internship and/or provide live supervision for all practicum/intern students.

The Practicum/Internship Site agrees:

1. To assign an internship supervisor who is a licensed and/or certified practitioner and has available time and interest in training practicum students/interns.
2. To provide opportunities for the practicum/internship student to engage in a variety of clinical rehabilitation counseling activities under supervision, so as to provide for evaluation of the student’s performance.
3. To provide the practicum/internship student with adequate work space, telephone, office supplies, and or support staff and training so as to conduct professional activities.
4. To be present on-site and provide supervisory contact which involves appropriate examination and feedback concerning the intern’s work including observation of client work and scheduled weekly

(1 hour) individual and/or triadic supervision.

1. To provide written evaluation of the practicum/internship student based on criteria established by the University program.
2. To allow the student to create program appropriate audio recordings and/or live supervision of student’s interactions with clients for review by the University Supervisor.

|  |  |
| --- | --- |
| Within the specified time frame for the practicum/internship experience, |       |
|  | (Site Supervisor) |
| will be the primary site supervisor. The training activities checked below will be provided for the intern in sufficient amounts to allow an adequate evaluation of the practicum students/intern’s level of competence in each |
| activity |       | will be the faculty supervisor with whom the practicum/internship |
|  | (Faculty Supervisor) |  |
| student and the site supervisor will communicate regarding progress, problems, and performance evaluations. |

**Projected Practicum/Internship Activities**

* Initial Intake Activities (Interviews, collecting basic demographic information, determining eligibility for service)
* Individual Counseling
* Group Counseling
* Administration, Interpretation, and Processing of Test Results with Clients
* Report Writing
* Case Management
* Job Development and Placement / Job Analysis
* Medical Aspects of Disability (functional capacity, knowledge of the various types of disabilities or disorders, determine need for assistive technology)
* Rehabilitation Services and Resources (managed care, school to work transition, forensic rehabilitation, psychiatric rehabilitation practice)
* Consultation
* Psychoeducational Activities
* Career Counseling
* Case Conference
* Staff Presentation
* Other Agency Related Responsibilities

**Site Name:**

**Site Address:**

**Site Phone Number:** (     )     -

**Site Supervisor Name:**

**Phone Number:** (     )     -      **Email:**

**Site Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:**

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** (     )     -      **Email:**

**University Supervisor Name:**

**University Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** (     )     -      **Email:**