**SCHOOL COUNSELING**

**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 Clinical Mental Health Counseling.

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 school 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**

*Directions:* Please **CIRCLE** all activities that you will be engaged during your Field Placement

1. Individual Counseling

 Personal/social nature

 Occupational/educational nature

1. Group Counseling (Small or Large)

 Co-leading

 Leading

1. Classroom Guidance
2. Student Appraisal

 Standardized Testing

 Review of Tests and Measures

 Involvement in Testing Process

1. Consultation

 Parent Conferences

 Teacher Conferences

 Consultation with Community Resource Agents

1. Work with Student Support Teams/Special Needs
2. Educational Planning (including scheduling)
3. Career Counseling (exploration, decision-making, planning)
4. In-service Professional Development Activities/Staff Meetings
5. Other (please describe):

**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:**