

Counseling Clinical Handbook

University of North Georgia

Department of Counseling

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INTRODUCTION

The purpose of the *Counseling Clinical Handbook* is to provide you with detailed information regarding the Practicum (COUN 7500) and Internship (COUN 7510 & 7520) courses offered by the Department of Counseling at UNG. This handbook applies to graduate students enrolled in one of the following three M.S. Counseling tracks: (a) Clinical Mental Health Counseling, (b) Addictions Counseling, or (c) College Counseling/Students Affairs.

You are encouraged to carefully read this handbook before registering for the practicum & internship courses. Once you have become familiar with all of the information presented in this handbook, please make an appointment with your advisor to plan for Practicum and/or Internship. Refer to this handbook as you matriculate through your program. Please note that you are responsible for the information found in this handbook.

*We wish you much success and growth with your
Counseling field experiences at the University of North Georgia.*

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COUN 7500 Practicum

This course provides opportunities for practical clinical/field experience with actual clients in community agency settings. The counseling student audio or video records counseling sessions once consent from the client has been obtained. These recorded sessions are used for clinical supervision of counseling skill development and counselor license eligibility. Upon completion of this course, counseling students will receive verification of 100 hours of supervised clinical/field experience.

Goals of the Practicum course:

The general goal is for Counseling students to master skills learned in previous courses by effectively working with actual clients in individual and group counseling sessions.

Prerequisites for registering for Practicum:

ALL STUDENTS: Successful completion of the following courses:

- **COUN 6200/6210 - Counseling Theories & Counseling Theories Lab**
- **COUN 6040 – Counseling Ethics**
- **COUN 6030 – Human Growth and Development**
- **COUN 6100/6110 – Psychological Helping Skills**
- **COUN 6300/6310 – Group Counseling & Group Counseling Lab**
- **COUN 6500/6510 – Multicultural Counseling & Multicultural Counseling Lab**
- **COUN 6600/6610 – Assessment & Assessment Lab**
- **COUN 7100 – Psychopathological Diagnosis**
- **COUN 7200 – Foundations of Addictions Counseling**

ADDICTIONS TRACK: Successful completion of the “ALL STUDENTS” courses, as well as the following courses:

- **COUN 7220 – Psychopharmacology**
- **COUN 7210 – Theories of Addictions**

COLLEGE COUNSELING/STUDENT AFFAIRS TRACK: Successful completion of the “ALL STUDENTS” courses, as well as the following courses:

- **COUN 7430 – Student Affairs Practice and Leadership**
- **COUN 7410 – Student Development Theories**

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GUIDELINES AND EXPECTATIONS FOR PRACTICUM STUDENTS

The Counseling program at UNG requires students to complete supervised clinical/field experiences that total a **minimum** of 100 clock hours. Practicum requirements include the following:

- A minimum of 40 hours of direct service with clients, which include individual, couples, family, and group counseling. A minimum of 60% of direct service must be completed via individual counseling. Direct service also may include intake interviewing and consultation.
- A minimum of one hour per week of individual clinical supervision from the on-site supervisor.
- An average of one and one-half hours per week of group supervision with students in Practicum (actual meeting times and dates will be determined and assigned by the University supervisor).
- One video/audio recorded counseling session should be submitted to the University Supervisor on a weekly basis.
- Students are expected to adhere to American Counseling Association *Code of Ethics* and the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists *Code of Ethics*.
- Counseling sites must provide interns with the opportunity to work with a diverse clientele, if possible.

The Practicum experience gives the student the opportunity to understand the philosophy and administrative guidelines of the organization and to participate, to a limited extent, in the organization's day-to-day operation. Students will become familiar with the policies and procedures within the organization and define their role accordingly. The onsite and University supervisors will provide an evaluation of the student's performance throughout the course. Formal evaluations are done at mid-term and at the completion of Practicum.

Checklist for Practicum

- _____ Read the Counseling Clinical Handbook
- _____ Meet with your advisor to discuss your Practicum plan
- _____ Complete ALL Practicum course prerequisites
- _____ Schedule and complete an interview with potential site supervisor
- _____ Ensure that your site supervisor is licensed as a Professional Counselor, Clinical Social Worker, or Psychologist
- _____ Submit a Practicum Application to the Clinical Coordinator by the due date during the semester prior to the course
- _____ Submit a Practicum Site Selection form to the Clinical Coordinator by the due date during the semester prior to the course
- _____ Submit a Practicum Site Agreement to the Clinical Coordinator by the due date during the semester prior to the course
- _____ Receive Practicum Application approval from the Clinical Coordinator
- _____ Secure Professional Liability Insurance and submit a copy of your certificate to the Clinical Coordinator prior to starting your practicum semester.

**University of North Georgia
Department of Counseling
Practicum Application**

Semester & year you wish to enroll in this class: Summer _____

Track: CMHC _____ Addictions _____ College Counseling/Student Affairs _____

DIRECTIONS: This form must be completed and returned to the Clinical Coordinator no later than the due date prior to enrolling in the Practicum class. A SEPARATE APPLICATION IS REQUIRED FOR EACH APPLIED PRACTICE COURSE YOU TAKE.

APPLICATION DEADLINE FOR PRACTICUM

APRIL 1

NAME _____
Last First MI

GENDER _____

STUDENT NUMBER _____

HOME ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

UNG EMAIL _____

INDICATE SEMESTER & YEAR YOU COMPLETED THE COURSES BELOW

ALL STUDENTS:

_____ COUN 6200/6210 - Counseling Theories & Counseling Theories Lab

_____ COUN 6040 – Counseling Foundations & Ethics

_____ COUN 6030 – Human Growth and Development

_____ COUN 6100/6110 – Psychological Helping Skills

_____ COUN 6300/6310 – Group Counseling & Group Counseling Lab

_____ COUN 6500/6510 – Multicultural Counseling & Multicultural Counseling Lab

_____ COUN 6600/6610 – Assessment & Assessment Lab

_____ COUN 7100 – Psychopathological Diagnosis

_____ COUN 7200 – Foundations of Addictions Counseling

ADDICTIONS TRACK ONLY

_____ COUN 7220 – Psychopharmacology

_____ COUN 7210 – Theories of Addictions

COLLEGE COUNSELING/STUDENT AFFAIRS TRACK ONLY

_____ COUN 7430 – Student Affairs Practice and Leadership

_____ COUN 7410 – Student Development Theories

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**University of North Georgia
Department of Counseling
Practicum Site Selection**

STUDENT NAME _____

DATE _____

Practicum Site Information

NAME OF COUNSELING AGENCY/CENTER _____

ADDRESS _____

_____ COUNTY _____

PHONE (____) _____ FAX (____) _____

WEBSITE _____

SITE SUPERVISOR INFORMATION

NAME & TITLE _____

HIGHEST DEGREE: ___EdD___ PhD ___ EdS___ MS ___ MEd ___ MA Other _____

CREDENTIALS: LPC# _____ NCC# _____ ACS# _____

CPCS# _____ Other _____

YEARS OF EXPERIENCE IN MENTAL HEALTH/ COUNSELING FIELD _____

PHONE (____) _____

EMAIL _____

Your anticipated schedule at your placement site (days & times) and other relevant information:

University of North Georgia Department of Counseling Practicum Site Agreement

This agreement is made on _____ by and between _____
(date) (site name)

and *the University of North Georgia*. The agreement will be effective for a period from _____
(start date)

to _____ for a total of **100 (40 Direct)** hours for _____.
(end date) (student)

Purpose:

The purpose of this agreement is to provide a qualified graduate student with a practicum experience in the field of counseling.

University of North Georgia agrees:

1. to assign a university faculty liaison to facilitate communication between the university and the site;
2. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the sites;
3. that the faculty liaison shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and
4. that the university supervisor is responsible for the assignment of a fieldwork grade.

The Practicum Site agrees:

1. to assign a supervisor who is licensed and has the time and interest for training the student intern;
2. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance;
3. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
4. to provide supervisory contact that involves some examination of student work using audio/visual tapes, observation, and/or live supervision; and
5. to provide written evaluation of student based on criteria established by the University of North Georgia.
6. to provide students with a diverse client population as allowed by the overall client population of the agency.

For the specified time frame, _____ will be the primary site supervisor/supervisor of record. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity. The student's university supervisor will be the faculty liaison with whom the student and site supervisor will communicate regarding progress, problems, and performance evaluation.

Please check all that apply:

Practicum Activities

- | | |
|--|---|
| _____ Individual Counseling (Required)
<i>(A minimum of 60% of direct service must be completed via individual counseling)</i> | _____ Individual Supervision (Required)
<i>(A minimum of 1 hour per week)</i> |
| _____ Intake Interviewing | _____ Consultation, Referrals, & Team Collaboration |
| _____ Report Writing | _____ Psychoeducational Activities |
| _____ Group Counseling | _____ Peer or Group Supervision |
| _____ Career Counseling | _____ Testing Administration, Analysis & Interpretation |
| _____ Staff Meetings | _____ Other (please list below) |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Note: If the interns is in the Addictions Counseling track, 60% of their direct hours each semester must come from working with clients impacted by addiction or substance use/abuse. If you have any questions about what qualifies, please contact the clinical coordinator.*

Site Supervisor: _____ Date: _____

Student: _____ Date: _____

Faculty liaison: _____ Date: _____

COUN 7510 & 7520 Internship

This course provides opportunities for practical clinical/field experience with actual clients in community agency settings. The Counseling student audio or video records counseling sessions once consent from the client has been obtained. These recordings are used for clinical supervision of counseling skill development and counselor license eligibility. Upon completion of both courses (COUN 7510 and COUN 7520), Counseling students will receive verification of 600 hours of supervised clinical/field experience.

Goals of the Internship courses:

The general goal is for Counseling students to master skills learned in previous courses by effectively working with actual clients in individual and group counseling sessions.

Prerequisites for registering for Internship:

Successful completion of the following courses:

- **COUN 7500 – Practicum**
- **All prerequisites for COUN 7500**

GUIDELINES AND EXPECTATIONS FOR INTERNSHIP STUDENTS

The Internship courses in the Counseling program at UNG requires students to complete supervised clinical/field experiences that total a **minimum** of 600 clock hours. Internship includes the following:

- A minimum of 240 hours of direct service with clients, which includes individual and group counseling. A minimum of 60% of direct service must be completed via individual counseling. Direct service also may include intake interviewing and consultation.
- A minimum of one hour per week of individual clinical supervision from the on-site supervisor.
- An average of one and one-half hours per week of group supervision with students in Internship (actual meeting times and dates will be determined and assigned by the University supervisor).
- One audio or video recorded counseling session should be submitted to the University Supervisor on a weekly basis.
- Students are expected to adhere to American Counseling Association *Code of Ethics* and the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists *Code of Ethics*.
- Counseling sites must provide interns with the opportunity to work with a diverse clientele, if possible.

The Internship experience gives the student the opportunity to understand the philosophy and administrative guidelines of the organization and to participate to a limited extent in the organization's day-to-day operation. Students will become familiar with the policies and procedures within the organization and define their role accordingly. The on-site and University supervisors will provide an evaluation of the student's performance throughout the course. Formal evaluations are done at mid-term and at the completion of Internship.

Direct Service and Indirect Service Hours

Direct service is defined by seeing a client face-to-face in individual, family, couple, or group counseling. For more examples of direct service, please see the table below.

<p>Examples of Direct Services</p>	<ol style="list-style-type: none"> 1. Individual, couples, family and group counseling sessions 2. Psychoeducational (with a therapeutic component) or therapeutic group 3. Non-scheduled, drop-in clients 4. Discussion about possible career options with an undergraduate student 5. Substance abuse counseling 6. Crisis intervention on a hotline at the internship site 7. Intakes and psychological assessments 8. Resume-building and career development that includes therapeutic component
<p>Examples of Indirect Services</p>	<ol style="list-style-type: none"> 1. Consultation with another counselor about a client you are seeing

	<ul style="list-style-type: none"> 2. Observing a counseling session 3. Scheduling a counseling session with a parent or client in person or over the phone 4. Editing a student's resume 5. Planning for the next counseling session or group 6. Giving presentations or workshops 7. Academic advising to undergraduate students
--	--

In addition to the minimum of 240 clock hours of direct service (120 hours each semester), an intern must complete a total of 600 hours (300 hours each semester). Thus, all remaining hours after the direct hours must be indirect service (typically equates 180 hours per semester). The indirect service must be completed onsite at the agency setting and includes activities such as completing case notes and treatment plans, attending clinical and staff meetings, filling out insurance paperwork, and other professional tasks that are typical of counselors at the internship site. Indirect service does not include transportation time to and from the site, nor does it include supervision sessions at the University. Individual supervision from the site supervisor does count toward the indirect clock hours needed for internship.

UNG Clinical Handbook

Checklist for Internship

- _____ Read the Clinical Handbook
- _____ Meet with your advisor to discuss your Internship plan
- _____ Complete ALL Internship course prerequisites
- _____ Schedule and complete an interview with potential site supervisor
- _____ Ensure that your site-supervisor is licensed as a Professional Counselor, Clinical Social Worker, or Psychologist
- _____ Submit an Internship Application to the Clinical Coordinator one semester prior to registering for the course
- _____ Receive Internship Application approval from the Clinical Coordinator
- _____ Secure Professional Liability Insurance

**University of North Georgia
Department of Counseling
Internship Application**

(Circle appropriate course number) COUN 7510 or 7520

Indicate the semester you wish to enroll in this class: Fall_____ Spring_____

Track: CMHC_____ Addictions_____ College Counseling/Student Affairs_____

DIRECTIONS: This form must be completed and returned to the Clinical Coordinator no later than the due date prior to enrolling in the Internship class. A SEPARATE APPLICATION IS REQUIRED FOR EACH APPLIED PRACTICE COURSE YOU TAKE.

APPLICATION DEADLINES FOR INTERNSHIP

June 1 (for Internship I)

November 1 (for Internship II)

NAME _____
Last First MI

GENDER _____

STUDENT NUMBER _____

HOME ADDRESS _____

HOME PHONE (____) _____ CELL PHONE (____) _____

UNG EMAIL _____

INDICATE SEMESTER & YEAR YOU COMPLETED THE COURSE BELOW

_____ COUN 7500: COUNSELING PRACTICUM

**University of North Georgia
Department of Counseling
Internship Site Selection**

STUDENT NAME _____

DATE _____

Practicum Site Information

NAME OF COUNSELING AGENCY/CENTER _____

ADDRESS _____

_____ COUNTY _____

PHONE (____) _____ FAX (____) _____

WEBSITE _____

SITE SUPERVISOR INFORMATION

NAME & TITLE _____

HIGHEST DEGREE: ___EdD___ PhD ___ EdS ___ MS ___ MEd ___ MA Other _____

CREDENTIALS: LPC# _____ NCC# _____ ACS# _____

CPCS# _____ Other _____

YEARS OF EXPERIENCE IN MENTAL HEALTH/ COUNSELING FIELD _____

PHONE (____) _____

EMAIL _____

Your anticipated schedule at your placement site (days & times) and other relevant information:

University of North Georgia Department of Counseling Internship Site Agreement

This agreement is made on _____ by and between _____
(date) (site name)

and *the University of North Georgia*. The agreement will be effective for a period from _____
(start date)

to _____ for a total of **300 (120 Direct)** hours for _____.
(end date) (student)

Purpose:

The purpose of this agreement is to provide a qualified graduate student with an internship experience in the field of counseling.

University of North Georgia agrees:

5. to assign a university faculty liaison to facilitate communication between the university and the site;
6. to notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the sites;
7. that the faculty liaison shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and
8. that the university supervisor is responsible for the assignment of a fieldwork grade.

The Internship Site agrees:

7. to assign a supervisor who is licensed and has the time and interest for training the student intern;
8. to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance;
9. to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
10. to provide supervisory contact that involves some examination of student work using audio/visual tapes, observation, and/or live supervision; and
11. to provide written evaluation of student based on criteria established by the University of North Georgia.
12. to provide students with a diverse client population as allowed by the overall client population of the agency.

With the specified time frame, _____ will be the primary site supervisor. The training activities (checked below) will be provided for the students in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity. The student's university supervisor will be the faculty liaison with whom the student and site supervisor will communicate regarding progress, problems, and performance evaluation.

Please check all that apply:

Internship Activities

- | | |
|--|---|
| _____ Individual Counseling (Required)
<i>(A minimum of 60% of direct service must be completed via individual counseling)</i> | _____ Individual Supervision (Required)
<i>(A minimum of 1 hour per week)</i> |
| _____ Intake Interviewing | _____ Consultation, Referrals, & Team Collaboration |
| _____ Report Writing | _____ Psychoeducational Activities |
| _____ Group Counseling | _____ Peer or Group Supervision |
| _____ Career Counseling | _____ Testing Administration, Analysis & Interpretation |
| _____ Staff Meetings | _____ Other (please list below) |

Note: If the intern is in the Addictions Counseling track, 60% of their direct hours **each semester must come from working with clients impacted by addiction or substance use/abuse. If you have any questions about what qualifies, please contact the clinical coordinator.*

Site Supervisor: _____ Date: _____

Student: _____ Date: _____

Faculty liaison: _____ Date: _____

**University of North Georgia
Department of Counseling
Consent to Video/Audio Record Practicum/Internship Counseling Sessions
Adult**

Counselor supervision for Practicum and Internship courses requires the video recording of counseling sessions and assessment of my work with clients in order to help evaluate my skills. My university supervisor, site supervisor and/or other counseling graduate students enrolled in Practicum/Internship class will review the recordings. We are not allowed to reveal the identity of any clients. All recordings will be erased/destroyed upon completion of the course.

These procedures require your consent. Information from the recordings is confidential given the above-described supervision and learning experiences. Additional exceptions to confidentiality are:

1. You direct me, in writing, to discuss your situation with someone else.
2. It is determined that you are a threat to yourself or others.
3. I am ordered by a court to disclose information.
4. I am a defendant in a civil, criminal, or disciplinary action arising from the counseling.
5. There is indication of child abuse/neglect or elder abuse/neglect that I am legally required to report.

CONSENT:

I, _____ (print full name),
understand the above conditions and have resolved any questions or concerns.

I have been given a copy of the PRACTICUM/INTERNSHIP INFORMATION AND CONSENT GUIDELINES.

(Client)

(Date)

(Counselor-in-Training)

(Date)

**University of North Georgia
Department of Counseling
Consent to Video/Audio Record Practicum/Internship Counseling Sessions
Minor**

Counselor supervision for Practicum/Internship courses requires the videotaping of counseling sessions and assessment of my work with clients in order to help evaluate my skills. My University supervisor, site supervisor and/or other counseling graduate students enrolled in Practicum/Internship class will review the recordings. The camera will focus on the counselor only. We are not allowed to reveal the identity of any clients. All recordings will be erased/destroyed upon completion of the course.

These procedures require your consent. Information from the recordings is confidential given the above described supervision and learning experiences. Additional exceptions to confidentiality are:

1. You direct me, in writing, to discuss your situation with someone else.
2. It is determined that you are a threat to yourself or others.
3. I am ordered by a court to disclose information.
4. I am a defendant in a civil, criminal, or disciplinary action arising from the counseling.
5. There is indication of child abuse/neglect or elder abuse/neglect that I am legally required to report.

CONSENT:

I, _____ (print full name) parent or guardian of
_____ (print child's full name), agree to allow this minor child to
participate in Practicum/Internship counseling sessions. I understand the above conditions and have resolved
any questions or concerns

I have been given a copy of the PRACTICUM INFORMATION AND CONSENT GUIDELINES.

(Parent or Guardian)

(Date)

(Counselor-in-Training)

(Date)

SAMPLE PROFESSIONAL DISCLOSURE STATEMENT FOR STUDENTS

I am pleased to work with you/your child, *(client's name here)*, as a counselor-in-training. I am required to inform you about my background and to ensure that you understand my professional relationship with you/your child.

I am currently a graduate student in the Counseling Program at University of North Georgia. I am pursuing a Master's degree in *(insert your track here)* Counseling.

As part of my education and training, I am required to enroll in a/an Practicum/Internship class that involves counseling individuals and groups in order to practice skills I am learning. My University supervisor and my site supervisor will supervise my work. Counseling sessions with you/your child help me meet the requirements for this class that ends *(insert date of last day of the semester)*.

Although the counseling sessions may be very psychologically intimate, it is important to realize that my relationship with you/your child is professional rather than social. My contact with you/ your child will be limited to counseling sessions arranged with me until *(insert date of last day of the semester)*.

I am ethically unable to accept you/your child's invitations to social gatherings or gifts, or have any relationship other than the professional relationship we will have within the context of our professional work. You/Your child will learn a great deal about me as we work together during the counseling experience. However, it is important for you/your child to remember that you/your child are/is experiencing me in my professional role.

Anything discussed during counseling sessions is confidential, with the following exceptions:

1. My supervision as described above
2. You direct me, in writing to tell someone else
3. You/Your child are/is determined to be a danger to self or others
4. There are indications of child abuse or elder abuse that I am legally obligated to report
5. I am ordered by a court to disclose information

Counseling sessions are *(place length of sessions here)* minutes in length. Please note that it is impossible to guarantee any specific results regarding you/your child's counseling goals. However, together we will work to achieve the best possible results. Your assistance and cooperation in this training are appreciated and it is hoped you/your child gain as much as I.

All my work with you will be supervised by my site supervisor and by my university supervisor. If you have questions, please feel free to talk with me or my supervisor.

My University supervisor _____ can be contacted at *(insert university supervisor's email address here)*.

University of North Georgia Department of Counseling Student Record Form

COPY THIS FORM FOR EACH PRACTICUM AND INTERNSHIP COURSE YOU TAKE.

This form becomes part of the student record to document the completion of applied practice hours. It is the **student's responsibility** to record the appropriate information on the form and obtain the signature of her/his faculty supervisor. **All log sheets must be attached to verify the number of clock hours.**

STUDENT NAME _____ Student # _____

Practicum/Internship Site

Name of Site _____

Site Address _____

_____ County _____

Site Supervisor Name & Title _____

Site Supervisor license/certification type(s) _____ number _____

Practicum/Internship Experience

Below indicate the number of **clock hours** you completed:

<u>Semester</u>	<u>Year</u>	<u>Clock hrs</u>	<u>Direct hrs</u>
___ Fall	_____	_____	_____
___ Spring	_____	_____	_____
___ Summer	_____	_____	_____

University Supervisor _____

Date _____

Completed by (circle one): Site Supervisor University Supervisor

**The University of North Georgia
Department of Counseling
Supervisor Evaluation Form**

Student _____ Date _____
 Course _____ Hours Completed _____
 Site _____ Track _____

Practicum: Midterm ___ Final ___ Internship: Midterm ___ Final ___

Please complete the following evaluation form and circle the number that best evaluates the student counselor on each performance indicator at this time.

Supervision Dispositions						NA
Is prepared for supervision sessions.	1	2	3	4	5	
Demonstrates a personal commitment in developing professional competencies.	1	2	3	4	5	
Invests time and energy in becoming a counselor.	1	2	3	4	5	
Accepts and uses constructive criticism to enhance self-development and counseling skills.	1	2	3	4	5	
Engages in open, comfortable, and clear communication with peers and supervisors.	1	2	3	4	5	
Recognizes own competencies and skills and shares them with peers and supervisors	1	2	3	4	5	
Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	1	2	3	4	5	
Counseling Dispositions						NA
Adherence to ethical standards	1	2	3	4	5	
Professionalism (with peers, supervisors, clients)	1	2	3	4	5	
Maintains appropriate boundaries	1	2	3	4	5	
Adherence to policies and procedures	1	2	3	4	5	
Accomplishes site/course tasks	1	2	3	4	5	

Demonstrates multicultural competence	1	2	3	4	5	
Demonstrates emotional stability	1	2	3	4	5	
Demonstrates initiative towards growth	1	2	3	4	5	
Openness to & utilization of feedback	1	2	3	4	5	
Flexibility	1	2	3	4	5	
Authenticity	1	2	3	4	5	
Exhibits self-awareness	1	2	3	4	5	
Counseling Skills						NA
Is relaxed and comfortable in the interview	1	2	3	4	5	
Communicates interest in and acceptance of the client	1	2	3	4	5	
Ability to establish and maintain rapport	1	2	3	4	5	
Ability to focus the counseling session	1	2	3	4	5	
Communicates empathy	1	2	3	4	5	
Collaboratively establishes appropriate goals and/or treatment plans with client	1	2	3	4	5	
Uses silence appropriately.	1	2	3	4	5	
Uses self-disclosure appropriately and judiciously.	1	2	3	4	5	
Identifying client discrepancies and utilizing confrontation appropriately	1	2	3	4	5	
Reflects feelings with clients	1	2	3	4	5	
Reflects meaning with clients	1	2	3	4	5	
Summarizes within sessions	1	2	3	4	5	
Paraphrases with clients	1	2	3	4	5	
Utilizes open questions	1	2	3	4	5	
Utilizes closed questions	1	2	3	4	5	
Incorporates minimal and appropriate encouragers	1	2	3	4	5	
Demonstrates appropriate and effective nonverbal skills (e.g., eye contact, tone, body position)	1	2	3	4	5	

Please comment on the following questions. *(Please feel free to use the back of this page for any additional comments)*

What are the strengths of the student as a counseling intern?

What areas need further development?

What recommendations would you make to enhance this student's development?

Any additional comments?

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By signing this document, I affirm that the evaluation has been verbally reviewed with me by my supervisor.

Student's Signature/Date: _____

By signing this document, I affirm that I have verbally reviewed this evaluation with the student.

Supervisor Signature/Date: _____

Printed Supervisor's Name: _____

Note: The student's signature indicates that he/she has read the evaluation and has discussed it with his/her university supervisor. It does not necessarily indicate that he/she is in agreement with it. Significant disagreement on the part of the student regarding this assessment should be noted in writing and forwarded as an addendum to this form to the Clinical Coordinator. If the Clinical Coordinator is also the student's university supervisor, then the written addendum should be forwarded to the Department Head.

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**The University of North Georgia
Department of Counseling
Student Evaluation of Site**

Name: _____ Site: _____

Track: _____ Dates of Placement: _____ to _____

Site Supervisor: _____

University Supervisor: _____

<i>Rate your experience with the following activities/experiences at your site from poor (1) to excellent (5).</i>					
Activity/Experience	Poor Adequate Excellent				
Amount of on-site supervision	1	2	3	4	5
Quality and usefulness of on-site supervision	1	2	3	4	5
Relevance of experience to career goals	1	2	3	4	5
Exposure to/communication of agency goals	1	2	3	4	5
Exposure to/communication of agency procedures	1	2	3	4	5
Exposure to professional roles and functions	1	2	3	4	5
Exposure to information about community resources	1	2	3	4	5
Professional Interactions with other co-workers	1	2	3	4	5
Diversity of clients/issues	1	2	3	4	5

Diversity of counseling activities/tasks	1	2	3	4	5
Intern training/orientation	1	2	3	4	5
Select which of the following activities/experiences you had at your site and rate the quality of those activities/experiences from poor (1) to excellent (5).					
Activity/Experience	Poor	Adequate	Excellent		
Report/note writing ___yes ___no	1	2	3	4	5
Intake Interviewing ___yes ___no	1	2	3	4	5
Administration/Interpretation of Formal Assessments ___yes ___no	1	2	3	4	5
Staff Presentations/Treatment Team ___yes ___no	1	2	3	4	5
Individual Counseling ___yes ___no	1	2	3	4	5
Group Counseling ___yes ___no	1	2	3	4	5
Family/Couples Counseling ___yes ___no	1	2	3	4	5
Psychoeducational Activities ___yes ___no	1	2	3	4	5
Consultation ___yes ___no	1	2	3	4	5
Career Counseling ___yes ___no	1	2	3	4	5

Other (specify in space below): ____yes ____no					
	1	2	3	4	5
OVERALL EVALUATION OF SITE	1	2	3	4	5

Comments, concerns or suggestions:

Is there anything the clinical coordinator and/or your university supervisor can do to help address any issues?

University of North Georgia
Department of Counseling
Student Counselor Evaluation of Site Supervisor

Name: _____ Site: _____

Track: _____ Dates of Placement: _____ to _____

Site Supervisor: _____

University Supervisor: _____

<i>Rate your experience with the following activities/experiences at your site from poor (1) to excellent (5).</i>					
Activity	Poor Adequate Excellent				
Gives time and energy in observing sessions or reviewing recorded session during individual supervision.	1	2	3	4	5
Accepts and respects me as a person.	1	2	3	4	5
Recognizes and encourages further development of my strengths and capabilities.	1	2	3	4	5
Gives me useful feedback when I do something well.	1	2	3	4	5
Provides me the freedom to develop flexible and effective counseling styles.	1	2	3	4	5
Encourages and listens to my ideas and suggestions for developing my counseling skills.	1	2	3	4	5
Provides suggestions for developing my counseling skills.	1	2	3	4	5
Helps me understand the implications and dynamics of the counseling approaches I use.	1	2	3	4	5
Encourages me to use new and different techniques when appropriate.	1	2	3	4	5
Is spontaneous and flexible in the supervisory sessions.	1	2	3	4	5
Helps me define and achieve specific concrete goals for myself during the experience.	1	2	3	4	5

Gives me useful feedback when I do something wrong.	1	2	3	4	5
Allows me to discuss problems I encounter in my internship setting.	1	2	3	4	5
Pays attention to both my clients and me.	1	2	3	4	5
Focuses on both verbal and nonverbal behavior in me and in my clients.	1	2	3	4	5
Helps me define and maintain ethical behavior in counseling and case management.	1	2	3	4	5
Encourages me to engage in professional behavior.	1	2	3	4	5
Maintains confidentiality in material discussed in supervisory sessions.	1	2	3	4	5
Deals with both content and effect when supervising.	1	2	3	4	5
Focuses in the implications, consequences, and contingencies of specific behaviors in counseling and supervision.	1	2	3	4	5
Helps me organize relevant case data in planning goals and strategies with my client.	1	2	3	4	5
Helps me formulate a theoretically sound rationale of human behavior.	1	2	3	4	5
Offers resource information when I request or need it.	1	2	3	4	5
Helps me develop increased skill in critiquing and gaining insight from my counseling recordings.	1	2	3	4	5
Allows and encourages me to evaluate myself.	1	2	3	4	5
Explains his/her criteria for evaluation clearly and in behavioral terms.	1	2	3	4	5
Applies his/her criteria fairly in evaluating my counseling performance.	1	2	3	4	5

Additional Comments:

**University of North Georgia
Department of Counseling
Site Supervisor Evaluation of Counseling Program**

Please evaluate the Counseling program at the University of North Georgia based on your experience with our intern(s) in their placement at your site.

Date: _____

Please respond on a scale of:
1 = poor
2 = fair
3 = average
4 = above average
5 = excellent

1. Compared to other master's degree level employees, UNG interns' overall educational preparation is:

1.....2.....3.....4.....5

2. Intern's counseling skills ability:

1.....2.....3.....4.....5

3. Intern's client conceptualization skills:

1.....2.....3.....4.....5

4. Intern's ethical behavior:

1.....2.....3.....4.....5

5. Intern's theoretical knowledge:

1.....2.....3.....4.....5

6. Intern's administrative skills:

1.....2.....3.....4.....5

7. Site supervisor's (your) perception of support for from UNG faculty and staff:

1.....2.....3.....4.....5

8. Suggestions for program improvement:

9. Other ideas, comments, or suggestions:

Thank you for providing this valuable input for our educational program!

Optional:

Your Name _____

Site Name _____

Intern's track: CMHC _____ Addictions _____ College Counseling/Student Affairs _____

Please return this form to:

Clinical Coordinator
University of North Georgia
Department of Counseling
100 Main Street
Cumming, GA 30040

UNG Department of Counseling Weekly Hours Log

Student Name _____

I. Direct Hours

ACTIVITIES	Dates:	Dates:	Dates:	Dates:	Monthly Total
Intake Interview					
Individual Counseling					
Group Counseling					
Couples/Family Counseling					
Consultation					
Career Counseling					
Co-Counseling					
Crisis Intervention					
Other Clinical Work - Specify:					
TOTAL					

II. Indirect Hours

Group Supervision/Case Consultation (Site)					
Individual Supervision (Site)					
Individual/Triadic Supervision (University)					
Group Supervision (University)					
Report/Note Writing					
Staff Meetings					
Other – Specify:					
TOTAL					

University Supervisor's Signature

On-Site Supervisor's Signature

Student's Signature

UNG Department of Counseling Weekly Hours Log

Student Name _____

I. Direct Hours

ACTIVITIES	Month 1	Month 2	Month 3	Month 4	Total for Semester
Intake Interview					
Individual Counseling					
Group Counseling					
Couples/Family Counseling					
Consultation					
Career Counseling					
Conjoint Counseling					
Crisis Intervention					
Other Clinical Work - Specify:					
TOTAL					

II. Indirect Hours

Group Supervision/Case Consultation (Site)					
Individual Supervision (Site)					
Individual/Triadic Supervision (University)					
Group Supervision (University)					
Report/Note Writing					
Staff Meetings					
Other – Specify:					
TOTAL					

University Supervisor's Signature

On-Site Supervisor's Signature

Student's Signature