NEW JERSEY CITY UNIVERSITY
EDUCATIONAL LEADERSHIP AND
COUNSELING DEPARTMENT

SITE SUPERVISOR HANDBOOK
FOR
PRACTICUM AND INTERNSHIP
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Dear Site Supervisor:

RE: Counseling Internship

Thank you for serving as a site supervisor. We are most grateful to you and your institution for your cooperation and help. The first task is to complete a monthly calendar for the semester together with dates and times for on-site work and weekly individual supervision. The university instructor will be contacting you during the semester to check in and discuss how our student is progressing.

The purpose of Practicum is to provide the first site experience that introduces the student to doing the work of the counselor. The student will focus on demonstrating and improving counseling skills by working directly with clients individually and in groups under your supervision. Practicum students are on site 1½ to 2 days/ nights per week for 10 to 12 hours.

The purpose of Internship is to provide a comprehensive field experience in which the student intern does the work of the counselor under your supervision. The student will engage in a wide range of individual and group counseling, consultation, assessment, psychoeducation and other counselor responsibilities. Internship students are on site 3-4 days/ nights per week for 18-24 hours. The Practicum or Internship Weekly Guide is an outline for the student’s semester.

The following list from the university-site agreement will help guide your work as a site supervisor.

**Responsibilities of the site supervisor:**
1. Provide an orientation to the site during the first two weeks of the placement;
2. Provide opportunities for the candidates to perform the work of a counselor under supervision, be available for direction and support; and to have the student’s sessions videotaped for university supervision;
3. Provide 1 hour per week of individual clinical supervision, sign logs, complete a midterm and final evaluation.

**Responsibilities of the university group supervisor/instructor:**
1. Conduct the group supervision each week and review student’s videotaped sessions;
2. Monitor logs, counseling plans and progress, and provide the final grade;
3. Communicate regularly with the site supervisor and the university coordinator by phone or in person, and immediately contact the coordinator and site supervisor should any problem or change in relation to the student, site, or college occur;
4. Assure the student’s adherence to administrative policies, rules, standards, schedules, and practices of the site.

The Site Supervisor Handbook provides information including weekly guidelines for Practicum or Internship students and helpful forms. An Orientation to Counselor Supervision is also provided. The Student-Site Supervisor Agreement outlines responsibilities and expectations.

Please refer to the chart on the reverse side of this page for the recommended hours for direct counseling (face-to-face) and indirect services (in support of direct counseling).
If you have any questions, please contact the university instructor/supervisor or our core faculty, Dr. Tracey Duncan, Dr. Yumiko Ogawa, or myself. Thank you again and best wishes for a wonderful semester.

Sincerely yours,

Jane Webber, PhD, LPC
Associate Professor/Clinical Coordinator
MA in Counseling Program
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New Jersey City University
2039 Kennedy Boulevard, Jersey City, New Jersey 07305-1597
201-200-3400 (office), 201-200-2473 (direct)  jwebber@njcu.edu

GUIDELINES FOR PRACTICUM DIRECT AND INDIRECT HOURS

<table>
<thead>
<tr>
<th></th>
<th>Practicum Hours</th>
<th>Internship Hours</th>
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<tbody>
<tr>
<td><strong>DIRECT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face to face direct services with clients including:</td>
<td>40</td>
<td>120</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>26</td>
<td>68</td>
</tr>
<tr>
<td>Group Counseling/ Psychoeducational Groups</td>
<td>10</td>
<td>36</td>
</tr>
<tr>
<td>Consultation</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>School Counselor: Class lesson</td>
<td>2 (SC only)</td>
<td>8</td>
</tr>
<tr>
<td>Mental Health Counselor: Assessment/intake/case history</td>
<td>2 (CMHC only)</td>
<td>8</td>
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<tr>
<td><strong>INDIRECT SERVICES</strong> *</td>
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<tr>
<td>Indirect Services in support of direct services such as observation; case conferences; individual and group supervision; completing logs, progress notes, and client records; professional development and train meetings, consultation, and presentations; research; advocacy; including:</td>
<td>60</td>
<td>180</td>
</tr>
<tr>
<td>Weekly supervision on site</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Group Supervision at university</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Client Progress notes, records</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>Research, websites</td>
<td>8</td>
<td></td>
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<tr>
<td>Professional development (online and in person)</td>
<td>16</td>
<td></td>
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<tr>
<td>Licensure Board Meeting</td>
<td>4</td>
<td></td>
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<tr>
<td>Case Study Research and Preparation</td>
<td>4</td>
<td>4</td>
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<tr>
<td>* Students with no school or clinical experiences will complete 20 hours of observation</td>
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</table>

The ratio of hours may be adjusted to meet the needs of the site.
SECTION 1: Beginning Supervision
NEW JERSEY CITY UNIVERSITY
COUNSELING PROGRAM
STUDENT-SITE SUPERVISOR AGREEMENT
(To be submitted by the second week)

This agreement provides a description of responsibilities of:
the student supervisee ________________________________,
and the site supervisor ________________________________.

Practicum ☐ Internship I ☐ Internship II ☐ Internship IV ☐ Internship V ☐
Site________________________________________ Semester/Year____________________

EXPECTATIONS FOR STUDENT SUPERVISEE:

I. COUNSELING PERFORMANCE

- Follow the ACA Code of Ethics, division standards of practice, federal and state statutes and regulations (such as disclosure of licensure status to clients, do not collect fees, know problem or diagnosis for each client).
- Inform and consult with site supervisor, appropriate site personnel, and university supervisor weekly.
- Perform as a professional counselor-in-training to ensure client safety and psychological wellbeing.
- In crises and emergencies (such as duty to warn), practicum/internship students are required to contact site supervisor, inform designated site personnel, and consult with university supervisor immediately.
- Maintain and complete client case notes; adherence to ethical and legal standards for professional counseling.

II. PROFESSIONALISM

- Demonstrate professional counseling disposition with appropriate attire, punctuality, preparedness, and attitude.
- Practice counselor self-care, integrate supervisor feedback, concerning health and psychological wellbeing.
- Exhibit accountability for their counseling skill development and personal growth on a weekly basis.

III. SUPERVISION RESPONSIBILITIES

- Demonstrate knowledge and competence regarding all policies and procedures of the site, institution, university and designated personnel.
• Be prepared to be engaged in individual and group supervision, ready to report on all clients and activities, and provide and accept feedback in a professional manner.

Individual Supervision Day________________ Time________________

• Demonstrate communication with on site supervisor about challenges, issues and problems associated with counselor development and growth.

• Demonstrate openness to supervisor and peer feedback; use consultation in developing process notes, journaling, and reflections; and demonstrate compliance on recommendations from supervisor.

• Assume responsibility for all course, certification, and licensure requirements (such as direct/indirect hours/logs and case notes for all clients).

• Maintain current emergency contact information for the site supervisor.

Student’s Cell Phone________________ Student’s Home Phone________________
Emergency Phone________________
Emergency Contact for Student ___________________________ Phone________________

EXPECTATIONS FOR SITE SUPervisor

I. SUPERVISION RESPONSIBILITIES

• Provide appropriate information on counselor licenses, certifications, professional experience and demonstrate interest in training practicum/intern students.

• Provide sufficient opportunities for the students to engage in a variety of counseling activities including hourly requirements, individual and group counseling, may view video-recordings for evaluating the student’s performance.

• Ensure adequate work space, telephone access, and opportunity for working with staff on professional activities as assigned.

• Communicate regularly with the university supervisor and clinical coordinator by phone regarding the student’s professional growth and counselor competence. Required communication is reflected by biweekly contact for Practicum and monthly for Internship.

• Immediately contact the university supervisor and coordinator should any problem or changes in relation to the practicum/intern student, site, and clients.

Site Supervisor’s Home Phone________________
Site Supervisor’s Cell Phone________________
Site Supervisor’s Emergency Phone________________

• Provide supervision, direction and intervention in crises situations, emergencies (such as duty to warn, client danger, referral to DYFS) and contact university supervisor.

• Provide university supervisor with an agreeable time for on site visit.

• Recommend resources and support service such as personal counseling as needed.
II. METHOD OF SUPERVISION

- Provide a minimum of one hour per week of individual supervision at a regularly scheduled time and location that involves an examination of students’ work using case notes, an assessment of provided feedback, and may view audio/video tapes, observation, and/or live supervision;

  Day____________________ Time____________________

- Maintain supervision meeting notes or use Supervision Form or site form

- Monitor, review and verify client case notes and reports as per site policies

- Approve, verify and sign student’s weekly logs, and appropriate documentation at the end of each week

- Promote professional counselor identity and development by providing challenges and opportunities to improve skills

- Use appropriate supervision model (such as Discrimination Model of supervision) in the analysis of supervision process

III. EVALUATION

- Provide written evaluation of the student in the Midterm Evaluation (paper) and Final Evaluation (completed via on-line link) based on criteria established by the University program (including narrative and objective rating scale sections)

- Provide consultation and pertinent to a university supervisor about the student's final evaluation

Supervisor: __________________________ / Date
Supervisee: __________________________ / Date

This contract will be valid from ______________ to ______________.
MONTHLY CALENDAR

The site supervisor and the Practicum or Internship student will develop a regular weekly schedule that lists the days and times the student will be on site. The schedule will change only with the permission of the site supervisor and notification to the university supervisor.

The Monthly Calendar will include the school’s events and holidays including early dismissals, conference and other events that may affect the student’s schedule.

The student will submit a copy of the Monthly Calendar to the university supervisor by the second week.

The student should also receive information about school closings, snow days and notifications, and emergency contact information, as well as procedures for signing in and out, ID badges, parking, reporting absences and other information.
NEW JERSEY CITY UNIVERSITY
COUNSELING PROGRAM
PRACTICUM WEEKLY GUIDE*

Week 1-2
Orientation to site and site tour
Review and sign Student-Site Supervisor Supervision Agreement
Develop Monthly
Establish a weekly day and time for the supervision hour
Observe and shadow counselors in individual and group sessions
Check-in with site supervisor frequently
Write a letter introducing himself or herself to staff and clients and submit to their site supervisor for approval
Site supervisor and university instructor establish a biweekly day and time for telephone consultation (e.g. before student’s supervision hour)

Weeks 1-15
Meet for individual supervision one hour per week
(e.g. discuss clients, progress, reactions, needs, concerns)
Maintain daily list of concerns and questions for the supervision hour
Student updates Individual Supervision Notes each week
Supervisor updates Supervision Notes each week
Complete progress notes and process journal each day.
Complete direct and indirect service logs each day; site supervisor signs weekly.
Copy all logs for site supervisor and self.

End of Month
Obtain site supervisor’s approval and signature for Monthly Summary Sheet.
Copy Monthly Summary Sheet for supervisor and self.

Biweekly
Consult with university instructor by phone

Weeks 3-4
Begin meeting individually with 2-3 clients if you have not already started
Co-counsel individual clients and groups with supervisor or other counselors
Adapt video permission forms to site and submit to site supervisor for approval
Meet with 3 long-term clients (as appropriate for client goals)
Complete, critique, and present the first video recorded session in class.
Observe and shadow counselors in individual and group sessions
Observe teachers and classes (School counselors only)
Observe rounds/meetings; observe assessments/intakes (Mental health counselors only)

**Weeks 5-6**
- Lead 1-2 counseling groups
- Complete the second videotape
- Present first classroom guidance lesson (school counselors).

**Weeks 5-15**
- Add clients to maintain 3-5 client sessions per week
- Continue leading/co-leading counseling groups and conducting Psychoeducation/guidance groups
- Conduct 2 assessments, intakes or case histories (Mental health counselors)
- Conduct 2 classroom presentations such as character education, bullying prevention, or college planning (School counselors)

**Week 8:**
- Request Midterm Evaluation to return in sealed envelope
- Complete third videotape

**Week 11**
- Complete fourth videotape

**Weeks 13-15**
- Begin termination and closure if student is not staying on
- Present resource/advocacy project to site supervisor
- Request that supervisor completes final evaluation using web link, or gives to student in sealed envelope
- Complete additional videotapes if needed

*May be modified with the approval of the site supervisor and university instructor.*
NEW JERSEY CITY UNIVERSITY
COUNSELING PROGRAM
INTERNSHIP WEEKLY GUIDE*

Weeks 1-2
Review and sign Student-Site Supervisor Supervision Agreement
Establish a weekly day and time for the supervision hour
Site supervisor and university instructor establish a biweekly day and time for telephone consultation (e.g. before student’s supervision hour)
Attend site meetings

Weeks 1-15
Continue to counsel caseload
Meet individually with 7-8 clients
Meet 2 counseling groups
Meet for individual supervision one hour per week
Maintain daily list of concerns and questions for supervision
Student updates Supervision Notes each week
Complete 8 direct hours and 15 indirect hours each week

Observe and shadow counselors in individual and group sessions to learn advanced techniques
Complete progress notes and process journal each day
Complete direct and indirect service logs each day and obtain site supervisor signature weekly. Copy logs for site supervisor and self
Supervisor updates Supervision Notes each week

End of Month
Obtain site supervisor’s signature for Monthly Summary Sheet. Copy Monthly Summary Sheet for supervisor and self

Monthly
University instructor and site supervisor consult by phone

Weeks 3-4
Add 3-5 new long-term individual clients
Screen and begin new counseling group or assume leadership for an ongoing group
Complete, critique, and present the video recorded session 1 in class by the third week
Observe teachers and classes (SC)
Attend case rounds/meetings
Observe assessments/intakes by site supervisor or counselors (CMHC)
Attend I&RS meeting (SC)
Conduct first classroom by this week (SC)
Conduct first intake, case history or assessment by this week (CMHC)
Complete 35 direct hours and 48 indirect hours by the end of four weeks

Weeks 5-6
Lead 2-3 new counseling groups
Complete and present video recorded session 2
Present second classroom lesson (school counselors) (SC)
Conduct second intake, case history, or assessment by this week (CMHC)
Attend Child Study Team meeting (SC)

Weeks 5-15
Add new clients regularly to maintain 7-8 individual client sessions.
Continue leading/co-leading or adding 2-3 counseling groups
Conduct 1-2 Psychoeducation groups
Conduct 2 assessments, intakes or case histories (CMHC)
Conduct 2 classroom guidance lesson (SC)

Week 8:
Request Midterm Evaluation to return in sealed envelope
Site Supervisor and Intern review Midterm Evaluation
Complete and present group video recorded session 3
Select client for case study with site supervisor
Complete 70 direct hours and 96 indirect hours by the end of 8 weeks

Week 11-12
Complete video recording 4 (group or individual)
Present resource/advocacy project to site supervisor
Present case study to site supervisor and to university class
Complete 100 direct hours and 144 indirect hours by the end of 12 weeks

Weeks 13-15
Begin closure and termination
Provide for client transition to another counselor
Complete additional video recorded sessions if needed
Complete 120 direct hours and 180 indirect hours by semester’s end
Request that supervisor completes Final Evaluation using on-line link
Site Supervisor and Intern review Final Evaluation

*May be modified with the approval of the site supervisor and university instructor.

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If Intern is Starting a New Site:

- Orientation to new site and site tour
- Write a letter introducing himself or herself to staff and clients and submit to site supervisor for approval
- Observe and shadow counselors in individual and group sessions
- Check-in with site supervisor frequently
- Begin meeting individually with 5 clients
- Co-counsel individual clients and groups with supervisor or other counselors to orient self to site policies and procedures
- Adapt video permission forms to site and submit to site supervisor for approval
NEW JERSEY CITY UNIVERSITY
COUNSELING PROGRAM
Supervisor Professional Disclosure

The National Board for Certified Counselors (2010) recommends that supervisor professional disclosure include 11 areas that reflect understanding of the supervisor’s multiple roles. Please share and discuss them at the beginning of supervision with the supervisee. Some areas have been provided on the Site Supervisor Form, the Contract and in the Supervisor-Supervisee Agreement.

1. Business address and telephone number of both supervisor and supervisee
2. Emergency contact information for both supervisor and supervisee
3. Procedures to follow in a crisis or emergency
4. The listing of degrees, credentials, and licenses held
5. General areas of competence in practice for which you can provide supervision.
6. Documentation of your training in supervision and experience in providing supervision.
7. Your model of or approach to supervision, e.g. Discrimination Model, including role of the supervisor, objectives or goals of supervision
8. Modalities to be used, e.g. live observation, video-recording, audio-recording, and requirements for recordings or sessions
9. Your evaluation procedures in the supervisory relationship. e.g. Likert scale, narrative
10. The scope and limits of confidentiality and privileged communication within the supervisory and the university relationship
11. Exceptions to confidentiality, e.g. danger to self or others; child abuse, abuse of elders or vulnerable persons; court order
12. Compliance with the American Counseling Association Code of Ethics and the Approved Clinical Supervisor (or other entity) Code of Ethics.
13. Time, length, and location of supervision sessions
NEW JERSEY CITY UNIVERSITY
COUNSELING PROGRAM
SITE SUPERVISOR AND STUDENT FORM

*If your license/certification and resume are already on file with the program, you do not need to resubmit them with this form.

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<tr>
<th>SITE SUPERVISOR’S INFORMATION</th>
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<tr>
<td>Name</td>
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<td>Cell Phone</td>
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<td>Home/Emergency Phone</td>
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<td>Job Title</td>
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<td>License/Certification:</td>
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<td>Professional Experience</td>
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<td>Please attach resume</td>
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<td>Degrees/Major</td>
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<td>Supervision Training,</td>
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<td>Certification</td>
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<th>SITE INFORMATION</th>
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<tbody>
<tr>
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<td>Site Address</td>
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<th>STUDENT INFORMATION</th>
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<td>Address</td>
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<td>Cell Phone</td>
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<tr>
<td>Home/Emergency Phone</td>
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<tr>
<td>Site Days/Hours</td>
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School Counseling Site Experiences
Site supervisor and Practicum or Internship student will select appropriate experiences.

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<thead>
<tr>
<th>Date</th>
<th>Experience/Activity</th>
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<tbody>
<tr>
<td></td>
<td>Individual Counseling</td>
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<td></td>
<td>Small Group Counseling</td>
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<td></td>
<td>Parent/Family Counseling/Consultation</td>
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<td></td>
<td>SAC groups</td>
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<td></td>
<td>I&amp;RS meetings</td>
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<td></td>
<td>Classroom observations</td>
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<td>Classroom lessons</td>
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<td></td>
<td>CST Evaluation Report/IEP meetings/annual review</td>
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<td></td>
<td>Counseling department meetings</td>
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<td></td>
<td>Faculty meetings</td>
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<td>Parent programs (e.g. back-to-school, junior/senior night, PTA, family night)</td>
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<td></td>
<td>Student orientation program</td>
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<td></td>
<td>In-service program</td>
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<tr>
<td></td>
<td>Crisis intervention team/emergency response team meeting</td>
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<td></td>
<td>Board of Education meeting</td>
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<td></td>
<td>Faculty/district policy trainings (e.g. suicide, substance abuse, DYFS, bullying)</td>
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<td></td>
<td>Enrollment/new student/withdrawal sessions</td>
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<td></td>
<td>Peer leadership/peer mediation</td>
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<td></td>
<td>Emotional/social skills/ character education, code of conduct programs</td>
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<td></td>
<td>Individual student planning</td>
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<td></td>
<td>Transition program</td>
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<td></td>
<td>Community outreach/collaboration program</td>
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<td>School opening day/closing or moving up/graduation</td>
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<td></td>
<td>School wide programs</td>
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<td>College fair/college reps. instant decision day</td>
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<td>Visit to vocation/technical school, out of district placement, or alternative school</td>
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<td>Other:</td>
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**Mental Health Counseling Site Experiences**

Site supervisor and Practicum or Internship student select appropriate experiences

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<tr>
<th>Date</th>
<th>Experience/Activity</th>
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<tr>
<td>Service Type</td>
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<td>------------------------------------</td>
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<tr>
<td>Individual counseling</td>
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<td>Group counseling</td>
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<td>Family counseling</td>
<td></td>
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<tr>
<td>Crisis Intervention</td>
<td></td>
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<tr>
<td>Consultation with family members</td>
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<tr>
<td>Consultation with staff, community resources, or referrals</td>
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<tr>
<td>Consultation other</td>
<td></td>
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<tr>
<td>Staff/unit meetings/case rounds</td>
<td></td>
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<tr>
<td>Case presentation</td>
<td></td>
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<td>Support groups</td>
<td></td>
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<tr>
<td>Group psychoeducation</td>
<td></td>
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<tr>
<td>Professional development</td>
<td></td>
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<tr>
<td>Multidisciplinary team meeting</td>
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<tr>
<td>Crisis intervention team/CERT meeting</td>
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<td>Assessment/case history</td>
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<td>Testing</td>
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<td>Registration/Intake</td>
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<td>Discharge</td>
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<td>Referral</td>
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<td>Community outreach</td>
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<td>Home visit</td>
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<td>Agency visit</td>
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<td>Hospital visit</td>
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<td>Other:</td>
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SECTION 2: Student Session Forms
SOAP Note Guidelines

**Subjective (S)**
- What the client tells you
- What pertinent others tell you about the client
- Basically, how the client experiences the world
- Client's feelings, concerns, plans, goals, and thoughts
- Intensity of problems and impact on relationships
- Pertinent comments by family, case managers, behavioral therapists, etc.
- Client's orientation to time, place, and person
- Client's verbalized changes toward helping

**Objective (O)**
- Factual
- What the counselor personally observes/witnesses
- Quantifiable: what was seen, counted, smelled, heard, or measured
- Outside written materials received
- The client's general appearance, affect, behavior
- Nature of the helping relationship
- Client's demonstrated strengths and weaknesses
- Test results, materials from other agencies, etc., are to be noted and attached.

**Assessment (A)**
- Summarizes the counselor's clinical thinking
- A synthesis and analysis of the subjective and objective portion of the notes
- For counselor: Include clinical diagnosis and clinical impressions (if any).
- For care providers: How would you label the client's behavior and the reasons (if any) for this behavior?

**Plan (P)**
- Describes the parameters of treatment
- Consists of an action plan and prognosis
- Action plan: Include interventions used, treatment progress, and direction. Counselors should include the date of next appointment.
- Prognosis: Include the anticipated gains from the interventions.
SOAP NOTE

NAME ___________________________ SESSION #____

DATE/TIME ___________________________ LENGTH ______

CLIENT _______________________________

S – Subjective

O – Objective

A – Assessment

P – Plan

________________________________________________________

Student Signature Date
DAP Progress Note Guidelines

D – Data – a factual description of the session. It generally comprises 2/3 of the body of the note and includes the following information about the general content and process of the session:

- Subjective data about the client – what are his/her thoughts, activities, observations, desires, complaints, and self-reported problems, needs, limitations, strengths, and successes?
- Subjective data about the therapist’s activities and use of self – what is the therapist doing in response to treatment goals/objectives and client needs (e.g., therapeutic techniques being employed)?
- Objective data about the client – what was the therapist observing during the session about the client’s affect, mood, and appearance?
- If therapeutic tasks, homework and/or behavior plans are a part of treatment, include comments about reviewing those items and tweaking assignments.
- Detail activities that reflect a clear association to the goals and objectives noted in the client’s treatment plan.
- Document any referrals you make.

A – Assessment – an evaluation by the therapist of current status and progress toward meeting treatment goals. It generally includes information about:

- The therapist’s current working hypotheses about dynamics and diagnoses.
- The therapist’s description of client’s progress in response to the treatment.
- Perceived client insights and motivation to change.

P – Plan – statements about what will happen next. It includes two (or three) things:

- When and what is the next session? (e.g., we will continue weekly individual therapy next week). If there will be a gap due to vacation, holiday, etc., note that.
- What is the plan for the next session? (e.g., we will continue to focus on anger management, or we will include spouse and address communication issues).
- If new information becomes available, progress (or the lack thereof) occurs, additional problems arise, or the simple passage of time means a treatment plan update is needed, note that too, as a prompt to do the update next session.
DAP NOTE-MH       NAME: __________________________         CLIENT # _____     SESSION# _____

Services:   DATE: ___________________________   Time_______________
( ) med. check - 1/4 hr.
( ) individual therapy - 1/2 hr.  Frequency of visits:
( ) individual therapy - 1 hr. ( ) weekly ( ) monthly ( ) 2 months
( ) family therapy - 1/2 hr. ( ) 2 weeks ( ) 5 weeks ( ) 3 months
( ) family therapy - 1 hr. ( ) 3 weeks ( ) 6 weeks ( ) prn
( ) group therapy - 1 hr. ( ) other _____________________________

SESSION GOAL: ____________________________________________________________

DESCRIPTION: ____________________________________________________________
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ASSESSMENT/DIAGNOSIS: ____________________________________________________
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PLAN: _____________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Global Assess. of Functioning _____  Signature _______________________________
DAP NOTE-SC

NAME: ____________________________

CLIENT # __SESSION# __

__Individual Counseling   __ Group Counseling   __ Class Lesson/Group

Session Date _______________________________ Time __________________________

SESSION GOAL: ______________________________________________________

DESCRIPTION: ______________________________________________________

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PLAN: _____________________________________________________________

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Signature ____________________________  Date ____________________________
Dear Site Supervisor:

RE: Session Recordings

Thank you for giving our student the opportunity to work with you. Students completing the Master’s Degree in Counseling video-record four to five sessions per semester. These video recordings are viewed and critiqued by their university supervisors and their practicum or internship class for the purposes of supervision and evaluation.

Written permission is required for recording client sessions including parent permission for minors. Clients are generally comfortable with the recording process and the camera can be placed behind the client if the client or minor’s parent/guardian does not want the client to be seen in the video. Clients may turn off the recorder or revoke permission at any time. Sample permission forms are provided. Your site or school permission forms can be used.

We will work closely with you to ensure confidentiality as well as the highest standards for counseling. Recorded sessions and supervision are required for our program and for counseling programs seeking CACREP accreditation.

Thank you for your professional partnership and support of our graduate counseling students. Please contact me if you have any questions.

Sincerely yours,

Jane Webber, Ph.D., LPC
Associate Professor/Clinical Coordinator
jwebber@njcu.edu
201.200.3400 office or 2473 direct
CONSENT TO RECORD COUNSELING SESSION

I, ________________________________, grant my permission for my counselor intern, ____________________________________, to counsel me and video and audio record my counseling sessions. My counselor intern is an advanced graduate student who is not yet licensed or certified and works under the supervision of ____________________________________.

I understand that my counselor intern is recording our sessions for my supervision and training. My counselor’s professor and group supervision class may view the recorded session and they will not share information outside the class.

I can turn off the tape at any time or revoke my permission to record with no consequences. I can choose to be seen or just heard in the recording. My name and identifying information will not be disclosed and confidentiality will be maintained within the limits of the law. My parent or guardian also gives permission to record if permission is required.

______________________________  Date
Client Signature

______________________________  Date
Parent Signature
if the client is not 18 years or over

______________________________  Date
Counselor Intern Signature

______________________________  Date
Licensed Supervisor-Counselor
NEW JERSEY CITY UNIVERSITY
EDUCATIONAL LEADERSHIP AND COUNSELING DEPARTMENT
MASTER OF ARTS IN COUNSELING PROGRAM

CONSENT TO RECORD COUNSELING SESSION

I, _________________________________, give my permission for my counselor intern, _________________________________, to counsel me and to video and audio record my counseling sessions. My counselor intern is a graduate student who is not yet licensed and works under the supervision of _________________________________. I understand that my counselor’s graduate class and supervisors may see the recording in their class and my information will be kept confidential within the limits of the law. I can choose to be heard and not seen in the recording and I can turn off the tape at any time.

_______________________________  ______________________________
Client Signature                              Date

_______________________________  ______________________________
Parent Signature                             Date
if the client is under 18

_______________________________  ______________________________
Counselor Intern Signature                  Date

_______________________________  ______________________________
Counseling Supervisor’s Signature            Date
NEW JERSEY CITY UNIVERSITY
EDUCATIONAL LEADERSHIP AND COUNSELING DEPARTMENT
MASTER OF ARTS IN COUNSELING PROGRAM

CONSENT TO COUNSEL BY INTERN

I, _________________________________________, agree to be counseled by ____________________________________________ who is a graduate intern. Graduate Interns are advanced Counseling Master’s students who are not yet licensed. My intern works under the supervision of _____________________________________ and confidentiality will be maintained within the limits of the law.

_______________________________
Client Signature
Date

_______________________________
Parent Signature
Date

if the client is under 18

______________________________
Counselor Intern Signature
Date

______________________________
Counseling Supervisor’s Signature
Date
NEW JERSEY CITY UNIVERSITY
DEPARTAMENTO DE DIRECCIÓN Y ASESORAMIENTO DE ENSEÑANZA
PROGRAMA DE MAESTRÍA EN CONSEJERÍA

CONSENTIMIENTO PARA LA GRABACIÓN DE SESIONES

Por medio del presente, yo, ____________________________, autorizo y preto consentimiento a mi alumno de prácticas del programa de consejería, ____________________________, a que reproduzca a través de imagen y sonido mis sesiones de asesoramiento. Mi alumno de prácticas es un estudiante a nivel posgrado que está por recibir la licencia o certificación pertinente a sus estudios, y que actúa bajo la supervisión de ____________________________.

Es de mi constancia que el alumno asesor grabará las sesiones como parte de mi supervisión y entrenamiento. Igualmente, se me informa que el profesor del alumno asesor y los miembros de su grupo de supervisión tendrán acceso a las sesiones grabadas, y que los datos obtenidos de las grabaciones no serán divulgadas fuera del grupo.

Asimismo, expreso mi libre decisión en cualquier momento a que no se reproduzcan las sesiones o a que se anule el permiso dado para grabar, sin que ello conlleve consecuencia alguna para mi persona. De igual manera, podré elegir a que sólo se me escuche o que se vea las reproducciones. Se me hace constar que mi identidad e información personal no serán reveladas y que se mantendrán bajo confidencialidad como así estipulan las leyes pertinentes. Finalmente, mis padres o mi tutor encargado de mi custodia, llegado el momento, autorizarían las reproducciones de imagen y sonido, siempre que su permiso fuera requerido.

____________________________________  _______________________
Firma del cliente                                Fecha

____________________________________  _______________________
Firma de padre, madre, o tutor                  Fecha
(sí el cliente es menor de 18 años)

____________________________________  _______________________
Firma del alumno asesor                          Fecha

____________________________________  _______________________
Firma del supervisor licenciado                  Fecha
NEW JERSEY CITY UNIVERSITY
DEPARTAMENTO DE DIRECCIÓN Y ASESORAMIENTO DE ENSEÑANZA
PROGRAMA DE MAESTRÍA EN CONSEJERÍA

CONSENTIMIENTO PARA LA GRABACIÓN DE SESIONES

Por medio del presente, yo,____________________________, autorizo a mi alumno de prácticas del programa de consejería a que reproduzca a través de imagen y sonido mis sesiones de asesoramiento. Mi alumno de prácticas es un estudiante a nivel posgraduado que está por recibir la certificación pertinente, y que actúa bajo la supervisión de ____________________________.

Se me informa que los miembros de la clase de mi alumno asesor tendrán acceso a las sesiones grabadas, y que los datos se mantendrán bajo confidencialidad así como estipulan las leyes pertinentes.

Asimismo, expreso mi libre decisión a anular la grabación en cualquier momento o a que se reproduzca el sonido y no la imagen.

____________________________________  ______________________________
Firma del cliente                      Fecha

____________________________________  ______________________________
Firma de padre, madre, o tutor         Fecha
(si el cliente es menor de 18 años)

____________________________________  ______________________________
Firma del alumno asesor                 Fecha

____________________________________  ______________________________
Firma del supervisor                    Fecha
Por medio del presente, yo, ______________________________, autorizo un asesoramiento por parte de_________________________________, alumno de prácticas del programa de maestría en consejería. Nuestros alumnos asores son estudiantes a nivel posgrado que están por recibir la certificación pertinente.

Mi alumno asesor actúa bajo la supervisión de ______________________________, y mantendrá toda confidencialidad como así estipulan las leyes pertinentes.

__________________________________________________________________________
Firma del cliente
Fecha

__________________________________________________________________________
Firma de padre, madre, o tutor
Fecha
(sí el cliente es menor de 18 años)

__________________________________________________________________________
Firma del alumno asesor
Fecha

__________________________________________________________________________
Firma del supervisor
Fecha
STUDENT’S SELF CRITIQUE OF THE VIDEOTAPED SESSION

Submit when you present your video recorded session in the group supervision class.

YOUR NAME______________________________________________________CLASSS_________________

SESSION DATE/TIME_________________________________________LENGTH________

CLIENT CODE___________________________AGE________SEX_____SESSION #_________

Please attach a copy of your DAP PROGRESS NOTE and Permission to Record (Permission form is noted and returned to you for your site).

SESSION GOAL:

HOW YOU PREPARED FOR THIS SESSION:

YOUR SESSION STRENGTHS (What you did well. What you are proud of):

YOUR SESSION NEEDS/WEAKNESSES (What did not go well? )

IF YOU COULD CONDUCT THE SESSION AGAIN, WHAT WOULD YOU DO DIFFERENTLY? HOW MIGHT THE CLIENT RESPOND?
SECTION 3: Student Logs
**Guidelines for Logs**

Complete your **weekly logs and progress notes each day prior to leaving your site.** Client records remain secured at the site and are not to be removed from the site. Plan for sufficient time on site to complete your logs and notes. If your site requires another log, please consult with your university instructor.

Keep accurate records and double-check your addition. Round minutes to the nearest quarter, half, three-quarters, or full hour, e.g. ¼ hour, ½ hour, ¾ or 1 hour. Very brief sessions less than one-quarter hour may be recorded in fractions or minutes e.g. 1/6 hour or 10 minutes.

Record the exact beginning and ending times for a session, e.g. 11:08 to 11:58. This is especially important for attendance and when a client arrives late or leaves before the session is finished.

Use a code for each client and redact (de-identify) in your information.

In the column for Counseling Description/Dx, list the issue or problem (SC) or the diagnosis or problem (CMHC).

You are required to meet for individual supervision a minimum of 1 hour per week. You may have additional individual supervision. List individual supervision and group supervision on the indirect services log.

During your individual supervision hour, your site supervisor signs your weekly **Direct Service Log** and **Indirect Service Log.** Make a copy of the log for your site supervisor and for your records. Submit the signed weekly log the next week to your university instructor and keep in your folder.

Update the **Monthly Summary Sheet** each week with the number of hours for each category. At the end of the month submit the **Monthly Summary Sheet** to your university instructor. Make a copy for your site supervisor and for your records. Make sure you total number your hours each week and each month.

Enter a note for each individual supervision session on the **Supervision Form.** Your note summarizes the topics and concerns you discussed with your site supervisor.
# New Jersey City University
## COUNSELING PRACTICUM/INTERNSHIP
### DIRECT COUNSELING SERVICE LOG

<table>
<thead>
<tr>
<th>Intern’s Name:</th>
<th>Supervisor’s Name:</th>
<th>Pract.</th>
<th>Int 1</th>
<th>Int 2</th>
<th>Int 3</th>
<th>Int 4</th>
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| TOTAL HRS |
New Jersey City University
COUNSELING PRACTICUM/INTERNSHIP
INDIRECT SERVICE LOG

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<th>Intern’s Name:</th>
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<th>MEETING/CASE CONF.</th>
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NEW JERSEY CITY UNIVERSITY
COUNSELING PRACTICUM/INTERNSHIP
MONTHLY SUMMARY

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<tr>
<th>INTERN’S NAME:</th>
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<tr>
<td>MONTH/YEAR</td>
<td>SEMESTER:</td>
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<tr>
<td>DATE:</td>
<td>Pract.   Int 1    Int 2    Int 3    Int 4</td>
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<tr>
<td>INSTRUCTOR’S NAME</td>
<td>INSTRUCTOR’S SIGNATURE</td>
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**DIRECT SERVICE LOG**

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<th>Week From/To</th>
<th>Individual Counseling</th>
<th>Group Counseling</th>
<th>Assessment</th>
<th>Consultation</th>
<th>Total Direct</th>
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**INDIRECT SERVICE LOG**

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<tr>
<th>Week From/To</th>
<th>Indiv. Superv.</th>
<th>Group Superv.</th>
<th>Report/ Records</th>
<th>Meeting/ Case Conf.</th>
<th>Training/ Prof Development</th>
<th>Consultation</th>
<th>Other</th>
<th>Total Indirect</th>
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NEW JERSEY CITY UNIVERSITY
COUNSELING PRACTICUM/INTERNSHIP

SUPERVISION NOTES FOR INDIVIDUAL SUPERVISION SESSIONS
WITH SITE SUPERVISOR

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Time</th>
<th>Supervision Notes (Concerns, Feedback, Processing, Content, etc.)</th>
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SECTION 4: Supervisor Evaluation Forms

Guidelines for Supervisor Evaluation Forms

The student delivers the midterm evaluation form and letter to the site supervisor the sixth or seventh week and brings the evaluation to the class instructor by the eighth week. A copy is in this section of the Site Supervisor Handbook.

The student delivers final site supervisor evaluation letter the twelfth or thirteenth week. The site supervisor accesses the final evaluation form through the URL provided on the letter. A copy of the final evaluation will be forwarded by emailed to the student and the class instructor.

The 2-sided Site Supervisor Supervision Form provides a rubric for individual supervision sessions.
New Jersey City University
Counseling Program
Site-Supervisor Supervision Form  Page 1 of 2

SUPERVISEE’S NAME: __________________________________________
SUPERVISOR’S SIGNATURE: ___________________________________ DATE __________________

<table>
<thead>
<tr>
<th>Competency</th>
<th>Does not meet competency</th>
<th>Meets minimum competency</th>
<th>Exceeds competency</th>
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<tbody>
<tr>
<td>Follow the ACA Code of Ethics, division standards of practice, federal and</td>
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<td>state statutes and regulations (such as disclosure of licensure status to</td>
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<td>clients, do not collect fees, know problem or diagnosis for each client)</td>
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<tr>
<td>Inform and consult with site supervisor, appropriate site personnel, and</td>
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<tr>
<td>university supervisor weekly</td>
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<td>Perform as a professional counselor-in-training to ensure client safety</td>
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<td>and psychological wellbeing</td>
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<td>In crises and emergencies (such as duty to warn), practicum/internship</td>
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<td>students are required to contact site supervisor, inform designated site</td>
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<td>personnel, and consult with university supervisor immediately</td>
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<td>Demonstrate professional counseling disposition with appropriate</td>
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<td>attire, punctuality, preparedness, and attitude</td>
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<td>Practice counselor self-care, integrate supervisor feedback, concerning</td>
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<td>health and psychological wellbeing</td>
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<td>Exhibit accountability for their counseling skill development and personal</td>
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<td>growth on a weekly basis</td>
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<tr>
<td>Demonstrate professional counseling disposition with appropriate</td>
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<td>attire, punctuality, preparedness, and attitude</td>
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<td>health and psychological wellbeing</td>
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<td>Demonstrate knowledge and competence regarding all policies and procedures</td>
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<tr>
<td>of the site, institution, university and designated personnel</td>
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<td>Be prepared to be engaged in individual and group supervision, ready to</td>
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<td>report on all clients and activities, and provide and accept feedback in</td>
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<td>a professional manner</td>
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<td>Demonstrate communication with on site supervisor about challenges,</td>
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<td>issues and problems associated with counselor development and growth</td>
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*Please complete reverse side.*
SUPERVISEE’S STRENGTHS

SUPERVISEE’S AREAS FOR GROWTH

COMMENTS:
Dear Site Supervisor:

RE: Midterm Evaluation for Practicum and Internship Students

First, I want to thank you for the time and care you have given to work with our students. The support they receive from you is vital and most appreciated by both our program faculty and our counselors-in-training.

It is midterm evaluation time and you are asked to answer few questions that will take about 5 minutes. Your trainee will hand deliver it to us in a sealed envelope after you review it together.

Please make sure to sit with the student during your individual supervision hour and review the evaluation in whatever detail you feel is appropriate. If there are areas needing improvement, we will develop a plan for growth.

If you have any questions, please contact your NJCU faculty supervisor or me. Thank you again for your time and assistance.

Sincerely,

Jane Webber, Ph.D., LPC
Clinical Coordinator  201.200.2473 Fax 201.200.3405
536 Rossey Hall, New Jersey City University
2036 Kennedy Boulevard, Jersey City, NJ 07305
jwebber@njcu.edu

Your NJCU Faculty/Group Supervisor: _____________________________

Phone______________________     Email________________________

Please complete next page
Site Supervisor’s Midterm Evaluation for Practicum or Internship

Student Name______________________________ Site_________________________

Site Supervisor______________________________ Phone______________________ Date_________

Please respond with a yes/no or brief sentence.

1. What strengths is the student demonstrating at this point in the placement?

2. Is this student progressing at an acceptable rate compared with other practicum students or interns?

3. What skill areas have you focused on in individual supervision? What skills should we address?

4. Was this student prepared for the placement? What should be improved?

5. Is there anything you need from us?

Your practicum/internship student can bring this evaluation in a sealed envelope to their professor after you have discussed it. Thank you!

Site Supervisor’s Signature______________________________ Date____________________

Phone______________________________ Email______________________________
NEW JERSEY CITY UNIVERSITY  
Department of Educational Leadership and Counseling  
Counseling/School Counseling Programs  

Final Evaluation for Practicum and Internship Students  

Dear Site Supervisor:  

It’s hard to believe that we are at the end of the semester! On behalf of the Counseling Program and our New Jersey City University faculty and administration, I extend our deepest thanks for your work as a site supervisor. Your time, patience, and expertise are invaluable in helping us train the next generation of professional counselors.  

I have attached a final semester evaluation for our trainee. If your trainee has not completed the required hours, please wait and complete the evaluation when they have completed their hours. Please make sure you review the evaluation with your trainee, and also sign their final log. Please complete the evaluation even if the trainee is returning to your site next semester.  

If there are areas needing improvement and the trainee is continuing next semester at your site, please develop a plan for growth with the student and the NJCU faculty supervisor. Send the plan to me so I can make sure we are all working together to strengthen the student’s skills and abilities as a counselor.  

Please complete the evaluation at the following link. Paste the link on one line in the space for the url.  
http://web.njcu.edu/checkbox_www/Survey.aspx?s=40b7b4633728419184bf9b78e23398f8  

If you have any questions, please contact me. Thank you again for your time and help.  

Sincerely,  

Jane Webber, Ph.D., LPC  
Associate Professor/Clinical Coordinator  
Office 201.200.3400  Direct 201.200.2473  Fax 201.200.3405  
jwebber@njcu.edu  
536 Rossey Hall, NJCU  
2039 Kennedy Boulevard, Jersey City, NJ 07305-1597