

**NEW JERSEY CITY UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF COUNSELOR EDUCATION**

M.A. IN COUNSELING PROGRAM

Practicum Application Packet

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

PRACTICUM/INTERNSHIP APPLICATION PROCESS

The deadline dates for submitting the “**Completed**” Practicum Application and the “**Original**” Practicum Agreement (contract) will be discussed during the “**Mandatory**” Practicum Orientation. Submit the following forms to the Clinical Coordinator for approval on your scheduled appointment. See below:

Clinical Coordinator: Mrs. Anna Ivanova-Tatlici
Phone Number: 201-200-2187
Email: aivanova@njcu.edu

Forms Needed for the Practicum Application:

- ___ Practicum/Internship Proposal (**required again if you are changing sites**)
- ___ Updated Program Plan (**SC or CMHC**)
- ___ Signed Disclosure/Informed Consent
- ___ Signed Acceptance of Counseling Program Policies
- ___ Create a Letter of Interest or Cover Letter to Potential Site Supervisor or Clinical Director
- ___ Copy of Current Resume
- ___ Unofficial Transcript

Forms Needed for the Practicum/Internship Agreement:

- ___ Request for Placement* (**required again if you are changing sites**)
- ___ Site Supervisor Form* (**required again if you are changing sites**)
- ___ Practicum/Internship Agreement* (**SC or CMHC**) (**required again if you are changing sites**)
- ___ Copy of Substitute License (**SC only**)
- ___ Copy of Current ACA Student Membership Card or Letter
- ___ Copy of Approved Fingerprints and Background Check (**CMHC only & if required by the site**)

* These forms **should not** be handwritten. Go to the NJCU Website, <http://www.njcu.edu/department/counselor-education>, **download** the file and fill in the designated areas.

Student’s Name and Signature

Date

Clinical Coordinator’s Signature

Date

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

PRACTICUM/INTERNSHIP PROPOSAL

Student's Name: _____ Date: _____

Use this form for Practicum. Write your responses below or on a separate sheet of paper.

(1) Your first choice site and your second choice site (if needed) and your justification for selecting the site(s):

(2) Your research about the site and your contact(s)/communication information:

(3) The semester, days and hours that you plan to be on site each week (Practicum 10-12 hours and 1.5 to 2 days or nights per week; Internship 18-24 hours and 3 days or nights per week):

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

SCHOOL COUNSELING PROGRAM PLAN

Name: _____ Today's Date: _____

Matric. Date: _____ Gothic ID: _____

Advisor: _____

Course #	Course Title	Credit	Semester/Grd.	Comments
COUN 601	Orientation to Professional Counseling and Ethics (Formerly Ethics, Law, & Professional Issues)	3.0		
COUN 603	Counseling and Development Across the Lifespan (Formerly Developmental Psychology)	3.0		
COUN 604	Appraisal and Assessment in Counseling (Formerly Tests and Measurements)	3.0		
COUN 605	Counseling Theories (Formerly Introduction to Counseling)	3.0		
COUN 606	Research and Program Evaluation (Formerly Research Methodology and Applications)	3.0		
COUN 607	Group Process	3.0		
COUN 608	Counseling Skills (Formerly Interviewing and Counseling)	3.0		
COUN 609 ¹	Differential Diagnosis of Maladaptive Behavior (Formerly Personality Maladjustments of Children and Adolescents)	3.0		
	OR			
COUN 627	Consultation and Management Development in School Counseling	3.0		
COUN 616	Counseling, Consultation, Referral, and Resources in Schools (Therapeutic Intervention Techniques II: Consultation in Educational Settings)	3.0		
COUN 629	Multicultural Counseling	3.0		
COUN 632	Family and Couple Counseling (Formerly Family Therapy and Referral Networks)	3.0		
COUN 636	Group Counseling Theory and Practice (Formerly Advanced Practices in Group Counseling: Supervision)	3.0		
COUN 663	Career Counseling and Development	3.0		
COUN 690	Practicum in Counseling	3.0		
COUN 694	Internship I in Counseling	3.0		
COUN 695	Internship II in Counseling	3.0		
	Total Credits	48.0		

Note: ¹ For those accepted BEFORE SPRING 2017: If you have not taken COUN 609, you have an option to take EITHER COUN 609 OR COUN 627 toward the 48 credit curriculum. If you have already taken COUN 609, you don't need to take COUN 627. For those accepted SPRING 2017 AND AFTER: You need to take COUN 627 instead of COUN 609. COUN 627 will be a required course as a part of the 48 credit curriculum.

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

CLINICAL MENTAL HEALTH COUNSELING PROGRAM PLAN

Name: _____ Today's Date: _____

Matric. Date: _____ Gothic ID: _____

Advisor: _____

Course #	Course Title	Credit	Semester/Grd.	Comments
COUN 601	Orientation to Professional Counseling & Ethics (Formerly Ethics, Law, & Professional Issues)	3.0		
COUN 603	Counseling and Development Across the Lifespan (Formerly Developmental Psychology)	3.0		
COUN 604	Appraisal and Assessment in Counseling (Formerly Tests and Measurements)	3.0		
COUN 605	Counseling Theories (Formerly Introduction to Counseling)	3.0		
COUN 606	Research Methodology & Program Evaluation (Formerly Research Methodology & Applications)	3.0		
COUN 607	Group Process	3.0		
COUN 608	Counseling Skills (Formerly Interviewing and Counseling)	3.0		
COUN 609	Differential Diagnosis of Maladaptive Behavior (Formerly Personality Maladjustments of Children & Adolescents)	3.0		
COUN 610	Clinical Mental Health Counseling (Formerly Community Mental Health Counseling)	3.0		
COUN 629	Multicultural Counseling	3.0		
COUN 632	Family and Couple Counseling (Formerly Family Therapy and Referral Networks)	3.0		
COUN 636	Group Counseling Theory and Practice (Formerly Advanced Practices in Group Counseling: Supervision)	3.0		
COUN 650	Foundations of Addictions Counseling (Formerly Psychology of Alcohol and Substance Abuse)	3.0		
COUN 663	Career Counseling and Development	3.0		
COUN 686	Case Conceptualization and Treatment Planning in Counseling (Formerly Counseling Case Studies)	3.0		
COUN 690	Practicum in Counseling	3.0		
COUN 694	Internship I in Counseling	3.0		
COUN 695	Internship II in Counseling	3.0		
COUN	Counseling Elective	3.0		
COUN	Counseling Elective	3.0		
	Total Credits	60.0		

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

DISCLOSURE/INFORMED CONSENT

Student's Name (print): _____ Semester/Year: _____

Please initial each statement on the line and sign below:

- _____ I have read and understand my responsibilities in the Contract Agreement, Counseling Program Student Handbook, Practicum Application Packet and Field Experience Manual. I also understand that noncompliance, lack of competency or progress, or ethical or legal violations may result in review and/or remediation.
- _____ I must maintain continuous student membership in the American Counseling Association and abide by the ACA Code of Ethics while I am enrolled in the Counseling Program, as well as on site.
- _____ I understand that application for field placement, counselor licensure, or school counseling certification requires a criminal history check, fingerprinting, and may require drug testing or other legal/ethical checks. I may be ineligible for field placement, employment in the field or licensure in a state(s) for certain offenses or convictions that may include but are not limited to sexual abuse, child abuse, substance abuse, assault, terrorist threat, harassment-intimidation-bullying, felony, misdemeanor, or loss of license or certification. I certify that there is no history of these or other relevant ethical/legal issues, and that I have disclosed and discussed any possible issues or history related to criminal history or ethical/legal/professional issues/offenses to my advisor and the Clinical Coordinator prior to signing this document and I will immediately notify my advisor and the Clinical Coordinator if my status changes regarding any of the above or other relevant issues.
- _____ I am responsible for submitting all documents required each semester for the field site. I will not begin fieldwork until I receive a copy of the fully executed contract and site clearance from the clinical coordinator for a new site.
- _____ I understand that completion of the program with its academic courses, Practicum, and Internship does not in itself ensure eligibility for licensure for the practice of counseling or for school counselor certification. Regulations for licensure or certification in some states may change; and the title, description, or syllabus of a course may not be sufficient evidence for the fulfillment of core academic requirements.
- _____ I am responsible for being current with changes in regulations, statutes, and certification in a state(s), and the process of completing current state requirements and applying for licensure or certification in a state(s) is solely my responsibility as the applicant.

Student's Legal Signature

Date

Clinical Coordinator's Signature

Date

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

ACCEPTANCE OF THE COUNSELING PROGRAM POLICIES

I _____ have read the current *Practicum Application Packet, the Field Experience Manual, and the NJCU Counseling Program Student Handbook* (paper copy or through the NJCU website) dated _____.

I am responsible for reading and fulfilling the requirements and policies. I agree the Counseling Faculty has the right and responsibility to monitor my academic progress, my professional ethical behavior, and my personal dispositions and characteristics relevant to my performance as a student and counselor. I agree to comply with all University and site policies and procedures, the ACA Code of Ethics and Division Ethical Standards, the Counseling Program Professionalism and the Remediation Policy and the Remediation and Progress Plan, and the University Integrity Policy. I understand that ethical and professional misconduct or violations or failure to achieve minimum standards in knowledge, skills, and dispositions may result in faculty and/or University review and remediation.

I am responsible for completing my Program Plan with my faculty advisor by the end of my second semester and updating my Program Plan each semester thereafter. If I have questions about the program, it is my responsibility to contact my faculty advisor.

I am responsible for reading and fulfilling the requirements and policies in the *Practicum Application Packet and the Field Experience Manual* before I apply for Practicum during the semester prior to beginning Practicum and during field experiences.

I will monitor my NJCU email and the NJCU Counseling Program website regularly for notification of revisions to the handbook and the program that may be required in accordance with certification, licensure and accreditation requirements.

Student's Name (please print): _____

Cell/Emergency Phone: _____

NJCU Email: _____

Personal Email: _____

Student's Signature: _____ Date: _____

Received By: _____ Date: _____

**Proceed to Secure
Your Site Placement &
Contracts*
Only After Completing
& Submitting Your
Practicum Application
& Meeting With Your
Clinical Coordinator**

***Use Forms on Proceeding Pages**



Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, NJ 07305-1597
Phone 201-200-3400/Fax 201-200-3405

M.A. IN COUNSELING PROGRAM PRACTICUM AND INTERNSHIP

REQUEST FOR PLACEMENT

Date: _____

To: _____ (Site Supervisor)

Our formal request is to place a Counseling Master's Student at your site for Practicum/Internship under the supervision of a licensed professional who has a minimum of two years of experience.

Student's Name: _____ Gothic ID: _____

Address: _____

Cell/Emergency Phone: _____

NJCU Email: _____

Site Placement Requested

Site Name: _____

Approved Start Date and End Date (m/d/y): _____

Site Supervisor's Name (print): _____

Site Supervisor's Signature: _____ Date: _____

Approved by: _____ Date: _____

NJCU Counseling Program Clinical Coordinator

Please return this form to the department listed below. Thank you.

New Jersey City University
Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, New Jersey 07305-1597

Please read field experience information on side 2.

REQUEST FOR PLACEMENT (Page 2 of 2)

PRACTICUM AND INTERNSHIP FIELD EXPERIENCE INFORMATION

Counseling candidates complete 100 hours beginning practicum, prior to a two semester advanced 600 hour Internship (300 hours each semester). Candidates are placed in sites according to their clinical training, professional skills, and interests to provide the best experience at a site.

Responsibilities of the Site Supervisor are to:

- 1) Provide an orientation of the site.
- 2) Provide opportunities for the candidates to perform the work of a counselor under supervision including, individual counseling, group counseling, consultation, and videotaping selected sessions with permission.
- 3) Provide one hour per week of individual clinical supervision, and complete a midterm and final evaluation.

Practicum Candidates:

Should complete 40 hours of direct client contact under supervision (individual counseling, group counseling, consultation and assessment) and 60 hours of indirect services (observation, report writing, individual site supervision, university group supervision, and professional development). The proportion of hours may vary according to site needs.

Internship Candidates:

Should complete 300 hours each semester for two semesters for a total of 600 hours under the supervision of the site counselor supervisor including 120 hours of direct client service (individual counseling, group counseling, assessment and consultation,) and 180 hours of indirect services (observation, report writing, individual site supervision, university group supervision, and professional development). The proportion of hours may vary according to site needs.

Documentation:

The candidate should provide you with a resume and transcript for your review as well as a Request for Placement Form, a Contract Agreement, and a Site Supervisor Form for you to complete and sign. If you have any question please contact this department at 201-200-3400. Thank you for your professional partnership and support of our graduate counseling student.



Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, NJ 07305-1597
Phone 201-200-3400/Fax 201-200-3405

Dear Site Supervisor:

RE: Counseling Internship

Thank you for your consideration for serving as a site supervisor for our NJCU student intern. We are most grateful to you and your institution for your supervisory assistance, cooperation and help. Before you sign the contract, please review the following requirements for the site supervisor. These requirements are based on the CACREP (Council for Accreditation of Counseling and Related Educational Programs) standards.

- The site should allow the intern student to videotape at least some counseling sessions.
- The site supervisor needs to provide one hour weekly supervision to the student intern.
- The site supervisor needs to complete the Midterm and Final Evaluation in conjunction with the student intern during weekly supervision.
- The site supervisor should discuss the progress and concerns of the intern student with the NJCU instructor on a regular basis throughout the semester.

It is at the discretion of your agency/school to terminate the site placement at any given moment due to the unprofessional and/or unethical conduct of the student intern. We would appreciate if you can share any concerns you have of the student's performance with the NJCU Clinical Coordinator or the instructor of the Practicum/Internship class upon demonstration of the unprofessional behavior.

Should you have any questions regarding these requirements, please feel free to contact the NJCU Counseling Program Clinical Coordinator. See below:

Clinical Coordinator: Mrs. Anna Ivanova-Tatlici
Phone: 201-200-2187
Email: aivanova@njcu.edu



Student's Name: _____

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

SITE SUPERVISOR FORM

SITE SUPERVISOR'S INFORMATION	
Name:	
Email Address:	
Cell/Emergency Phone:	
Job Title:	
License/Certification*:	
Degrees/Major:	
Supervision Training Certification:	
Professional Experience (attach resume)*:	

SITE INFORMATION	
Site Name:	
Address:	
Phone:	

STUDENT'S INFORMATION	
Name:	
Address:	
Cell Phone:	
Home/Emergency Phone:	
Site Days/Hours:	



Student's Name: _____

**NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM**

**CLINICAL MENTAL HEALTH COUNSELING
PRACTICUM/INTERNSHIP AGREEMENT**

This Practicum/Internship Agreement ("Agreement") is completed on _____ (m/d/y) between _____ (the "Practicum/Internship Site") whose business address is _____ and New Jersey City University (the "University") M.A. in Counseling Program whose business address is 2039 Kennedy Boulevard, Jersey City, New Jersey 07305.

Terms:

The terms of this agreement shall begin on _____ (m/d/y), and end on _____ (m/d/y.) Either party has the right to terminate this Agreement on a thirty (30) days prior written notice to the other at the addresses set forth in the first paragraph of this Agreement, provided that with respect to any internship committed to or commenced at the time of such notice, this Agreement shall remain in effect until the completion of such internship, subject to the right of _____ (the "Practicum/Internship Site") to withdraw a student from the internship program set forth in this Agreement.

Purpose:

The purpose of this Agreement is to provide qualified graduate students with a Practicum/Internship Counseling experience in the field of counseling.

Students in COUN 690 (Practicum) must complete supervised Practicum experiences that total a minimum of 100 clock hours. Forty (40) of those hours in Practicum must be in direct service to clients.

Students in COUN 694/695 (Internship I & II) must complete supervised Internship experiences that total a minimum of 300 clock hours, for each Internship Course. One hundred twenty (120) of those hours, for each Internship Course, must be in direct service to clients.

The University Agrees:

1. To assign a University Faculty Liaison to facilitate communication between the University and the Practicum/Internship Site.
2. To notify the student that he/she must adhere to administrative policies, rules, standards, schedules, and practices of the Practicum/Internship site.
3. That the University Faculty Liaison shall be available for consultation with both the Practicum Site Supervisor and students and shall immediately be contacted should any problem or change in relation to the student, site, or college occur.
4. That the University supervisor is responsible for the assignment of a fieldwork grade.

5. That the Practicum/Internship Site, in its sole discretion, makes the final determination as to whether a student is placed at the Practicum/Internship Site. And, the University agrees and understands that the Practicum Site has the final approval for placement of any student recommended by the University, and will permit the Practicum/Internship Site to withdraw the student when the student is unacceptable and undesirable to the Practicum/Internship Site for reasons of health, performance of duties, or other reasonable causes.
6. That prior to any student being placed at the Practicum/Internship Site, the University will provide written evidence of malpractice insurance coverage by providing a certificate of insurance indicating limits of liability of each incident at \$2,000,000 and \$4,000,000 in the aggregate and that the University will notify the Practicum/Internship Site within thirty (30) days of the malpractice insurance coverage being terminated or suspended, said termination or suspension being grounds for the termination of this Agreement.

Practicum/Internship Field Site Agrees:

1. To assign a Practicum/Internship supervisor who has appropriate credentials, time, and interest for training the Practicum/Internship student.
2. To provide opportunities for students to engage in a variety of counseling activities under supervision and for evaluating the student's performance.
3. To provide the students, subject to availability, with adequate work space, telephone, office supplies, and staff to conduct the professional activities as assigned.
4. To provide a minimum of one hour per week of individual supervision, that involves some examination of students' work using audio/video tapes, observation, and/or live supervision.
5. To provide written evaluation of the student based on criteria established by the University program.

The primary Practicum/Internship Site supervisor will be identified for a particular student being placed at the site. The training activities indicated below will be provided for the students in sufficient amounts, to the extent available, to allow adequate evaluation of the students' level of competence in each activity. The Clinical Coordinator will be the faculty liaison with whom the students and Practicum/Internship Site supervisors will communicate regarding progress, problems, and performance evaluations.

Practicum/Internship Activities:

The activities to be provided to the students by the Practicum/Internship Site may include:

1. Individual Counseling: Personal, Social, Educational, Career
2. Group Counseling: Co-leading, Leading
3. Intake Interviewing, Preliminary Assessment, Introduction to Services
4. Psychoeducational Activities: Group, Parent, Outreach, Skills Development, In-Service
5. Consultation: With Family/Parent, Teacher, Agency; for Referral, Team Collaboration

6. Report Writing, Record Keeping, Treatment Planning, Counseling Summaries
7. Individual Supervision
8. Group Supervision, Peer Supervision
9. Case Conferences, Staff Meetings
10. Other: _____

HIPAA Compliance:

The University acknowledges that Practicum/Internship Site must comply with the applicable portions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and the requirements of any regulations promulgated there under including without limitation the federal privacy regulations and the federal security standards. The parties agree that protected health information, as defined in 45 *CFR* 164.504, or individually identifiable health information, as defined in 42, *USC* 1320d (collectively “PHI”), concerning Practicum/Internship Site clients will be disclosed to the University faculty and students pursuant to this Agreement. The parties agree to implement appropriate safeguards to prevent the use or disclosure of any PHI. The University agrees that it shall inform and emphasize to faculty and students that, as a condition of participation in any Practicum/Internship program, its faculty and students shall keep PHU strictly confidential in accordance with Practicum/Internship Site policies and the requirements of state and federal law, including HIPAA. Faculty and students shall not disclose any such information to anyone else unless the Practicum/Internship Site’s HIPAA policies and procedures are followed. The University shall take reasonable steps so that all students and faculty are aware that PHI is confidential and must be treated as such and understand their obligations under HIPAA. The University shall specifically advise all students, faculty and officials that breaches of HIPAA shall be sufficient cause to have that person removed from participation in any Practicum/Internship Site program. The University agrees to promptly report to the Practicum/Internship Site any improper or unlawful use or disclosure of any PHI. The parties agree to make their respective internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of Health and Human Services to the extent required for determining compliance with HIPAA. Continued violations of this provision shall be considered a material breach of this Agreement. The HIPAA obligations shall survive termination of this Agreement.

IN WITNESS WHEREOF, and with full authority, the Parties hereto have executed this Agreement effective the date first above written.

FOR AND ON BEHALF OF

Site Facility Name

FOR AND ON BEHALF OF
NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM

Site Supervisor’s Signature

NJCU Counseling Program Chair



Student's Name: _____

**NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM**

**SCHOOL COUNSELING
PRACTICUM/INTERNSHIP AGREEMENT**

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Terms:

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3. That the University Faculty Liaison shall be available for consultation with both the Practicum Site Supervisor and students and shall immediately be contacted should any problem or change in relation to the student, site, or college occur.

4. That the University supervisor is responsible for the assignment of a fieldwork grade.
5. That the Practicum/Internship Site, in its sole discretion, makes the final determination as to whether a student is placed at the Practicum/Internship Site. And, the University agrees and understands that the Practicum Site has the final approval for placement of any student recommended by the University, and will permit the Practicum/Internship Site to withdraw the student when the student is unacceptable and undesirable to the Practicum/Internship Site for reasons of health, performance of duties, or other reasonable causes.
6. That prior to any student being placed at the Practicum/Internship Site, the University will provide written evidence of malpractice insurance coverage by providing a certificate of insurance indicating limits of liability of each incident at \$2,000,000 and \$4,000,000 in the aggregate and that the University will notify the Practicum/Internship Site within thirty (30) days of the malpractice insurance coverage being terminated or suspended, said termination or suspension being grounds for the termination of this Agreement.

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4. To provide a minimum of one hour per week of individual supervision, that involves some examination of students' work using audio/video tapes, observation, and/or live supervision.
5. To provide written evaluation of the student based on criteria established by the University program.

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3. Intake Interviewing, Preliminary Assessment, Introduction to Services
4. Psychoeducational Activities: Group, Parent, Outreach, Skills Development, In-Service
5. Consultation: With Family/Parent, Teacher, Agency; for Referral, Team Collaboration
6. Report Writing, Record Keeping, Treatment Planning, Counseling Summaries
7. Individual Supervision
8. Group Supervision, Peer Supervision
9. Case Conferences, Staff Meetings
10. Other: _____

IN WITNESS WHEREOF, and with full authority, the Parties hereto have executed this Agreement effective the date first above written.

FOR AND ON BEHALF OF

Site Facility Name

Site Supervisor's Signature

FOR AND ON BEHALF OF
NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM

NJCU Counseling Program Chair