

Practicum and Internship Site Supervisor Handbook

Dear Site Supervisor:

Thank you for serving as a site supervisor. We are most grateful to you and your institution for your cooperation and help. I 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

Guidelines for Practicum Direct and Indirect Hours

	Practicum Hours	Internship Hours
DIRECT SERVICES	40	120
Face to face direct services with clients including:		
Individual Counseling	26	68
Group Counseling/ Psychoeducational Groups	10	36
Consultation	2	8
School Counselor: Class lesson	2 (SC only)	8
Mental Health Counselor: Assessment/intake/case history	2 (CMHC only)	8

INDIRECT SERVICES*

60

NEW JERSEY CITY UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION

STUDENT'S SITE SUPERVISOR AGREEMENT (To be submitted by the second week)

This agreement p	provides a description	n of responsibilities	
the student supervisee			

III. SUPERVISION RESPONSIBLITIES

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,

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

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 information to a university supervisor ab evaluation.

Name:	Date:
Noma	Data
Name:	Date:

This

MONTHLY CALENDAR

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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/audio 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 be completed in Tk20

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

Weeks 11-12: Complete video/audio 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 i

Request that supervisor completes Final Evaluation in Tk20

Site Supervisor and Intern review Final Evaluation

^{*} May be modified with the approval of the site supervisor and university instructor

If Intern is Starting a New Site

Orientation to new site and site



NEW JERSEY CITY UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION

SITE SUPERVISOR AND STUDENT FORM

SITE SUPERVISOR'S INFORMATION			
Name:			
Email Address:			
Cell/Emergency Phone:			
Job Title:			
License/Certification*:			
Degrees/Major:			

Supervision Training Certification:

Expected Clinical

SECTION 2: Student Session Forms

20 Revised

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 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 affect, mood, and appearance?

DAP NOTE	DAP NOTE (CMHC):				
Practicum/Internship Student:					
Date:	Time:				
Sig	gnature:			Date:	

DAP NOTE (SC): Practicum/Internship Student: Date:_____Time: Client #: Session #:

Signature:

_Date: _____



NEW JERSEY CITY UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION MASTER OF ARTS IN COUNSELING PROGRAM

PRACTICUM/INTERNSHIP

Dear Site Supervisor:

RE: Session Recordings

Degree in counseling have to video/audio-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 in Clients are generally comfortable with the recording process and the camera can be placed behind the



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NEW JERSEY CITY UNIVERSITY DEPARTAMENTO DE EDUCACION DE CONSEJERO MASTERS OF ARTS EN PROGRAMA DE CONSEJERÍA

CONSENTIMIENTO PARA LA GRABACIÓN DE SESIONES

Por medio del presente, yo	, autorizo y presto
consentimiento a mi alumno de prácticas del programa de consejería,	
a que reproduzca a través de imagen y sonido mis sesiones de asesoramiento. M	Ii alumno de prácticas
es un estudiante a nivel posgraduado que está por recibir la licencia o certific	cación pertinente a sus
estudios, y que actúa bajo la supervisión de	
	1
Es de mi constancia que el alumno asesor grabará las sesiones como parte	e de mi supervision y

30 Revised

NEW JERSEY CITY UNIVERSITY DEPARTAMENTO DE EDUCACION DE CONSEJERO MASTERS OF ARTS

STUDENT'S SELF CRITIQUE OF THE VIDEOTAPED SESSION (Submit when you present your video recorded session in the group supervision class)

Your Name:_	Class:
_	

SECTION 3: Student Logs

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NEW JERSEY CITY UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION

PRACTICUM/INTERNSHIP SCHOOL COUNSELING HOURS

NEW JERSEY CITY UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION PRACTICUM/INTERNSHIP

SUPERVISION NOTES FOR INDIVIDUAL SUPERVISION SESSIONS WITH SITE SUPERVISOR

Week	Date	Time	Supervision Notes (Concerns, Feedback, Processing, Content, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

13

SECTION 4:	Supervisor	Evaluation	Forms

Guidelines for Supervisor Evaluation Forms

The site supervisor will receive an email with instructions and a link on how to complete the midterm evaluation in Tk20 by the eighth week of the spring/fall semester. A copy of the midterm evaluation is in this section of the Site Supervisor Handbook.

The site supervisor will use the same link to complete the final evaluation in Tk20 by the fifteenth week of the spring/fall



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:

First, I want to thank you for the time and care you have given to work with our student. The support they receive from you is vital and most appreciated by both our program faculty and our counselor-intraining. As a gentle reminder, it is midterm evaluation time and you are asked to answer a few questions that will take about 5 minutes. The instructions for completing the Midterm Evaluation in Tk-20 were already sent out to you. 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.

Respectfully,

Anna Ivanova-Tatlici, LMHC, LPC, NCC Clinical Coordinator
Department of Counselor Education
New Jersey City University
2039 Kennedy Blvd., Rossey Hall 536
Jersey City, NJ 07305
201-200-3400 Dept. Office
201-200-2187 Direct
201-200-3450 Fax
aivanova@njcu.edu

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree N/A Not Applicable

A score of 3 means that you are functioning at the expected level

II. STUDENT'S PROFESSIONAL SKILLS					
1. Accepts supervisor's feedback	1	2	3	4	n/a
2. Maintains client confidentiality	1	2	3	4	n/a
3. Practices ethical behavior	1	2	3	4	n/a
4. Maintains appropriate case notes and records	1	2	3	4	n/a
5. Implements goals and policies of the site	1	2	3	4	n/a
6. Identifies own strengths and weaknesses	1	2	3	4	n/a
7. Works effectively with other professionals	1	2	3	4	n/a
III. STUDENT'S COUNSELING SKILLS					
1. Responds appropriately to client	1	2	3	4	n/a
2. Establishes rapport	1	2	3	4	n/a
3. Is sensitive to individual differences	1	2	3	4	n/a
	1	2	3	4	n/a
5. Listens effectively	1	2	3	4	n/a
6. Helps client establish appropriate goals	1	2	3	4	n/a
7. Uses effective interventions consistent with	1	2	3	4	n/a
theoretical orientation					

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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.

The link for the final semester evaluation for our trainee is the same as the one that you received for the midterm evaluation. 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

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree N/A Not Applicable

A score of 3 means that you are functioning at the expected level

II. STUDENT'S PROFESSIONAL SKILLS

Accepts supervisor's feedback	1	2	3	4	n/a
2. Maintains client confidentiality	1	2	3	4	n/a
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