**James Madison University**

**School Counseling - Practicum/Internship Contract**

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| --- | --- |
| Student Name | Practicum/Internship Location |
| Term | Practicum/Internship Supervisor Name |
| Student Phone Number Telephone | Supervisor Phone Number Telephone |
| Student Email | Supervisor Email |

JMU Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| JMU Supervisor Email  | JMU Supervisor Phone Number Telephone |

**RESPONSIBILITIES OF THE PRACTICUM STUDENT:**

|  |  |
| --- | --- |
| Start Date: | End Date: |
| Days of the week present: |
| **Practicum hours:**40 total contact hours for the semester100 hours for the semester | **Internship hours:**120 total contact hours for the semesterPlus 180 indirect hours of school counseling workTotal of 300 hours for the semester |

1. I will have liability insurance and a background check before beginning any work at the site.
2. My practicum hours will include individual counseling, small group counseling, classroom lessons, and consultation.
3. I will actively participate in weekly individual and group supervision.
4. I will complete duties assigned by my site supervisor.
5. I will fulfill all of the assignments in the course syllabus.
6. I will spend one hour per week of one-on-one supervision time with my site supervisor and I will also receive an average of 1.5 hours of supervision per week from the university supervisor.
7. I agree to contact both supervisors immediately if I need to contact Child Protective Services in the event of suspicion of abuse or neglect or anytime I am uncertain about a situation. My supervisors will support me in this process and will be available for assistance if needed.
8. I will participate in case conferences or team presentations.
9. I will keep a weekly log of my activities to document my experience reporting what I do, when I do it, for how long, and my observations and reactions. My log will record all my practicum/internship activities, including direct service, team meetings, staff meetings, process group sessions, and supplemental research. My supervisor will review and sign each practicum/internship log.
10. I will ensure that my evaluations are completed by my site supervisor twice during the semester, at midterm and at semester end, and I will turn in an evaluation of my site as well.
11. Any changes made to my schedule or contract will be made in writing by mutual agreement.
12. I will complete all practicum/internship hours during the JMU semester term.
13. I will maintain professional work ethic, attitude and dress throughout the semester.

**RESPONSIBILITIES OF THE INTERNSHIP STUDENT: (in addition to the above practicum responsibilities)**

1. As a counseling intern, I will offer counseling services. Counseling services include assessment, individual counseling, group counseling, guidance activities, crisis intervention, consultation and education programs, and prevention programs.
2. At least 120 hours of my internship should involve working in actual counseling situations each semester.

**RESPONSIBILITIES OF THE SITE SUPERVISOR:**

1. Before the student begins, the site supervisor will complete the Supervisor Agreement, Training Materials, and Brief Survey.
* <http://psyc.jmu.edu/counseling/school/documents/School%20Counseling%20Program%20JMU%20Site%20Supervisor%20Overview.pdf>
1. Site supervisor will support the philosophy, principles, and goals of the JMU School Counseling program.
2. Site supervisors will complete an evaluation of the student at midterm and end of the semester.
3. Site supervisors will help the student examine student’s counseling work, including social, emotional, vocational, and educational interventions. With the supervisor, students will examine his/her use of counseling techniques, discuss ways of conceptualizing client dynamics, analyze the counseling relationship he/she establishes, and manage issues regarding his/her personal and professional development.
4. The site supervisor will understand policies, procedures, and considerations relevant to P-12 settings.
5. The site supervisor will review and sign all logs.
6. Site supervisor will help to establish a counseling group and communications necessary to parents.
7. School counseling site supervisors receive information from JMU faculty regarding not only university and program standards and expectations, but also the alignment of the student’s duties with the most recent CACREP standards.
8. Internship supervisors meet with a JMU representative at least once each semester to discuss the student’s progress and make plans for facilitating the student’s professional development.
9. Site supervisors provide the student with an orientation to the school: duties, hours, expectations, tour, introductions to relevant staff members, relevant handbooks (faculty and crisis), meeting schedules, school email and databases, and make themselves available to discuss any school related topics.
10. Site supervisors provide a safe, secure, and non-discriminatory workplace at which the student can meet his/her educational objectives.

**RESPONSIBILITIES OF THE UNIVERSITY SUPERVISOR:**

1. University supervisor will provide locations for practicum and internship students on three different levels.
2. University supervisor will approve all potential practicum and internship sites according to the requirements of the Program and CACREP guidelines.
3. University supervisor will conduct a practicum orientation session for students applying for practicum and will inform students about practicum and internship guidelines.
4. University supervisor will ensure that appropriate ethical codes and legal statutes are adhered to by all involved with the practicum or internship experience.
5. University supervisor will provide appropriate internship supervisor training materials.
6. University supervisor will resolve conflicts related to a student’s internship or counseling practice in conjunction with faculty and on-site professionals.

Signatures:

|  |  |  |
| --- | --- | --- |
| Internship Student | Site Supervisor | University Supervisor |
|  |  |  |
| Date: | Date: | Date: |

>>> **STUDENTS:** Refer to the JMU Student Handbook and course syllabus for further details of your practicum/internship.

**James Madison University**

**School Counseling - Practicum/Internship Taping Permission Form**

 (form used must be approved by site supervisor and school system)

Date:

Dear \_\_\_\_\_ ,

My name is \_\_\_\_\_ and I am a student in the graduate level counseling program at James Madison University. I am a school counselor in training and am being supervised by \_\_\_\_\_\_\_\_\_ who is the school counselor at \_\_\_\_\_\_\_\_school. I am also being supervised by NAME at James Madison University.

I am looking forward to working with your student this semester. Because I am a counseling practicum/internship student, I am required to submit counseling audio recordings to my university supervisor. The purpose of these recordings is to evaluate my work as a counselor. The identity of your child will be confidential as his/her full name will never be disclosed. The recordings are to be used for my supervision and I am required to erase them immediately following my supervision session. It is not permissible for anyone at your son or daughter’s school to listen to these recordings, which are solely used for training purposes and are promptly erased. I am responsible to secure these recordings and to only share them with my University supervisor for supervision purposes only.

By signing below, you are giving me permission to meet with your son or daughter and record our sessions. If you have any questions at all, please contact either my

on-site supervisor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_ or NAME (PHONE)

I give permission to \_\_\_\_\_\_\_\_\_\_\_\_, a school counseling practicum/internship student at James Madison University to work with my student. I also agree that the sessions with my student may be audio recorded. I understand that the identity of my student is kept confidential and that counseling tapes are erased immediately at the end of my supervision requirement.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (parent/guardian signature)