



Master of Arts in Counseling
COMMUNITY/PASTORAL COUNSELING TRACK
Practicum/Internship Agency Placement Form

Agency: _____

Address: _____

Phone Number: () _____ **E-Mail:** _____

Agency Director: _____

Individual Supervisor: _____

(Please attach a current vita or resume if available)*

Supervisor Education:

- MA year ____ MEd year ____ EdS year ____ PhD year ____
 MSW year ____ MDiv year ____ DMin year ____

Licensure/Certification:

- LPC year ____ LMFT year ____ LCSW year ____ NCC year ____
 Certifications: _____

General Description of Placement:

- Community Counseling Agency
- Addictions/Rehabilitation
- School
- Church
- Community Services Board
- Hospital-based Mental Health
- Other: _____

Population(s): check all that apply

- Children
- Adolescents
- Adults
- Geriatric
- Family
- Cross-Cultural
- Special Needs

Number of Positions Open:

Practicum (spring semester, 5-7 hours) _____

Internship (fall and spring semester, 8-12 hours per week) _____

Description of Possible Student Activities:

- Individual sessions Groups Assessment Intake Crisis Intervention
- Educational Workshops Classroom Guidance Staff meetings
- Other: _____

Taping Allowed:

- Yes, with appropriate consent forms No

Return to: Master of Arts in Counseling
 1200 Park Road
 Eastern Mennonite University
 Harrisonburg, VA 22802-2462



Master of Arts in Counseling
COMMUNITY/PASTORAL COUNSELING TRACK
PRACTICUM Student Records Checklist

Step #1: Submit the original of this checklist with all required forms attached to Pam Comer for signature PRIOR to beginning internship. She will pass completed forms on to your Faculty Group Supervisor.

Step #2: Subsequent forms are submitted through the semester directly to your faculty supervisor.

Step #3: Faculty Group Supervisors submit all forms gathered during the year to Pam for storage.

Keep copies of everything for your records!

Student Name: _____

Faculty Group Supervisor: _____

Practicum Site: _____

Individual Site Supervisor: _____

Pre-requisite to beginning practicum:

- Liability Insurance Form Expiration Date: _____
- Agency Placement Form
- Contract Letter

Verification that all pre-requisites have been met:

Signature: _____ Date: _____

End of Practicum:

- Practicum Performance Evaluation Forms
 - Completed by Student
 - Completed by Faculty Group Supervisor
 - Completed by Individual Site Supervisor
- Hours Summary Form and Hours Tracking Form
(submit original, signed by Individual Site Supervisor)
- Forms completed by student for:
 - Faculty Group Supervisor Evaluation Form
 - Individual Site Supervisor Evaluation Form

Verification all forms have been completed:

Faculty Group Supervisor Signature: _____ Date: _____



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PRACTICUM Performance Evaluation

Student: _____ Date: _____

Site: _____

Supervisor: _____ Phone: _____

STUDENT'S WORK PERFORMANCE

Please comment on the competence or need for improvement in the student's punctuality, responsibility, organization, quality of paperwork, and professional manner of dress.

GENERAL SUPERVISING INFORMATION

Please indicate those areas the student has had an opportunity to practice or discuss with you in supervision:

- | | |
|---|--|
| <input type="checkbox"/> Performing Initial Intakes | <input type="checkbox"/> Informed Consent, Confidentiality |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Transference/Countertransference |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Making Referrals |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> HIPAA regulations |
| <input type="checkbox"/> Risk Management Procedures | <input type="checkbox"/> Suicide Risk Assessment |
| <input type="checkbox"/> Collaboration w/ agencies (ex:DSS) | <input type="checkbox"/> Cultural Diversity |

Have you seen multiple videotapes? Yes No Comments:

Are there other ways in which you have observed the student's work?

QUALITY OF STUDENT'S WORK

SUPERVISION EXPERIENCE: (Please comment on genuineness with supervisor, response to feedback and suggestions, taking initiative)

COUNSELOR SKILLS: (Please comment on as many as you can assess: establishing the therapeutic relationship, concreteness, confronting appropriately, insight into client/counselor relationship, use of questions, use of silence, understanding of client's reality, opening/closing of sessions, goal setting, summarizing, clarifying, termination)

PRESENCE: (Please comment on the student's self-awareness, warmth, empathy, genuineness and ability to offer respect)

PERSONAL AND PROFESSIONAL DEVELOPMENT: (Please comment on as many as apply: ethical behavior, adherence to agency policies, personal growth issues, awareness of strengths and limitations, professional involvement, counseling style development and interactions with colleagues)

Note: This evaluation is completed mid-semester to assess the student's progress towards admission to candidacy. A signature will be required at the end of the practicum for the student to pass.

Signature

Date

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PRACTICUM Hours Summary Form

Activity	No. Hours
DIRECT SERVICE HOURS	
Individual Counseling	
Marital Counseling	
Small Group Counseling	
TOTAL DIRECT HOURS:	
INDIRECT SERVICE HOURS	
Individual Supervision	
Program Planning	
Consultation	
Conferences Attended	
Workshops Conducted	
Administrative Responsibilities	
TOTAL INDIRECT HOURS:	
PRACTICUM GRAND TOTAL:	

Date: _____

Individual Site Supervisor Signature _____



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COMMUNITY/PASTORAL COUNSELING TRACK
Individual Site Supervisor Evaluation

Student: _____

Supervisor: _____

The following fifteen statements serve as a list of the expectations of supervisors within the counseling program as well as a format for students' evaluation of their supervisors at the end of their practicum and internship experiences. After each item, please comment about your supervisor.

- Accepts students in a non-judgmental way.
- Enters into the frame of reference of the student.
- Elicits essential data from the student.
- Assesses the strengths of the student.
- Assesses the weaknesses and "growing edges" of the student in a professional manner.
- Affirms the student in relationship to strengths.
- Initiates pertinent discussion in the supervisory sessions.
- Helps students to gain insight into transference-counter-transference issues in the counseling relationship.
- Facilitates an understanding of the psychodynamics of the client.
- Assists the student in dealing with termination and/or referral.
- Has a sensitivity to ethical issues in the counselor-client interaction.
- Facilitates reflections of faith as related to the counseling experience.
- Establishes and maintains good inter professional relations with students.
- Provides mentoring and role-modeling for student.



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Faculty Group Supervisor Evaluation

Student: _____

Supervisor: _____

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- Accepts students in a non-judgmental way.
- Enters into the frame of reference of the student.
- Elicits essential data from the student.
- Assesses the strengths of the student.
- Assesses the weaknesses and "growing edges" of the student in a professional manner.
- Affirms the student in relationship to strengths.
- Initiates pertinent discussion in the supervisory sessions.
- Helps students to gain insight into transference-counter-transference issues in the counseling relationship.
- Facilitates an understanding of the psychodynamics of the client.
- Assists the student in dealing with termination and/or referral.
- Has a sensitivity to ethical issues in the counselor-client interaction.
- Facilitates reflections of faith as related to the counseling experience.
- Establishes and maintains good inter professional relations with students.
- Encourages group participation and interaction.



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Practicum FINAL EVALUATION Form

INDIVIDUAL SITE SUPERVISOR FINAL RECOMMENDATION

Based on your experience with the student, please indicate your recommendation below:

- The student is competent in all areas assessed. I have no reservations and recommend a passing grade.
- I wish to speak with the faculty supervisor before my final recommendation. (*The faculty supervisor will call you.*)
- I have serious reservations about the student's competence and do not recommend a passing grade.

Individual Site Supervisor Signature: _____

Date: _____