Department of Counseling & Educational Psychology

Counselor Education Practicum & Internship Handbook
The Practicum & Internship Handbook is published by the Department of Counseling and Educational Psychology. 175 President’s Circle, 508 Allen Hall P.O. Box 9727 Mississippi State University Mississippi State, MS 39762-5740 662-325-3426 (Office) 662-325-3263 (FAX) (Copyright 1977; Revised 2012)
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Practicum and Internship in the Counselor Education Program

The practicum and internship experiences are very important parts of the degree program. It is anticipated that students will have the opportunity to use and apply the skills developed in the degree program at the placement site. Practicum is designed to help students begin to apply theory to practice. Internship is recognized as the transitional step between academic training and the world of professional practice. Practicum is the minimal prerequisite for Internship. Field placement experiences should provide the opportunity to observe and work closely with full-time staff.

To ensure that students’ individualized career goals are met during the practicum and internship experience, arrangements are negotiated between the student, the on-site internship supervisor, and the university supervisor (usually the student’s practicum or internship instructor). The unique nature of this training situation creates some special concerns which must be recognized. While the primary function of any site is service to consumers, those agencies and institutions which accept practicum and internship students for training must also recognize their educational responsibility to the student.

The dual nature of training cannot be overlooked. It is expected that students’ training needs and the service needs of the agency will both be met through practicum and internship experience.

Selecting a Practicum or Internship Site

Selecting the most appropriate site for a student is very important. To be approved as a practicum or internship site, an agency must offer an organized and varied training experience in which students receive ongoing individual supervision of their field experience. Prospective sites should provide students with a description of the services provided by the agency and the activities in which practicum and internship students typically engage. Students and potential site supervisors should compare students’ training needs and expectations with the opportunities available to ensure the best fit for both the site and the student.

Students are instructed to follow these steps in selecting a practicum or internship site:
1. Students should discuss possible sites with their faculty advisor early in the program. The first term is not too early to begin thinking about practicum and internship. Students are encouraged to construct an entire plan for course completion before beginning the degree program. Students should sequence their courses in such a manner that they may register for the practicum by the third semester.
2. Some students prefer completing the practicum and internship at different sites so they can experience more than one professional environment. Other students prefer taking both the practicum and internship at the same site so they can have a more long-term and in-depth experience. There are advantages and disadvantages to both approaches, which should be discussed with the academic advisor.
3. Students may wish to visit some of the sites early in their program to gain information about potential placements for the future. You are advised to identify more than one potential site so you will be able to select the facility that best meets your needs. Locating out-of-state internship sites usually involves more time and greater patience.
4. Approach the practicum and internship search in a manner similar to that involved in seeking a professional counseling position. Compose a resume that includes relevant graduate level...
course work and prepare a letter of introduction that can be given to potential site supervisors. Prior to interviewing at a given facility, you are advised to obtain information about the site by visiting the facility on an informal basis and by contacting other students who have previously completed a practicum or internship at this site. You should compare your training needs and expectations with the opportunities available at a site in order to select the training experience that best suits your educational goals.

5. Internship students are expected to be involved in those activities in which regular staff engage. Internship programs that limit or narrowly define an intern's role (i.e., doing intake interviews only) will not receive departmental approval.

6. Schedule a meeting with the faculty advisor at least two terms before the placement will occur. Discuss sites reviewed and any additional possible sites. Select one to three sites to visit and discuss the possibility of a practicum or internship placement.

7. Contact persons at Practicum and Internship sites have the option of offering or declining to offer a placement. Approach each visit just as a job interview. In some instances, sites will hire practicum or internship students before they begin their placements. Although there is no guarantee that students will be paid for the services they render during their practicum and internship, some sites do pay students.

8. When the site has been selected, an Application for Practicum or Internship Placement must be completed and submitted to the Practicum and Internship coordinator, during the semester prior to the semester in which the student will collect hours for either the practicum or internship. Advisors determine whether the site is appropriate before placement can be finalized. Students may not begin their placement until the application has been approved.

9. Once a placement has been offered and accepted, students should meet with their site supervisor and develop a clear list of tasks in which students will be engaged.

**Required Hours**

1. All students must complete at the minimum, one 100-hour practicum and one 600-hour internship in their degree programs. All doctoral students must complete at minimum, one 300 hour practicum and one 600 hour internship in their degree program.

2. All practicum and internship students must insure that 40% of their hours include direct service to clients, students, and/or consultees. Therefore, students in practicum must complete 40-hours of direct service, 10 hours of which must be group work. Doctoral practicum students must complete 120 hours of direct service. Students in internships must document a minimum of 240-hours of direct service. Direct service may be in the form of all individual or a combination of individual and group work (e.g., individual counseling, advising, supervision of RA’s; group, family, or couples work; group advising; intake sessions; and testing and assessment).

3. All students in practicum or internship experiences must receive a minimum of one hour a week of individual, face-to-face supervision with their on-site supervisor.

The chart below outlines the total number of on-site hours required:

<table>
<thead>
<tr>
<th>Masters degree students (includes school counseling students with standard teacher license)</th>
<th>Practicum</th>
<th>Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Service</td>
<td>100 hours</td>
<td>600 hours</td>
</tr>
<tr>
<td>Required Hours</td>
<td>40 hours</td>
<td>240 hours</td>
</tr>
</tbody>
</table>
Individual On-Site Supervision 1 hr. week 1 hr. week
Group Work 10 hours 60 hours

School Counseling Masters degree students
(Students without a standard educator license)
Direct Service 240 hours 240 hours
Individual On-Site Supervision 1 hr. week 1 hr. week
Group Work 60 hours 60 hours

Doctoral students
Direct Service 120 hours 240 hours
Individual On-Site Supervision 1 hr per week 1 hr per week

General Information

1. University faculty advisors assist students in selecting practicum and internship sites.
2. Applications must be submitted prior to the official deadline. Deadlines: July 1st for Fall fieldwork; November 1st for Spring fieldwork; May 1st for Summer fieldwork
3. Application(s) must be approved before students begin to collect hours. Applications will not be accepted after the due date. Please note that hours collected before the practicum or internship is approved will not be counted. It is the student's responsibility to insure that appropriate signatures are secured.
4. Students should keep copies of all information (e.g., logs, evaluations, applications) you submit.
5. Students must submit all forms (e.g., logs, evaluations) before the due date at the end of the semester in which they are registered in order to receive a grade.
6. All students who are collecting practicum or internship hours are required to obtain liability insurance. They may obtain liability insurance through professional association (i.e. American Counseling Association) or private insurance agents. Students must submit proof of insurance before they begin collecting hours. Many sites will not be willing to provide students with a placement until insurance is in effect.
7. It is the student’s responsibility to insure that their supervisors have the appropriate credentials. All supervisors must have a minimum of two years post-masters experience. In addition: School counseling supervisors must be Licensed School Counselors, Rehabilitation counseling supervisors must be Certified Rehabilitation Counselors, Clinical Mental Health supervisors must have experience in an area of specialization compatible with the student’s interest. All doctoral students must be supervised by a doctoral-level counseling supervisor.

Supervision and Attending Practicum or Internship Class on Campus

1. All practicum students are expected to attend the practicum class during the entire semester that they are collecting hours (regardless of when they have completed their number of contact hours).
2. Practicum students are required to receive 1½-hours of group supervision during the weekly class. They also are expected to receive one-hour of individual supervision per week from
their site supervisor or one-hour of individual supervision per week from their practicum instructor. Practicum students not receiving the 2½-hours of weekly supervision cannot count the weekly client hours as part of practicum.

3. Masters level internship students are expected to attend a weekly internship class throughout their 600-hour internship. All internship students must have one-hour of individual supervision from their site supervisor and 1 ½-hours of group supervision (the internship class meeting) per week from their university supervisor during the time they are collecting internship hours. In addition, students are expected to meet individually with their university supervisor periodically. Only students living out of the 50-mile radius of Mississippi State may request permission to receive their individual and group supervision on-site. If you plan on doing your internship outside of a 50-mile radius of either campus, note this on your application and include the “Outside the 50 Mile Radius” form.

Supervisory Evaluation

Each site employee who provides supervision to a practicum or internship student must complete a “Supervisory Evaluation” form at mid-semester and at the end of the students’ field experience. Supervisors are expected to review their evaluations and recommended grades with students before submitting the evaluation form to the Instructor of Record for the specific semester of field work. It is strongly recommended that students use this same form to rate themselves and that the evaluation process includes a comparison of students’ and supervisors’ ratings. Supervisors are also encouraged, but not required, to include a letter summarizing their evaluation of the student’s performance that may be kept in the student’s file.

Evaluation of Progress

At the mid-point of the practicum or internship experience, supervisors and students will be expected to evaluate students’ progress and make any necessary adjustments to the goals and objectives that were developed at the start of the field experience. A rating of “N/A” (not appropriate or not observed) should be used if the student has not had the opportunity to demonstrate, or the supervisor has had not the opportunity to observe, competence in a particular area.

It is essential that supervisors engage in ongoing assessment of the student’s performance. If a final recommended grade of “C” or below is warranted, this should not come as a surprise to the student or the MSU Instructor. If there are any problems with the student’s performance, the supervisor is expected to communicate this to the student directly and to his or her instructor during biweekly/monthly communications. A remediation plan will be developed by the supervisor and student and submitted to the student’s instructor. If a remediation plan is developed, the instructor should be provided with verbal and/or written feedback from both the student and supervisor on a weekly basis as to the student’s progress. Such plans must include a clear description of the problem(s) and behavioral indicators of acceptable performance rather than vague statements such as, “Ms. Smith is resistant to supervision.”

For example:

Problem: Ms. Smith has been late for three supervision sessions.
**Expectation:** Ms. Smith will be on time for all supervision meetings for the remainder of her internship.

**Problem:** Ms. Smith comes to supervision without cuing tapes of client sessions.

**Expectation:** Ms. Smith will have at least two tapes cued for each supervision session. At minimum, she will be ready to discuss the following: (1) what has occurred up to that point in the session; (2) what she believes she did effectively; (3) what questions or concerns she has about what occurred in session or about her treatment plans.

**PRACTICUM / INTERNSHIP RESPONSIBILITIES**

**Advisor:**
1. Meets with student at student’s request and helps him/her select potential placement.
2. Is familiar with potential placement sites.
3. Develops new field placement sites.
4. Takes responsibility for student securing an appropriate site.

**Student:**
1. Selects potential sites in consultation with advisor.
2. Schedules and completes interviews with on-site contacts.
3. Submits application for practicum or internship placement well in advance of deadline.
4. Secures and maintains professional liability insurance. Submits documentation of insurance as an attachment to the official fieldwork application.
5. Arranges a work schedule with the site supervisor.
6. In consultation with site and university supervisors, develops goals and objectives for his/her experience and submits this to his/her university supervisor by the second class.
7. Attends all individual, group supervisory sessions, and required class meetings.
8. Completes the experience requirements (100 hours for practicum including a minimum of 40 hours of direct service and 10 hours of group work; 600 hours for internship including a minimum of 240 hours of direct service) (school counseling student requirements may vary).
9. Adheres to the policies and operational procedures of the site and performs site responsibilities in a professional manner as if a paid employee.
10. Submits required log and other required materials at the end of the placement experience.
11. Complies with all legal and ethical regulations; brings all potential legal and ethical issues to the attention of university and site supervisors.
12. Takes responsibility in obtaining health insurance. Please note that students are responsible for costs associated with any medical treatment needed due to accidents/injuries that happen during field placements.
13. Provide program-required audio/visual recordings for use in supervision or participate in live supervision.

**Clinical Coordinator:**
1. Reviews applications and approves or denies.
2. Collects (and maintains for five years) copies of all clinical documents required by accrediting organizations.
3. Coordinates with sites regarding the numbers of students to be placed at each site and with each supervisor.
4. Maintains appropriate contacts throughout the process with student, advisor, and university
and site supervisors.
5. Consults as needed with site and university supervisors regarding problems with the student’s placement.

**On-Site Contact Person:**
1. Interviews potential practicum or internship students and indicates preferences among those students for site placement, without discrimination in relation to race, religion, gender, national origin, disability, or sexual orientation.
2. Informs students interviewed as to whether they will be offered a practicum or internship placement. Note that the number and assignment of trainees will be mutually agreed upon between the site and the university coordinator.
3. Assigns accepted students to qualified on-site supervisors (a person who has a minimum of a master’s degree in counseling, psychology, or clinical social work and two years of relevant, post-graduate experience).
4. Provides adequate work space, access to telephone, and necessary supplies and equipment for the student.

**On-Site Supervisor:**
1. Negotiates with student practicum or internship hours and responsibilities.
2. Orient the student to the mission, goals, and objectives of the site, as well as to internal operation procedures.
3. Develops goals and objectives with the student for his/her experience by the second class.
4. Attends the Fall or Spring semester orientation and training session at the University.
5. Ensures that the student has appropriate experience(s) during the placement based on student’s goals and objectives.
6. Meets at least one-hour each week with student for individual supervision.
7. Meets with the university faculty supervisor for orientation, assistance, and consultation as needed throughout the practicum/internship experience.
8. Provides a written evaluation of the student's performance at mid-semester and at the end of the placement. Evaluations are to be submitted to the student’s university supervisor.
9. Attends professional development sessions which benefit supervision practice.
10. Maintains contact with university supervisor for assistance and consultation relating to student’s progress.
11. Engages in ongoing assessment of the student’s performance and communicates with the university supervisor about any problems with the student’s performance. If problems continue, the site supervisor, in consultation with the student and university supervisor, will develop a remediation plan and submit it to the student’s instructor.
12. Maintains confidentiality regarding information obtained during supervision with the student.

**University Practicum or Internship Supervisor:**
1. Meets with site supervisors at the beginning of the student’s practicum or internship experience to provide individual orientation and assistance to the site supervisor.
2. Approves student’s goals and objectives to be pursued at site.
3. Explains the requirements of the experience and provides pertinent information.
4. Consults with site supervisor about the student’s progress and encourages site supervisors to contact the university supervisor for assistance and consultation during the semester.
5. Provides supervision to the students in a group setting for 1½ hours of weekly supervision.
6. Reviews work samples (audio/video tapes) of the student’s field work.
7. Appropriately maintains confidentiality about information obtained during supervision.
8. Communicates bi-weekly with site supervisors.
9. Collects logs and supervisor evaluations from each student.
10. Completes a written evaluation for each student.
11. Submits all evaluations and logs to Clinical Coordinator at the end of term.
12. Assigns grades to students for the practicum and internship experience.

TASKS/CONTENT OF SUPERVISION
(SUGGESTED AREAS FOR EVALUATION)

- Competence/Skill Mastery
- Awareness of Self
- Emotional Awareness
- Cognitive Awareness
- Awareness of Consumers
- Awareness of Interpersonal Dynamics
- Understanding of Theoretical Concepts/Identification of Theoretical Identity
- Personal Motivation--Overcoming Personal and Intellectual Obstacles
- Maintaining Standards of Service
- Professional Ethics
- Understanding Process Issues
- Respect for Individual Differences
- Appropriate Level of Autonomy
- Continuation of Learning/Professional Development

ETHICAL ISSUES IN COUNSELOR SUPERVISION

Informed Consent

Supervisors have a responsibility to incorporate the principles of informed consent as these relate to their supervisees and the clients who they serve.

- Supervisors adequately discuss with supervisees expectations, roles, and rules related to the supervisory relationship.
- Supervisees should be aware of procedures for contacting their supervisors, or an alternate supervisor, in cases of crisis situations.
- Supervisees and supervisors should clearly review expectations of performance (e.g., what the supervisees’ work assignments/ responsibilities will entail), evaluation criteria and procedures, and due process and appeal procedures of their institution.
- Supervisors must be sure that consumers are aware that their counselors are being
supervised, the parameters of that supervision, and how this influences confidentiality (e.g., tapes will be reviewed by supervisor and a supervision group).

Confidentiality

Supervisors make every effort to safeguard confidentiality within both the therapeutic and supervisory relationships.

- Supervisors work to ensure supervisees’ awareness of and respect for consumers’ rights to privacy and confidentiality in their working relationship and the information resulting from it (e.g., case notes, test results).
- Supervisors help supervisees differentiate between confidentiality, privacy, and privileged communication. Supervisees need to be aware of agency policies regarding procedures for obtaining consumers’ consent for release of information.
- Supervisees should understand when confidentiality must be broken and how this should be done.
- Supervisors are responsible for protecting supervisees’ right to privacy and confidentiality. It is important for supervisors and supervisees to review the limits of confidentiality within the supervision relationship.

Multiple Relationships

Despite the inherent duality in the supervisory relationship, supervisors are responsible for creating and maintaining appropriate relationship boundaries with supervisees.

Social and Sexual Relationships

- Supervisors clearly define and maintain ethical, professional, and social relationship boundaries with their supervisees. They are aware of the differential in power that exists and the supervisee's possible in comprehension of that power differential.
- Supervisors should not engage in social contact or interaction which would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor’s objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- Supervisors do not engage in sexual relationships with supervisees and do not subject them to sexual harassment.

Counseling Supervisees

- Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact
of these issues on clients and on professional functioning.

- If supervisees request counseling, supervisors provide them with acceptable referrals. Supervisors do not serve as counselors for supervisees over whom they hold administrative, teaching, or evaluative roles.

- Supervisors do not accept close relatives as supervisees.

Multiple Supervisory Roles

- Supervisors who have multiple roles with supervisees should minimize potential conflicts. When supervisors function in more than one role (e.g., clinical supervisor, administrative supervisor), the roles should be divided among different supervisors when possible. When this is not possible, it is important to carefully explain to supervisees the expectations and responsibilities associated with each supervisory role.

Competence

Supervisors have multiple responsibilities. They must balance their responsibilities to protect the consumers’ well-being while simultaneously promoting supervisees’ professional development.

- Supervisors are responsible for making every effort to monitor consumer welfare, supervisees’ performance (actions and non-actions) and professional development, and supervisees’ compliance with relevant legal, ethical, and professional standards of care.

- To assist in monitoring both consumer welfare and supervisee development, supervisors should meet regularly in face-to-face sessions with their supervisees. Actual work samples (via tape or live observation) in addition to case notes should be reviewed by supervisors as a regular part of the ongoing supervisory process.

- Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

- Supervisors encourage and assist supervisees in defining their own theoretical orientation toward their work, in establishing supervision goals for themselves, and in learning to monitor and evaluate their own progress toward meeting these goals.

- Supervisors should be competent to assess supervisees’ skills and restrict supervisees’ activities to those that are commensurate with their current level of skills. At the same time, supervisors must be able to appropriately challenge supervisees in developing additional skills.

Retention / Dismissal / Endorsement

Supervisors are simultaneously facilitators of their supervisees’ growth and gatekeepers for the profession. They need to give supervisees every possible opportunity to succeed in their field
placements and employment, to keep them informed of their progress, and to dismiss from the site or work setting supervisees who are unable to counsel effectively. We must be fair to supervisees whose performance is inadequate and help them to improve, but also act as gatekeepers to the profession.

- **Evaluation**
  - Supervisors clearly state to supervisees the levels of competency expected, appraisal methods, and timing of evaluations.
  - Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance.
  - Supervisors provide students and supervisees with periodic performance appraisal and evaluation feedback.

- **Remediation and Dismissal**
  - Supervisors have the responsibility of recommending to and securing remedial assistance for supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisee.
  - Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued or future employment if the supervisor believes the supervisee is not qualified for the specific tasks associated with employment or are impaired in any way that would interfere with the performance of their duties.
  - Supervisors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.
  - Supervisors seek professional consultation and document their decision to dismiss or refer students and supervisees for assistance. Supervisors assure that supervisees have recourse to address decisions made to require them to seek assistance or to dismiss them.
PRACTICUM AND INTERNSHIP

APPLICATIONS

LOG FORMS

EVALUATION FORMS
Department of Counseling and Educational Psychology
Mississippi State University

MASTERS PRACTICUM APPLICATION
(page 1 of 3)

Name _______________________________

MSU Net ID ___________________ MSU (9 digit) ID _________________________

The following courses must be completed before applying for Practicum. List the semester completed and the grade for each of the following courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>COE 8013 - Counseling Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8023 - Counseling Theory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8043 - Group Tech. &amp; Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8633 - Psycho-social Rehabilitation *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPY 8263 - Psychological Testing **</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appropriate Specialty Area Course: (This course may be taken within the same semester as Practicum.)

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>COE 8703 - Mental Health Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8353 - Voc. Rehab Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8903 - School Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8553 - Student Affairs in Higher Ed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This course is only required for Clinical Mental Health students.
** This course is only required for Clinical Mental Health applicants and be taken within the same semester.

Please Return Completed Application to:
Clinical Coordinator
508 Allen Hall
662-325-3263 (FAX)

Application Deadlines: July 1st – Fall November 1st – Spring May 1st – Summer
Department of Counseling and Educational Psychology
Mississippi State University

PRACTICUM APPLICATION
(page 2 of 3)

Fall ☐ Spring ☐ Summer ☐ Year ________________

_____ New Application
_____ Amended Application

_____ Clinical Mental Health
_____ Rehabilitation
_____ School (Licensed Educator)
_____ School (Academic Year Long)
_____ Student Affairs

Note: Academic Advisor’s approval and signature must be obtained after you have your on-site supervisor’s signature. BOTH signatures must be on the application as well as a FULL mailing address to your site supervisor. Do not begin collecting hours until application is approved. INCOMPLETE APPLICATIONS WILL NOT ALLOW COURSE REGISTRATION.

Name: ____________________________ Date: ________________

Address: ____________________________________________________________

City, State, Zip: ____________________________

Home Telephone: ( ) __________ Office Telephone: ( ) ________________

MSU E-mail Address: ____________________________

Specific Dates of Collection of the Practicum Hours: (Specific dates must be completed)

Beginning __________, __________ Ending __________, __________
(day/month) (year) (day/month) (year)

List the term you will register for the course: ____________________________

Site Information
(This must be a complete mailing address that is legible, if not your application will be voided)

Name of Site: ____________________________

Address: __________________________________

City, State, Zip: __________________________________

Telephone Number: ( ) ____________________________
Site Supervisor Information

Site Supervisor: __________________________ Title: __________________________

Address (if different): ______________________________________________________

City, State, Zip: ____________________________________________________________

Telephone Number: ( ) ___________ E-Mail: ________________________________

Supervisor's Graduate Degrees(s): __________________________________________
   Please list degree and discipline

Supervisor's Credentials: Number of Years of Relevant Post Master’s Experience __________

Standard Educator License (Guidance) _______ CRC _________ NCC _________

CCMHC _________ LPC ___________ Other _________________________________

Note: All supervisors must have a minimum of two years post-Master’s experience.
School Counseling Supervisors must be Licensed School Counselors
Rehabilitation Counseling Supervisors are encouraged to be Certified Rehabilitation Counselors
Mental Health Counseling Supervisors licensed as Professional Counselors are preferred
Student Development Supervisors must have experience in an area of specialization compatible with students’ interests

On-Site Supervisor Signature _______________________________ Date ____________

Academic Advisor’s Signature _______________________________ Date ____________

Coordinator’s Signature ______________________________________ Date ____________

Approved _________ Denied _________ Reason for Denial ______________________

Note: Placement may begin only after the coordinator and your academic advisor have signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to application approval.

Please list liability insurance information below.

Name of Company _________________________________________________________

Coverage Dates __________________________________________________________

For questions or further information, contact the Clinical Coordinator at (662) 325-3426.
Department of Counseling and Educational Psychology  
Mississippi State University  

**Master’s Internship Application** (page 1 of 3)  

Student Name ________________________________  MSU (9digit) ID ________________  

The following courses must be completed before applying for Internship List the semester completed and the grade for each of the following courses:  

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Semester/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>COE 8013</td>
<td>Counseling Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8023</td>
<td>Counseling Theory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COE 8043</td>
<td>Group Tech &amp; Procedures</td>
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<tr>
<td>COE 8633</td>
<td>Psycho-social Rehabilitation**</td>
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<tr>
<td>EPY 8263</td>
<td>Psychological Testing</td>
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<td></td>
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<tr>
<td>COE 8053</td>
<td>Practicum*</td>
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<tr>
<td>COE 8150</td>
<td>Academic Year Practicum*</td>
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<td>Appropriate Specialty Area Course:</td>
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<td>COE 8703</td>
<td>Clinical Mental Health</td>
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<td>COE 8353</td>
<td>Voc. Rehab Counseling</td>
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<tr>
<td>COE 8903</td>
<td>School Counseling</td>
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<tr>
<td>COE 8553</td>
<td>Student Affairs in Higher Ed</td>
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</table>

*You may apply while you are taking the practicum class but all practicum requirements must be completed before the internship begins.  
**Only required for Clinical Mental Health students.  

Please send completed Applications to:  

Clinical Coordinator  
Department of Counseling and Educational Psychology  
Box 9727, 508 Allen Hall  
Mississippi State, Mississippi  39762-5740  

**Application Deadlines:**  
July 1st – Fall  
November 1st – Spring  
May 1st – Summer
MASTER’S INTERNSHIP APPLICATION (page 2 of 3)  
Department of Counseling and Educational Psychology  
Mississippi State University  

Fall ☐  Spring ☐  Year ________________

New Application ☐  Clinical Mental Health ☐
Amended Application ☐  Rehabilitation ☐
                         School (Licensed Educators) ☐
                         School (Academic Year Long) ☐
                         Student Affairs ☐

Note: Academic Advisor's approval and signature must be obtained after you have your on-site Supervisors signature. BOTH signatures MUST be on the application as well as a FULL mailing address to your site supervisor. Do not begin collecting hours until application is approved.  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Name ___________________________________________  Date __________________

Address __________________________________________

City, State, Zip ______________________________________

Home Telephone (____) ____________  Business Telephone (____) ____________

MSU E-Mail Address ________________________________

Specific Dates of Collection of Internship Hours:  (Must be completed)

Beginning ___________________________  Ending ___________________________
(day/month) (year)  (day/month) (year)

Site Information

(This must be a complete mailing address that is legible, if not you will not be approved)

Name of Site ______________________________________

Address _________________________________________

City, State, Zip ____________________________  Telephone (____) ____________

Site is within a 50-mile radius of Mississippi State University:  Yes  No
If “No,” you need to complete and submit an “Outside 50 Mile Radius Form”

For questions or further information, please contact the Clinical Coordinator at 662-325-3426.
On-Site Supervisor Information (page 3 of 3)

On-Site Supervisor _______________________________ Title __________________

Address __________________________________________________________________________

City, State, Zip ______________________________________________________________________

Telephone ( ) __________________ E-Mail Address _________________________________

On-Site Supervisor's Graduate Degrees(s) _____________________________________________ Please list degree(s) and discipline

Number Years of Relevant Post Masters Experience ______

Standard Educator License (Guidance) ________ NCC ________ CCMHC ________

CRC ________ LPC ________ Other ____________________________________________

Note: All supervisors must have a minimum of two years post-Master’s experience.

In addition:
- School Counseling Supervisors must be Licensed Educators in School Guidance
- Rehabilitation Counseling Supervisors must be CRC Certified
- Mental Health and College Counseling Supervisors licensed as Professional Counselors are preferred
- Student Affairs Supervisors must have experience in an area of specialization compatible with students’ interests

On-Site Supervisor Signature ___________________________ Date

Academic Advisor's Signature ___________________________ Date

Coordinator's Signature _______________________________ Date

Approved □ Denied □

Reason(s) for Denial ______________________________________

Note: Placement may begin only after the coordinator and your academic advisor have signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit proof of liability insurance covering the entire semester prior to approval of this form.
Department of Counseling and Educational Psychology  
Mississippi State University  

DOCTORAL APPLICATION  

Practicum ☐  Internship ☐  Fall ☐  Spring ☐  Year ____________

New Application ☐  ☐ Clinical Mental Health  
Amended Application ☐  ☐ Rehabilitation  
 ☐ School  
 ☐ Student Affairs

Note: Academic Advisor's approval and signature must be obtained prior to submitting application. Do not begin collecting hours until application is approved.

Name ___________________________ Date _____________________
Address ___________________________________________________
City, State, Zip ______________________________________________

Home Telephone ( ) ___________ Business Telephone ( ) ___________
MSU (9digit) ID ________________ MSU E-Mail Address ________________

Beginning _________________________ Ending ______________________
(day/month)  (year)  (day/month)  (year)

Site Information  
(This must be a complete mailing address that is legible, if not you will not be approved)

Name of Site ____________________________
Address ____________________________________________
City, State, Zip ____________________________________________

Site Telephone Number ( ) ____________________________

Site is within a 50-mile radius of Mississippi State University: Yes ☐  No ☐
If “No,” you need to complete an “Outside 50 Mile Radius” form

Please Return Completed Application to

Clinical Coordinator  
Bow 9727, 508 Allen Hall  
Mississippi State, MS 39762-5740

Application Deadlines:  July 1st – Fall  November 1st – Spring  May 1st – Summer
On-Site Supervisor Information

On-Site Supervisor ________________________________ Title ____________________

Address (if different) ________________________________________________________

City, State, Zip ____________________________________________________________

Telephone Number (____) __________________ FaxNumber (____) ________________

E-Mail Address _____________________________________________________________

On-Site Supervisor's Graduate Degrees(s) ______________________________________

Number Years of Relevant Post Masters Experience ____________________________

Number Years of Relevant Post Doctoral Experience ____________________________

On-Site Supervisor's Credentials:  CCMHC  CRC  LPC  NCC

License in School Guidance  Other _____________________________________________

Note:  All Doctoral students must be supervised by a Doctoral-level counselor supervisor. Rehabilitation supervisors must be CRCs. It is strongly preferred that Community Counseling supervisors be licensed as professional counselors, psychologists, or clinical social workers.

_________________________________________________________  _______________________
On-Site Supervisor Signature  Date

_________________________________________________________  _______________________
Academic Advisor's Signature  Date

_________________________________________________________  _______________________
Clinical Coordinator's Signature  Date

Approved  □  Denied  □

Reasons for Denial __________________________________________________________

Note:  Placement may begin only after the coordinator and your academic advisor have signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance as an attachment to this application. For more information, contact academic advisors.
STUDENT TIME LOGS
MISSISSIPPI STATE UNIVERSITY  
Clinical Mental Health Field Work Log

☐ Practicum  ☐ Internship  Fall ☐ Spring ☐, Year ____________

Student __________________________  Site Supervisor __________________________

Site ____________________________  University Supervisor __________________________

<table>
<thead>
<tr>
<th>Dates</th>
<th>(1) Individ Hours</th>
<th>(2) Group Hours</th>
<th>(3) Family Hours</th>
<th>(4) Intake Hours</th>
<th>(5) Admin Hours</th>
<th>(6) Individ Superv Hours</th>
<th>(7) TOTAL Day Hours</th>
<th>(8) Hours Individ Super (Univers)</th>
<th>(9) Hours Group Super (class)</th>
<th>Site Super Initials</th>
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MISSISSIPPI STATE UNIVERSITY
Rehabilitation Counseling Field Work Log

☐ Practicum  ☐ Internship  ☐ Fall  ☐ Spring  ☐ Year ____________

Name __________________________ Site Supervisor __________________________

Site __________________________ University Supervisor __________________________

<table>
<thead>
<tr>
<th>(1) Date</th>
<th>*(2) Client Contact Hours</th>
<th>*(3) Admin &amp; other Duties</th>
<th>(4) Individual Onsite Super</th>
<th>(5) Total Hours (cols 2-5)</th>
<th>*(7) Group Super (class)</th>
<th>(8) Supervisor Initials</th>
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***Total

TOTAL ALL COLUMNS BEFORE SUBMISSION.

*Total Hours of Columns 2 & 3 must be at minimum (40 within Practicum) (240 within Internship)

**Group Supervision time in class (Column 7) is not included in the total hours.

***Total Hours (6) must be a minimum of Practicum = 100 and Internship = 600
MISSISSIPPI STATE UNIVERSITY

School Counseling  □ Practicum  □ Internship

WEEKLY LOG

| Dates: ___________________________ | Cum Direct Hours ____________ |
| Name: ___________________________ | Cum Individual Hours ________ |
| School: __________________________ | Cum Group Hours ________ |
| | Cum Total Hours: ____________ |

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<thead>
<tr>
<th>Activity</th>
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<th>Fri</th>
<th>Total</th>
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<td>Individual Counseling *</td>
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Total

Log time to the closest quarter hour (i.e., .25, .5, .75)  

*Direct Services  
**Group supervision time does not count toward total hours.

On-Site Supervisor’s Signature ___________________________ Date ____________

Note: The weekly logs are designed to emphasize components from the ASCA National Model. The semester log is designed to emphasize clinical contact hours required by CACREP. When you prepare your logs to be submitted for the semester, transfer weekly totals from the weekly logs to the semester log. Attach the weekly logs behind that semester log and submit as a packet together. MAKE COPIES for your own records.
**MISSISSIPPI STATE UNIVERSITY**

School Counseling  [ ] Practicum  [ ] Internship

**SEMESTER LOG**

Name: ___________________________  Site Supervisor: ___________________________

Site: ___________________________  University Supervisor: ___________________________

District: ___________________________  Dates: ___________________________

<table>
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<th>Week Dates</th>
<th>Individ Counsel</th>
<th>Group Counsel</th>
<th>Other Direct Services</th>
<th>Other Duties</th>
<th>Individ Supervision</th>
<th>Total Week Hours</th>
<th>Group Supervision **</th>
<th>Site Super Initials</th>
<th>Univers Super Initials</th>
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</table>

Total***

**NOTE:** Students must accumulate a minimum of 240 hours of direct service work with clients, including experiences in individual counseling and group work. At least 60 of these hours must be in group. In the practicum only, students who already hold an Educator’s License must accumulate a total of 100 hours, with a minimum of 40 hours in direct service work with clients, and at least 10 of these hours in group.

**Group University Supervision time in class is not included in the total hours.**

***Total hours for practicum and internship must be a minimum of 600 each, with the exception of students who already hold an Educator’s License. Students with an Educator’s License are only required to accumulate 100 hours for the practicum.
MISSISSIPPI STATE UNIVERSITY
Student Affairs Field Work Log

☐ Practicum  ☐ Internship  Fall ☐ Spring ☐ Year ____________

Name: ___________________________  On-Site Supervisor: ___________________________

Site: ___________________________  University Supervisor: ___________________________

<table>
<thead>
<tr>
<th>(1) Week Dates</th>
<th>(2)* Client Contact Hours</th>
<th>(3)* Admin. &amp; other Duties</th>
<th>(4) Individual Supervision</th>
<th>(5) Total Hours (columns 2-5)</th>
<th>(6) Group Supervision (class)</th>
<th>(7)** Supervisors Initials</th>
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</tbody>
</table>

Total***

TOTAL ALL COLUMNS BEFORE SUBMISSION

*Total Hours of Columns 2 & 3 must be at minimum (40 within Practicum) (240 within Internship)
**Group Supervision time in class (Column 7) is not included in the total hours.
***Total Hours (6) must be a minimum of Practicum = 100 and Internship = 600
## MISSISSIPPI STATE UNIVERSITY

### Doctoral Weekly Log

- **Practicum** ☐
- **Internship** ☐
- **Fall** ☐
- **Spring** ☐
- **Year** ____________

**Name** ____________________________

**Site Supervisor** ____________________________

**Site** ____________________________

**University Supervisor** ____________________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>*Individual Counseling</td>
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<tr>
<td>*Group Counseling</td>
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<td>*Family Counseling</td>
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<td>*Intake</td>
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<td>*Testing/Assessment</td>
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<td>*Consultation</td>
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<td>*Case Summary &amp; Diagnosis</td>
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<td>*Teaching</td>
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<tr>
<td>*Providing Supervision</td>
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<tr>
<td>Program Evaluation</td>
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<td>Administration</td>
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<td>Agency Staffing</td>
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<td>Professional Development</td>
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<td>Other</td>
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<td>Individual On-Site Supervision</td>
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<td><strong>Individual University Supervision</strong></td>
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<tr>
<td><strong>Group University Supervision</strong></td>
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<td><strong>Total</strong></td>
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</tbody>
</table>

Week Dates ____________________________

Cumulative Total Hours ____________

**On-Site Supervisor** ____________________________

**Signature** ____________________________

**Date** ____________________________

*Total Hours must at minimum be (120/300 in Practicum) and (240/600 in Internship) Defined as direct client contact hours.

**University-Based Supervision is not included in the total hours.*
EVALUATIONS BY STUDENT
MISSISSIPPI STATE UNIVERSITY

Student Evaluation of Site Supervisor

Directions: Supervisee completes this form at the end of the field experience. This should be turned in to the university supervisor.

☐ Practicum  ☐ Internship  ☐ Master’s  ☐ Doctoral

Supervisor’s Name: ________________________________

Field Placement: ____________________________ School District (if applicable): __________

Dates of field placement ________________

Please rate the site supervisor using the following scoring:

1=Strongly Disagree  2=Disagree  3=Agree  4=Strongly Agree  n/a=Not Applicable

My Supervisor:

Explained his/her role as a supervisor.

Made me feel at ease with the supervisory process.

Gave me feedback about my role as a counselor that was accurate and that I could use.

Helped me clarify the issues that my client brought to the session.

Assisted me in understanding my own feelings about the client and his/her issues.

Encouraged me to develop a plan to work with specific clients.

Modeled appropriate counseling techniques when necessary.

My Supervisor helped promote:

My professional identity by encouraging membership in professional organizations.

Professional standards by encouraging certification and accreditation of supervisors by accrediting bodies (State and National).
Legal and ethical practice by discussing and modeling appropriate ethical standards.

I felt:

Confident of the counseling skills of my supervisor.

My supervisor respected me and was concerned with my professional growth.

My supervisor was committed to his/her role as a supervisor.

Motivated and encouraged me.

My supervisor served as an appropriate professional role model.

Supervision sessions allowed for personal and professional growth.

Recognizes his/her own limitations.

My supervisor was genuine, congruent, empathic, and honest.

My Supervisor helped me:

Clarify my own ideas about counseling theory.

Focus on specific counseling strategies to assist the client.

Develop techniques to resolve conflict.

Please complete the following demographic questions. The demographics will be used for descriptive analysis in research.

Your gender: ______  Supervisor’s gender: ______

Your age: _________  Supervisor’s age: __________

Your ethnic background: (African American, Asian, Caucasian, Hispanic, Native American, Other)

Supervisor’s ethnic background: (African American, Asian, Caucasian, Hispanic, Native American, Other)

Academic degree you are seeking: (M.S., Ed.S., Ph.D.)

Your counseling specialty area: (clinical mental health, rehabilitation, school, student affairs)
Supervisor’s specialty area: (clinical mental health, rehabilitation, school, student affairs)

Number of years that your supervisor has been a counselor: ____________

Comments: ___________________________________________________________

_____________________________________________
MISSISSIPPI STATE UNIVERSITY

Student Evaluation of Site Form

**Directions:** Supervisee completes this form at the end of the field experience. This should be turned in to the university supervisor.

- [ ] Practicum
- [ ] Internship
- [ ] Master’s
- [ ] Doctoral

**Field Placement Site:** ________________  **School District (if applicable):** __________

**Dates of field placement:** __________

Rate the following questions about your site and experiences with the following scale:

<table>
<thead>
<tr>
<th>Question</th>
<th>1=Very Unsatisfactory</th>
<th>2=Unsatisfactory</th>
<th>3=Neutral</th>
<th>4=Satisfactory</th>
<th>5=Very satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of on-site supervision</td>
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<tr>
<td>Relevance of experience to career goals</td>
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<tr>
<td>Exposure to and communication of site goals</td>
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<tr>
<td>Exposure to and communication of site policies/regulations/procedures</td>
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<tr>
<td>Exposure to professional roles and functions within the setting</td>
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<tr>
<td>Exposure to information about community resources</td>
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<tr>
<td>Administrative support for the site counseling program</td>
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<td>Appropriate supervisee office space and working conditions</td>
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<tr>
<td>Appropriate support by site of the supervisee</td>
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</table>

Using the same scale as above, rate all applicable experiences that you had at your site. Leave a blank for experiences you did not have. Feel free to comment about specific experiences.

**Report writing/record keeping/counseling notes**

<table>
<thead>
<tr>
<th>1=Very Unsatisfactory</th>
<th>2=Unsatisfactory</th>
<th>3=Neutral</th>
<th>4=Satisfactory</th>
<th>5=Very satisfactory</th>
</tr>
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<tbody>
<tr>
<td>Intake interviewing</td>
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<tr>
<td>Programming/planning activities</td>
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<tr>
<td>Administration ad interpretation of tests</td>
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</tbody>
</table>
Staff presentations/case conferences/staff development workshops 1 2 3 4 5

Individual counseling 1 2 3 4 5

Group counseling 1 2 3 4 5

Family/couple counseling 1 2 3 4 5

Psycho-educational activities 1 2 3 4 5

Consultation 1 2 3 4 5

Support Team, collaboration with other professionals 1 2 3 4 5

Career counseling 1 2 3 4 5

Program Evaluation 1 2 3 4 5

Other ____________________________ 1 2 3 4 5

Comments: Include any suggestions for improvements in the experiences you have rated unsatisfactory or very unsatisfactory.

Based on your practicum/internship experience, select one of the following statements:

☐ I wholeheartedly recommend this site for future students.

☐ I recommend this site for future students.

☐ I recommend this site, with reservations, for future students

☐ I do not recommend this site for future students.

Explain your statement.
MISSISSIPPI STATE UNIVERSITY

Student Evaluation of University Supervisor Form

Directions: Supervisee completes this form at the end of the field experience. This should be turned in to the university supervisor.

☐ Practicum  ☐ Internship  ☐ Master’s  ☐ Doctoral

Supervisor’s Name: __________________________________________

Field Placement Site: ___________________________ School District (if applicable): ________

Dates of field placement _____________

Please rate the site supervisor using the following scoring:
1=Strongly Disagree  2=Disagree   3=Agree   4=Strongly Agree   n/a=Not Applicable

My Supervisor:

Explained his/her role as a supervisor.  1  2  3  4  n/a

Made me feel at ease with the supervisory process.  1  2  3  4  n/a

Gave me feedback about my role as a counselor that was accurate and that I could use.  1  2  3  4  n/a

Helped me clarify the issues that my client brought to the session.  1  2  3  4  n/a

Assisted me in understanding my own feelings about the client and his/her issues.  1  2  3  4  n/a

Encouraged me to develop a plan to work with specific clients.  1  2  3  4  n/a

Modeled appropriate counseling techniques when necessary.  1  2  3  4  n/a

My Supervisor helped promote:

My professional identity by encouraging membership in professional organizations.  1  2  3  4  n/a

Professional standards by encouraging certification and accreditation of supervisors by accrediting bodies (State and National).  1  2  3  4  n/a
Legal and ethical practice by discussing and modeling appropriate ethical standards.

I felt:

Confident of the counseling skills of my supervisor.

My supervisor respected me and was concerned with my professional growth.

My supervisor was committed to his/her role as a supervisor.

Motivated and encouraged me.

My supervisor served as an appropriate professional role model.

Supervision sessions allowed for personal and professional growth.

Recognizes his/her own limitations.

My supervisor was genuine, congruent, empathic, and honest.

My Supervisor helped me:

Clarify my own ideas about counseling theory.

Focus on specific counseling strategies to assist the client,

Develop techniques to resolve conflict.

Please complete the following demographic questions. The demographics will be used for descriptive analysis in research.

Your gender: _______ Supervisor’s gender: _______

Your age: _________ Supervisor’s age: _________

Your ethnic background: (African American, Asian, Caucasian, Hispanic, Native American, Other)

Supervisor’s ethnic background: (African American, Asian, Caucasian, Hispanic, Native American, Other)

Academic degree you are seeking: (M.S., Ed.S., Ph.D.)

Your counseling specialty area: (clinical mental health, rehabilitation, school, student affairs)
Supervisor’s specialty area: (clinical mental health, rehabilitation, school, student affairs)

Number of years that your supervisor has been a counselor: _____________

Comments: ___________________________________________________________

_______________________________________________________________

_______________________________________________________________
SITE SUPERVISOR EVALUATION OF STUDENTS
MISSISSIPPI STATE UNIVERSITY  
Site Supervisor's Student Evaluation*  

Clinical Mental Health and Rehabilitation Students

Student's Name _____________________________ Date __________________

Site Location _____________________________ Site Supervisor __________________

☐ Practicum ☐ Internship

For each item, rate your clinical trainee's skills on a scale of 1 through 4 (please circle one)
1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree  N/A=Not Applicable

<table>
<thead>
<tr>
<th>STUDENT'S USE OF COUNSELING SKILLS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>General knowledge of the goals of</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>the agency.</td>
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<td>Integrates academic work and</td>
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<td>3</td>
<td>4</td>
<td>n/a</td>
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<td>knowledge of various counseling</td>
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<tr>
<td>theories, techniques and</td>
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<td>interventions to practical settings.</td>
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<tr>
<td>Trainee establishes good rapport</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
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<td>with clients/advisees/students/</td>
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<td>consultees.</td>
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<tr>
<td>Trainee is sensitive to individual</td>
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<td>2</td>
<td>3</td>
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<td>n/a</td>
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<td>differences and demonstrates</td>
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<td>Trainee reflects feelings of client</td>
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<td>and focuses on client's needs.</td>
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<td>3</td>
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<td>appropriate.</td>
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<td>Trainee assists client in planning</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
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<td>effective goals and objectives as</td>
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<td>Trainee can identify his/her own</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>n/a</td>
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<td>professional and personal strengths and weaknesses.</td>
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<table>
<thead>
<tr>
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<td>with trainee.</td>
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<td>Trainee accepts</td>
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<td>supervisor's feedback.</td>
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<td>Trainee maintains</td>
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<td>3</td>
<td>4</td>
<td>n/a</td>
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<tr>
<td>Trainee practices</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>ethical behavior.</td>
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</table>
Trainee maintains appropriate case notes.  1  2  3  4  n/a

Comments:

GRADING

Before assigning a grade to the trainee, please consider the following criterion for A, B, C, or D.

Letter grades will be given based on the following considerations:
- Attendance at the site and at required site meetings.
- Professional enthusiasm and demeanor.
- Completion of the required number of clock hours.
- Evaluation of skills and performance during the Internship period.

A - Indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

B - Indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling skills, average standards of professional and personal behavior, a continued willingness to learn and a commitment to the counseling profession.

C - Indicates that the student did not complete all course requirements in a timely and professional manner, needs to improve counseling skills, may need to examine personal and/or professional standards, appears to be unwilling to learn or is lacking in commitment to the profession.

D - Indicates that the student did not fulfill requirements and should reconsider career goals. A letter grade of "D" will lead to a re-evaluation of the student's participation in the counseling program by his or her faculty advisor and Internship supervisor.

On-Site Supervisor

______________________________  Date

Intern

______________________________  Date

Recommended Grade ____________

* NOTE: This evaluation form is to be completed at the mid-point and the end of each semester.
MISSISSIPPI STATE UNIVERSITY
Site Supervisor’s Student Evaluation*
School Counseling

Student’s Name: ________________________________ Date: ______________

School Name: ___________________________ Site Supervisor’s Name: _____________

☐ Practicum   ☐ Internship   ☐ Academic Year-Long

For each item, rate the school counseling student’s skill on a scale of 1 through 4. (Please circle)
1=Unsatisfactory   2=Needs improvement   3=Adequate   4=Excellent   n/a=Not Applicable

PRACTICE OF SCHOOL COUNSELING
Evidence of personal organization; proficiency in organization and administration of the school counseling program to promote a positive learning environment for students. 1 2 3 4 n/a

Providing individual counseling to students; sensitivity to individual differences; flexibility in counseling relationships with students; assisting students in planning and achieving appropriate academic & personal-social goals; and assisting newly enrolled student to adjust to school. 1 2 3 4 n/a

Providing timely, appropriate, and productive group counseling for students; developing a calendar for small group counseling and large group guidance. 1 2 3 4 n/a

Assistance with student records; assistance with standardized testing; interpretation of student information; identification of special needs students; reviewing and responding to student progress at the end of grading periods. 1 2 3 4 n/a

Assisting with career development of students; providing career information; assisting students with self-awareness; & exploring student long-range plans. 1 2 3 4 n/a

Providing students with educational planning; working with groups and individual students; communicating with parents about student progress; and assisting in educational planning for special needs students & at-risk students. 1 2 3 4 n/a

Assisting with referrals; acting upon referrals from school staff; utilizing community resources/agencies to provide services; promoting use of resources. 1 2 3 4 n/a
Assisting in academic & job placement of students; counseling students about appropriate course/activity placement; assisting with grouping for instruction; and coordinating activities to assist students prepare for job placement.

Consulting with students, parents, teachers, administrators, etc.; working with family situations which affect student performance; and working with school staff to apply strategies for improving student learning.

Coordination of school counseling program evaluation; conducting follow-up of students; evaluation of existing school counseling program; making recommendations for productive changes.

Demonstrating professionalism; using correct oral and written communication; demonstrating general knowledge of school policy and adheres to rules; adhering to professional ethical standards (ACA and ASCA).

STUDENT EFFECTIVENESS

<table>
<thead>
<tr>
<th></th>
<th>1=Strongly Disagree</th>
<th>2=Disagree</th>
<th>3=Agree</th>
<th>4=Strongly Agree</th>
<th>n/a=Not applicable</th>
</tr>
</thead>
</table>

Develops appropriate interventions and achieves successful resolutions of students’ social and learning problems.

Identifies his/her own professional and personal strengths and weaknesses.

Accepts supervisor’s feedback.

Maintains confidentiality with students and faculty.

Maintains appropriate case notes.

Performs additional duties in an acceptable and professional manner.

Comments about student’s overall effectiveness: ____________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
GRADING

Before assigning a grade to the trainee, please consider the following criterion for A, B, C, or D. Letter grades will be given on the following considerations.
- Attendance at the site and at required site meetings.
- Professional enthusiasm and demeanor.
- Completion of the required number of clock hours.
- Evaluation of skills and performance during the Practicum/Internship period.

A – Indicates that in addition to completing all course requirements in a timely and professional manner, the student, demonstrates excellent counseling skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the profession of school counseling.

B – Indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling skills, average standards of professional and personal behavior, a continued willingness to learn, and a commitment to the profession of school counseling.

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D – Indicates that the student did not fulfill requirements and should reconsider career goals. A letter of “D” will lead to a re-evaluation of the student’s participation in the school counseling program by his or her faculty advisor and On-Site Supervisor.

_________________________________________  __________________________
On-Site Supervisor                              Date

_________________________________________  __________________________
School Counseling Student                       Date

Recommended Grade: _____________

Note: This evaluation form is to be completed at the mid-point and at the end of each semester.
MISSISSIPPI STATE UNIVERSITY
Site Supervisor's Student Evaluation*
Student Affairs

Student's Name ____________________________ Date ________________

Site Location ____________________________ Site Supervisor ____________________

☐ Practicum ☐ Internship

For each item, rate your clinical trainee's skills on a scale of 1 through 4 (please circle one)
1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree N/A=Not Applicable

<table>
<thead>
<tr>
<th>STUDENT'S USE OF COUNSELING SKILLS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>General knowledge of the goals of the office.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrates academic work and knowledge of various counseling theories, techniques and interventions to practical settings.</td>
<td></td>
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</tr>
<tr>
<td>Intern establishes good rapport with students and colleagues.</td>
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<tr>
<td>Intern is sensitive to individual differences and demonstrates flexibility in working with students and colleagues.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern focuses on needs of students and office.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Intern comforts students when appropriate.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern assists students in planning effective goals and objectives as appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern can identify his/her own professional and personal strengths and weaknesses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT EFFECTIVENESS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction with Intern.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern accepts supervisor's feedback.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern maintains client confidentiality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern practices ethical behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
GRADING

Before assigning a grade to the trainee, please consider the following criterion for A, B, C, or D.

Letter grades will be given based on the following considerations:
- Attendance at the site and at required site meetings.
- Professional enthusiasm and demeanor.
- Completion of the required number of clock hours.
- Evaluation of skills and performance during the Internship period.

A - Indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

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D - Indicates that the student did not fulfill requirements and should reconsider career goals. A letter grade of "D" will lead to a re-evaluation of the student's participation in the counseling program by his or her faculty advisor and Internship supervisor.

---------------------------------------------------------------  
Site Supervisor                     Date
---------------------------------------------------------------
Student                           Date

Recommended Grade ____________

* NOTE: This evaluation form is to be completed at the mid-point and the end of each semester.
Site Supervisor's Doctoral Student Evaluation (*)

Student's Name ____________________________________________ Date ________________

Site Location __________________________ Site Supervisor _________________________

☐ Practicum ☐ Internship

For each item, rate your clinical trainee's skills on a scale of 1 through 4. (Please Circle)

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

**STUDENT’S USE OF COUNSELING SKILLS**

<table>
<thead>
<tr>
<th>General knowledge of the goals of the agency.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrates academic work and knowledge of various counseling theories, techniques and interventions to practical settings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>Trainee establishes good rapport with clients/advisees/students/consultees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>Trainee is sensitive to individual differences and demonstrates flexibility in the client/counselor relationship.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>Trainee reflects feelings of client and focuses on client's needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>Trainee comforts client when appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>Trainee assists client in planning effective goals and objectives for therapy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
<tr>
<td>Trainee can identify his/her own professional and personal strengths and weaknesses.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**STUDENT EFFECTIVENESS**

<table>
<thead>
<tr>
<th>Overall satisfaction with trainee.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee accepts supervisor's feedback.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Trainee maintains client confidentiality.  1 2 3 4 n/a
Trainee practices ethical behavior.  1 2 3 4 n/a
Trainee maintains appropriate case notes.  1 2 3 4 n/a

Comments ________________________________________________________________

______________________________________________________________

**GRADING**

Before assigning a grade to the trainee, please consider the following criterion for A, B, C, or D. Letter grades will be given based on the following considerations:

- Attendance at the site and at required site meetings.
- Professional enthusiasm and demeanor.
- Completion of the required number of clock hours.
- Evaluation of skills and performance during the Internship period.

**A** - Indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling skills, high standards of professional and personal behavior, a continued willingness to learn, and a commitment to the counseling profession.

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**D** - Indicates that the student did not fulfill requirements and should reconsider career goals. A letter grade of "D" will lead to a re-evaluation of the student's participation in the counseling program by his or her faculty advisor and Internship supervisor.

______________________________________________________________
On-Site Supervisor Signature Date

______________________________________________________________
Intern Signature Date

**Recommended Grade** __________

*NOTE: This evaluation form is to be completed at the mid-point and final.*
OUTSIDE 50 MILE RADIUS FORM
(Approval for Internship students to receive both individual and group supervision on-site)

In addition to a minimum of one-hour of individual, face-to-face supervision per week, students must receive 1½ hours of group supervision on a weekly basis during the time that they are accumulating their internship hours. Mississippi State University has university supervisors who provide the required group supervision at the Mississippi State University campus. Only students whose Internship site is outside of a 50-mile radius of Mississippi State University are eligible to apply for approval of their group supervision to be provided by an on-site supervisor.

THIS IS NOT APPLICABLE TO PRACTICUM STUDENTS! PRACTICUM STUDENTS MUST RECEIVE THEIR INDIVIDUAL AND GROUP SUPERVISION ON CAMPUS.

I, _____________________________ have obtained Internship at the following agency and location _____________________________ which is outside the 50-mile radius of the Mississippi State University campus. Due to this fact, I am asking permission to have both my 1 hour of individual and my 1 ½ hours of group supervision provided by my on-site supervisor at my internship site.

Please describe below how your weekly group supervision requirement will be met, including the name and credentials of the person who will provide the supervision.

________________________________________________________________________________________

________________________________________________________________________________________

The following signatures are required and should be obtained in the numbered order. Once you have obtained all required signatures, please send this form to Clinical Coordinator, P.O. Box 9727, Mississippi State, MS 39762-5740.

________________________________________________________________________________________

Student’s Name

________________________________________________________________________________________

On-Site Supervisor

________________________________________________________________________________________

Academic Advisor

________________________________________________________________________________________

Internship Instructor

________________________________________________________________________________________

Clinical Coordinator
Mississippi State University  
Department of Counseling and Educational Psychology  

Supervision Agreement  

This form is an agreement between the Department of Counseling and Educational Psychology, the on-site supervisor, the practicum/internship student, and the on-campus faculty supervisor.  

*The on-site supervisor acknowledges that he or she possesses the following criteria for providing supervision:*  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ☐   | ☐  | A minimum of a master’s degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.  
| ☐   | ☐  | A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.  
| ☐   | ☐  | Knowledge of the program’s expectations, requirements, and evaluation procedures for students.  
| ☐   | ☐  | Relevant training in counseling supervision.  

(If “no” is the answer to any of these statements, please contact the Clinical Coordinator.)  

As part of supervision: the **on-site supervisor** agrees to:  
- Negotiate with the student, practicum/internship hours and responsibilities.  
- Orient the student to the mission, goals, and objectives of the site, as well as to internal operation procedures.  
- Develop goals and objectives with the student for his/her experience by the second class.  
- Attend the fall or spring semester orientation and training session.  
- Insure that the student has appropriate experience(s) during the placement based on student’s goals and objectives.  
- Meet at least one-hour each week with student for individual/and or triadic supervision throughout the practicum/internship.  
- Meet with the university faculty supervisor for orientation, assistance, and consultation as needed throughout the practicum/internship experience.  
- Provide a written evaluation of the student’s performance at mid-semester and at the end of the placement. Evaluations are to be submitted to the student’s university supervisor.  
- Attend professional development sessions which benefit supervision practice.  
- Maintain contact with university supervisor for assistance and consultation relating to student’s progress.  
- Engage in ongoing assessment of the student’s performance and communicates with the university supervisor about any problems with the student’s performance. If problems continue, the site supervisor, in consultation with the student and university supervisor will develop a remediation plan and submit it to the student’s instructor.
• Maintain confidentiality regarding information obtained during supervision with the student.

The **practicum/internship student** agrees to:

• Select potential sites in consultation with advisor.
• Schedule and complete interviews with on-site contacts.
• Submit application and other required paperwork for practicum or internship placement well in advance of deadline.
• Secure and maintain professional liability insurance. Submits documentation of insurance to the University before beginning placements.
• Perform all duties in accordance with state laws and the Ethical Standards of the American Counseling Association.
• Arrange a work schedule with the site supervisor.
• In consultation with site and university supervisors, develop goals and objectives for his/her experience and submit this to his/her university supervisor by the second class.
• Attend all individual and group supervisory sessions and required class meetings.
• Complete the experience requirements (100 hours for practicum including a minimum of 40 hours of direct service and 10 hours of group work; 600 hours for internship including a minimum of 240 hours of direct service).
• Adhere to the policies and operational procedures of the site and perform site responsibilities in a professional manner as if a paid employee.
• Submit required log and other required materials at the end of the placement experience.
• Comply with all legal and ethical regulations; bring all potential legal and ethical issues to the attention of university and site supervisors.
• Take responsibility in obtaining health insurance. Please note that students are responsible for costs associated with any medical treatment needed due to accidents/injuries that happen during field placements.
• Provide program-appropriate audio/video recordings for use in supervision or participate in live supervision.
• Discuss with the university faculty supervisor the possibility of seeing clients in the Counseling and School Psychology Lab, if necessary for completing audio/videotaping for course requirements, prior to seeing any clients.

The **university faculty supervisor** agrees to:

• Meet with site supervisor at the beginning of the student's practicum or internship experience to provide individual orientation and assistance to the site supervisor.
• Approve student’s goals and objectives to be pursued at site.
• Explain the requirements of the experience and provide pertinent information.
• Consult with site supervisor about the student’s progress and encourage site supervisor to contact the university supervisor for assistance and consultation during the semester.
• Provide supervision to the students in a group setting for 1 ½ hours of weekly supervision.
• Review work samples (audio/video tapes) of the student’s field work.
• Appropriately maintain confidentiality about information obtained during supervision.
• Plan several follow-up visits with the site supervisor for assessment of the student’s progress.
• Communicate biweekly with site supervisors.
- Collect logs and supervisor evaluations from each student.
- Complete a written evaluation for each student.
- Submit all evaluations and logs to Clinical Coordinator at the end of term.
- Assign grades to students for the practicum and internship experience.

Student Signature ______________________________ Date ______________________________

On-Site Supervisor Signature ______________________________ Date ______________________________

Printed Name of On-Site Supervisor ______________________________

Agency Address ______________________________

Placement Site  (if different than Agency Address) ______________________________

Phone ______________________________

Email Address ______________________________

University Faculty Supervisor ______________________________ Date ______________________________

Dates for Placement:

From ______________________________ To ______________________________