

Student Practicum/Internship Handbook Clinical Mental Health & School Counseling Programs



**FORT HAYS STATE
UNIVERSITY**

Forward thinking. World ready.

Department of Advanced Education Programs
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I. PRACTICUM CHECKLIST

This checklist serves as a guide prior to the beginning of practicum. Please check with the Practicum Coordinator to ensure you have met all the following requirements before pre-registering for COUN 877, 878 or 879 (Practicum in Education: Clinical Mental Health Counseling, Elementary Counseling, Secondary Counseling)

- ☐ Read handbook, including guidelines and expectations of practicum, and sought answers to questions from faculty.
- ☐ Meet with Advisor to discuss practicum/internship plan.
- ☐ Met with Practicum Coordinator to discuss practicum/internship plan.
- ☐ Investigated more than one site
- ☐ Learned expectations for students at site.
- ☐ Discussed placement with Practicum Coordinator.
- ☐ Completed resume and prepared for interview with site personnel.
- ☐ Scheduled and completed interview with potential Site Supervisor.
- ☐ Completed application forms and course verification form, submitted forms to the Practicum Coordinator by midterm of the preceding term before practicum is to begin.
- ☐ Had practicum application approved by Practicum Coordinator.
- ☐ Secured Professional Liability Insurance. Students can obtain liability insurance through membership with the American Counseling Association or American School Counseling Association.
- ☐ Preregistered for COUN877, COUN878, COUN879.

II. GUIDELINES AND EXPECTATIONS FOR PRACTICUM & INTERNSHIP

1. PRACTICUM

The program requires students to complete supervised practicum experiences that total a minimum of 100 clock hours. The student's practicum includes the following:

- (1) Clinical Mental Health Counseling: a minimum of 50 hours of direct service with clients, in both individual and group work (25% should be in group work). Direct service is required to contain content that addresses assessment and diagnosis related to the American psychiatric association's diagnostic and statistical manual.
 1. 30 hours of individual counseling (includes co-counseling)
 2. 4 hours of group counseling (includes co-counseling)
 3. 4 hours of consultation
- (2) School Counseling: a minimum of 50 hours of direct service with students, in individual, group, consultation, and classroom guidance.

1. 30 hours of individual counseling
 2. 4 hours of consultation
 3. 4 hours of small group counseling
 4. 4 hours of classroom guidance or career work.
 5. Satisfying the K-12 Experience Requirement
- (3) A minimum of one hour per week of individual supervision on-site (using audiotape, videotape, or live supervision) over each academic term;
 - (4) An average of one and one-half hours per week of group supervision with other students in similar practice with an assigned University Supervisor (actual meeting times and dates will be determined by assigned University Supervisor);
 - (5) Evaluation of the student's performance throughout the practicum including a formal midterm and final evaluation completed by our site supervisor.

On average, nine hours per week on-site gives the student the opportunity to understand the philosophy and administrative guidelines of the organization and to participate to a limited extent in the organization's day-to-day operation. Students will become familiar with the policies and procedures within the organization and define their role accordingly. ***School Counseling students must insure they are gaining relevant K-12 experience. It is recommended that students choose the setting they choose NOT to work in (ie. Elementary or Secondary) during their Practicum course. However, we understand students who have counseling positions on a provisional license cannot spend an entire semester in their alternate setting. Students will need to show 15 direct hours at the alternate setting at which they are employed (K-6 or 7-12). If your in a middle school that covers 6th and 7th grade then your requirement is satisfied. Also, please check with the state that you hope to gain licensure in to be sure you are completing the requirements.**

2. INTERNSHIP

The supervised internship experience includes a minimum of 600 clock hours over 6 credit hours. Students may enroll in COUN 834/835 (Clinical) or COUN 895/896 (School) after successful completion of practicum. The internship provides an opportunity for the student to perform under supervision a variety of tasks and activities that a regularly employed staff member in the setting would be expected to perform. The student's internship includes:

- (1) a minimum of 300 hours of direct service with clients/students.
- (2) a minimum of one hour per week of individual supervision on-site (using audiotape, videotape, or live supervision) over each academic term;
- (3) a minimum of one and one-half hours per week of group supervision;
- (4) the opportunity for a wide-variety of professional activities, and experiences that addresses assessment and diagnosis using the American psychiatric association's diagnostic and statistical manual.
- (5) and a formal evaluation of the student's performance during the internship by a program University Supervisor in consultation with the Site Supervisor.

For the internship portion of the clinical experience, students have an option of either a one or two semester internship experience. The student will spend 20 or 40 hours per week, depending on the length of the experience, in the organization and begin to perform duties in the role of a professional counselor. This role will involve individual and group counseling responsibilities, as well as other duties such as: consultation and outreach, etc. The on-site experience gives the student the opportunity to understand the philosophy and administrative guidelines of the agency and to participate fully in the agencies day-to-day operation.

III. FORMS

Required Forms:

1. **Practicum/Internship Site Application (online via google docs)**
2. **Site Memorandum of Agreement (Completed by Site Supervisor)**
3. **Site Supervisor Verification Form (Completed by Site Supervisor)**
4. **Consent to record with submitting a recording (available on BB)**
5. **Professional Liability Insurance (upload to BB)**

IV. PROCEDURE FOR ENTERING FIELD EXPERIENCES

1. While you are completing prerequisite course work (see Appendix B Prerequisite Course Verification), explore your professional goals and the type of field experience which seems appropriate. Plan to begin your practicum after completing all prerequisite course work. You should begin exploring information regarding practicum and internship during your **first semester** in the program.
2. Discuss possible sites with the Practicum/Internship Coordinator and your Advisor. Choose several sites for exploration. Investigate them, contacting other students who have personal experience as one of your resources. You are encouraged to prepare a one-page resume for each potential site.

It is your responsibility to find an acceptable site. You must discuss your site choice with the Practicum Coordinator **prior to contacting the site.** Your application must be signed by the Site Supervisor and returned to the Practicum/Internship Coordinator. **The Practicum/Internship Coordinator must approve your site prior to pre-registration of the semester before your practicum begins.**

3. In researching sites, choose several to investigate. A goal of your search is to find a site that provides a training setting compatible with your career goals. In making this decision, consider the following:
 - a) the kind of work you wish to do or experience you wish to gain;
 - b) the kind of population with whom you wish to work;
 - c) whether or not suitable transportation is available;
 - d) scheduling your hours on site;
 - e) availability of licensed or credentialed on-site supervision;
 - f) additional activities the agency may require of their Practicum/Internship students;
 - g) policies and procedures of audio/videotaping for supervision purposes.

Discussion with the Practicum Coordinator is required. It is advised that an appointment with the coordinator be made well in advance.

4. Be sure you submit the Counseling Practicum/Internship Application to enter the Practicum /Internship experience. An application will be emailed to all students registered for practicum/internship. **Students must pre-register for Practicum and Internship (via workday).** Practicum must be completed prior to beginning the Internship experience. Internship can be completed in two 300-hour segments spanning two semesters. Another option for full-time students is the 600-hour Internship which may be completed in one semester. Please contact the Practicum Coordinator for more information.
5. Mental health agency settings are possible sites for clinical mental health counselor interns. Your site must provide a minimum of 9 hours of on-site work per week, for the Counseling Practicums, beginning in the third week of the semester. For Internship, your site must provide 20 hours of on-site work per week for the two semester sequence or 40 hours of on-site work per week for the one semester option. In addition, one hour per week of supervision, on-site, by a licensed or credentialed Counselor is required. Regular audio taping of individual sessions each week for supervision is required by the University.
6. **ALL STUDENTS MUST HAVE LIABILITY INSURANCE IN PLACE BEFORE BEGINNING A FIELD EXPERIENCE.** (A copy of your insurance documentation will be uploaded to blackboard the first week of the class).
7. If your plans regarding your placement change, notify both the Practicum/Internship Coordinator and the site personnel. If you have registered, you are required to formally withdraw from the course. In the event of changing your site, you will need to complete another application.

V. STUDENT RESPONSIBILITIES

As a Practicum or Internship student in an agency, you are a part of that system, having been permitted to learn about a particular aspect of counseling in their setting. It is a time to become familiar with that particular service-providing organization and with your role as a professional. The following guidelines are offered to enhance your experience. **In order to verify your requirements, please review the Licensure Standards in your specialty area.**

1. The agency may require more of you than the University requires. You should be clear on organizational expectations and, since you chose the site, you have the responsibilities of a member of the organization. This may include varying your schedule to meet the needs of the organization and their clients and working additional hours in some cases.
2. Abide by any rules, procedures and regulations specific to the agency, including dress codes, lunch hours, etc. If you have a question, ask before you act!
3. Use on-site conflicts and problems as learning experiences, keeping in mind that you are there with the permission of the organization. Remember that you are the student.
4. Review (gain a working knowledge of) agency guidelines defining responsibilities to clients in such areas as confidentiality, use of test data, how to obtain audiotapes (including whose permission is needed), and any others applicable. Most agencies adhere to an appropriate professional code of ethics (ACA, AMHCA, etc.).

VI. THE SUPERVISION PROCESS

Students are required to receive 1-hour per week of direct supervision from either a licensed counselor on-site, or their university supervisor. Students have the responsibility for communicating their supervision needs to the on-site supervisor in conjunction with the university supervisor's communication with the site. If a student is not receiving direct supervision on site, they are required to notify their university supervisor to arrange supervision time. The supervision process is outlined in the Practicum/Internship Site Memorandum of Agreement (Appendix C).

The group supervision process is designed to offer counseling students an opportunity to demonstrate skills acquired in the classroom to actual counseling situations during practicum and internship. During these experiences, students are supervised by University and Site Supervisors and receive feedback concerning themselves, clients, the counseling process, and professional issues. They also learn the importance of supervision and the need for continued learning while in the role of the professional counselor. We urge students to participate actively in the process and to seek to use supervision to enhance their skill level and to integrate their learning and personality.

In order to maximize this experience, the following guidelines are recommended for students:

1. Be prepared to tape all counseling sessions with clients for whom you have permission. Working with supervisors to prepare your approach to clients in securing this permission will help decrease "taping anxiety" for your clients and for you.
2. Be prepared for all supervision sessions. Prior to any supervision session, formulate questions about clients, your reactions to the session, the process of counseling, theory and interventions, then be ready to ask these questions of your Supervisor. Make good use of your supervision time by having tapes segments cued and ready to play.
3. Be prepared to receive critical and supportive supervisory feedback. In group supervision sessions, be prepared to exchange critical and supportive feedback with your peers.
4. Early in the semester, formulate learning goals for supervision with your University Supervisor.
5. Work to develop openness and honest interactions in the supervisory relationship. As a parallel to the counseling relationship, supervision is a confidential relationship from which you may get just as much benefit as you are willing to put into it.

VII. DUE PROCESS

Evaluation of a student's performance is continuous throughout her or his participation in the Counseling Program. It involves consideration of the student's academic performance as well as that in laboratory, practicum, and internship classes.

A student may be dropped from a course and/or a program if the welfare of the student's clientele, prospective clientele, or the functioning of an agency is, in the judgment of the Counseling faculty, in jeopardy as a result of the student's behavior. According to University policy, the Department has the authority to withdraw a student from a Practicum or Internship if it is believed that the Student's performance constitutes a detriment to the client or the site or the University. This would usually include consultation with the Supervisors at both the site and the University. If such removal is deemed necessary, the Student will be given a grade of "U" for the course.

Students will be evaluated according to the Non-Academic Indicators Rubric, outlined in the Student Handbook.

VIII. RECORDING

Audio taping (or videotaping) of your counselor/client sessions is a requirement so that quality supervision may be provided. Each counseling session or audiotape which you plan to use in supervision presentation should be previewed thoroughly. Make notes reflecting important content and questions for supervision. Depending on your supervisor's requirement, you will be asked to present specific portions of your tape without time-consuming hunting. In order to ensure a clear, audible tape, it is suggested that you:

1. Use an extension microphone. (Self-contained condenser microphones pick up too much machine noise.) A multidirectional microphone is usually acceptable, and can be readily purchased at local audio shops.
2. Purchase high quality tapes for recording and use only blank tapes. (It is acceptable to record over fully erased tapes.)
3. Place the recorder close by so that you maintain control of the recording process. Do not place it on any metal or hard surface, as it tends to amplify vibrations. (Placing a towel or cloth underneath the machine is also sometimes helpful).
6. Make a practice tape, in the setting where taping will be done. Ascertain the best positioning for both the recorder and the microphone, in order to avoid mechanical errors or distractions during the session. It is important to test your machine and tape prior to your session.
7. Contact your University Supervisor or Practicum Coordinator as soon as possible if there is a problem with taping at the site
8. **Students submitting recordings must also submit a consent to record form (Appendix D), which can be found on the student forms and information page.**

IX. CONFIDENTIALITY

One of the most important aspects of counseling is confidentiality. It is also a crucial component of the trust building process. The following is a listing of important concerns:

1. It is imperative that you have a working knowledge of the regulations regarding confidentiality of notes, files, and/or taping at your site. If possible, obtain a written copy of these regulations.
2. Since taping is required in the supervisory process, it is your responsibility to get your client's written permission to tape. In case of a minor client you must obtain written permission from a parent or guardian. This consent form should explain the limits of confidentiality and should state clearly that the tape will be used for supervision purposes. Many sites have consent forms for your use or sample forms can be provided by your University Supervisor.
3. Practicum / Internship Students are expected to conduct themselves professionally. All information shared in your supervision group is to be kept strictly confidential by all group members.
4. Do not use client surnames or other readily identifiable information. Use initials to label the tape.

The importance of confidentiality cannot be stressed enough. It is YOUR responsibility to protect tapes again misuse or loss.

The following pages are examples of the forms you will complete during the practicum/internship experience. **All forms will be submitted electronically.** The practicum/internship application will be emailed to all students registered for practicum/internship to complete. The memorandum of agreement and site supervisor verification form will be emailed to your site supervisor by the practicum/internship coordinator. Finally, consent to record forms and monthly logs will be available on blackboard. You will also submit these via blackboard during the course. Please reach out to Lora Hoffman, PhD, LPC, FHSU Practicum/Internship Coordinator at lkhoffman@fhsu.edu with questions/concerns.

APPENDIX A

PREREQUISITE COURSE VERIFICATION COUNSELING PRACTICUM/INTERNSHIP SEQUENCE

Student Name: _____

_____ Date

*The following courses **must** be completed before beginning your Practicum/Internship sequence.*

List term and year completed and the grade for each course:

Course	Prerequisites for Counseling Practicum (COUN877,878,879)	Term/Year	Grade
<input type="checkbox"/>	COUN 8038 Research & Evaluation	_____	_____
<input type="checkbox"/>	COUN 827 Counseling Skills Development	_____	_____
<input type="checkbox"/>	COUN 829 Lifespan Human Development	_____	_____
<input type="checkbox"/>	COUN 831 Foundations of Counseling	_____	_____
<input type="checkbox"/>	COUN 832 Lifestyles & Career Develop..	_____	_____
<input type="checkbox"/>	COUN 834 Appraisal in Counseling	_____	_____
<input type="checkbox"/>	COUN 835 Theories of Counseling	_____	_____
May be taken concurrently			
<input type="checkbox"/>	COUN 836 Management of Coun Programs (School)	_____	_____
<input type="checkbox"/>	COUN 838 Group Counseling: Theories & Procedures	_____	_____
<input type="checkbox"/>	COUN 840 Social & Cultural Foundations of Counseling	_____	_____
<input type="checkbox"/>	COUN 847 Professional & Ethical Issues in Counseling	_____	_____
<input type="checkbox"/>	COUN 848 Psychopathology and Diagnosis	_____	_____
<input type="checkbox"/>	COUN 849 Management of Agency/Community Coun.	_____	_____
Prerequisites for Counseling Internship (COUN893/895)			
<input type="checkbox"/>	COUN877 Practicum in Education: Clinical Mental Counseling	_____	_____
<input type="checkbox"/>	COUN878 Practicum in Education: Elementary Counseling	_____	_____
<input type="checkbox"/>	COUN879 Practicum in Education: Secondary Counseling	_____	_____
<input type="checkbox"/>	879		
<input type="checkbox"/>	COUN 893/894 Internship - CMHC	_____	_____
<input type="checkbox"/>	COUN 895/896 Internship - School	_____	_____
Additional Courses Required for Clinical Mental Health Licensure			
<input type="checkbox"/>	COUN851 Marriage & Family Marriage	_____	_____
<input type="checkbox"/>	COUN852 Addictions Counseling	_____	_____
<input type="checkbox"/>	COUN853 Child & Adolescent	_____	_____
<input type="checkbox"/>	COUN854 d anced Counseling ills	_____	_____
<input type="checkbox"/>	COUN855N d anced roup Counseling	_____	_____
	855	_____	_____

APPENDIX B

PRACTICUM (COUN 877, 878 or 879) & INTERNSHIP (COUN 893/894 or 895/896) DEPARTMENT OF ADVANCED EDUCATION PROGRAMS FORT HAYS STATE UNIVERSITY

Note: All information on this form must be completed. Both your Academic Advisor and your intended Site supervisor must sign the completed form before it is submitted to the Practicum/Internship Coordinator. Supervisors must have a minimum of a master's degree and be properly licensed and credentialed in their field.

Student's Name: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Sequence: I. Practicum _____ (100 hrs.) Semester/Year _____

II. Internship _____ (300hrs.) Semester/Year _____

III. Internship _____ (300 hrs.) Semester/Year _____

Name of Site: _____

Address: _____ City, State, Zip: _____

Office Phone: _____ E-mail: _____

On-Site Supervisor's Name: _____

Title: _____

On-Site Supervisor's Graduate Degree: _____

Credentials: LCPC ___ LCP ___ LP ___ LCSW ___ School Counselor ___

Years of Counseling Experience: _____ Office Phone: _____

On-Site Supervisor's Signature: _____ Date: _____

Academic Advisor's Name: _____

Academic Advisor's Signature: _____ Date: _____

Site Approval _____ Denial _____

Comments (Particularly Reasons for Denial): _____

Practicum/Internship Coordinator's Signature _____ Date: _____

Date submitted: _____ Date approved: _____

APPENDIX C
FORT HAYS STATE UNIVERSITY
MEMORANDUM OF AGREEMENT PRACTICUM/INTERNSHIP

Concerning the

Counseling Practicum/Internship Program

Department of Advanced Education Programs: Clinical Mental Health and School Counseling Programs

PURPOSE:

The purpose of this agreement is to provide a qualified graduate student with a practicum/internship experience in the field of school counseling.

FORT HAYS STATE UNIVERSITY AGREES:

1. To assign a university liaison to facilitate communication between the university and the placement site.
2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practice of the site;
3. To be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur;
4. To be responsible for the assignment of a fieldwork grade;
5. To provide site supervisors with information on the program's expectations, requirements, and evaluation procedure for students.

The University does not provide students with blanket insurance covering them against liability for actions or inaction occurring in the internship setting. Students participation in the Counseling Program Field Experiences are required to purchase student liability insurance.

THE PRACTICUM/INTERNSHIP SITE AGREES:

1. To assign a practicum/internship supervisor who shall have satisfied all of the following requirements at the time of the practicum/internship:
 - The supervisor has (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.
 - The site supervisor is at least partial professional responsibility for the applicant's supervised practice of professional counseling.
 - The supervisor has no familial or other dual relationship with the applicant.

The supervisor has a supervisory relationship that was clearly differentiated from that of consultant.

 - The supervisor will be available to the intern at the points of decision making regarding school counseling practice.
 - The supervisor will provide a minimum of one hour of weekly individual supervision.

2. To identify the practicum/internship student as being in training and not as staff.
3. To provide the opportunity for the interns of engage in the practice of school counseling through a broad range of supervised experience that include the following activities and experiences:
 - Decision Making
 - Assessment
 - Interdisciplinary collaboration and consultation
 - Treatment interventions with a student population presenting a diverse set of problems and backgrounds.
4. To provide the intern with adequate workspace, telephone, office supplies, and staff to conduct professional activities.
5. To provide written evaluation of the intern based on criteria established Fort Hays State University.

_____ (Site Supervisor) will be the primary practicum/internship supervisor. The training activities will be provided for the intern in sufficient amounts to allow an adequate evaluation of the intern's level of competence in each activity. ora offman, PhD, C. (University Supervisor) will be the faculty liaison with whom the student and practicum/internship site supervisor will communicate regarding progress, problems, and performance evaluations. In witness whereof, the parties hereto have caused this memorandum of agreement to be signed this day and year below:

Site Supervisor Signature_____

Date_____

STUDENT PRACTICUM/INTERNSHIP AGREEMENT

Directions: The practicum/internship student is to complete this form and submit a copy of this agreement to the university practicum/internship supervisor.

1. I hereby attest that I have read and understood the American Counseling Association's (ACA, 2014) ethical standards and will practice in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum/internship, a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree adhere to the administrative policies, rules, standards, and practices of the practicum/internship site and understand that should I fail to adhere to these rules and policies, my practicum/internship may be terminated and I will fail the practicum/internship class.
3. I agree to adhere to the policies and requirements found in FHSU Practicum/Internship Handbook
4. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.
5. I understand that in order to earn a passing grade, I must demonstrate the specified minimal skill level for counseling skills, knowledge, and competence. In addition, all course requirements must be completed.
6. I agree not to divulge any information regarding material, cases, names, concerns, etc. to any party outside of this class. Failure to do so will constitute violation of confidentiality and be representative of unprofessional conduct.
7. I absolve Fort Hays State University of any liability in the performance of my practicum/internship activities for the term/year of this class.

Signature: _____ Date: _____

STUDENT INFORMATION

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

TERM OF PRACTICUM/INTERNSHIP PLACEMENT:

PRACTICUM/INTERNSHIP SITE:

ADDRESS:

UNIVERSITY FACULTY LIASON INFORMATION

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

SITE SUPERVISOR INFORMATION:

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

LICENSE AND NUMBER:

DEGREE:

(Student Signature)

(Date)

(University Supervisor Signature)

(Date)

(Site Supervisor Signature)

(Date)

(School Principal/Administrator Signature)

(Date)

APPENDIX D

Fort Hays State University
Child/Adolescent Informed Consent to Record
 Fort Hays State University, Hays, Kansas 67601
 Advanced Education Programs
 Telephone: 785-628-4753

Dear Parent or Guardian:

Counseling students are enrolled in a course during the second year of their graduate work called counseling practicum. This course involves working in the school or agency where your child is served for approximately 8 -10 hours each week. During those hours, student counselors provide individual and group counseling for those students or clients who have been identified by an official at the site, or through self or parent referral, as someone who might benefit from participating in counseling. If you have questions about the reason you are receiving this request, please contact the counselor at your child's school or place of services.

Counseling Student's Name _____ would like to work with your son/daughter. Counseling students are required to audio record counseling sessions as part of their course and degree requirements. The sessions are listened to by supervisors and peer counselors who are committed to monitoring the well-being of your child and to help the student counselor develop the skills needed to enter the counseling profession upon graduation.

The counseling sessions conducted with your child will be reviewed by the student counselor's University Supervisor:

Lora Hoffman PhD., LPCC

Site Supervisor: _____

All audio and video recordings made will be erased at the completion of your child's involvement in the program.

If you are interested and willing to have your child participate, please sign the form where indicated.

Thank you.

Parent's Name:

Parent's Signature:

Date:

APPENDIX E
Adult Consent to Tape Form (Fort Hays State University Hays, Kansas 67601)

I would like to take this opportunity to welcome you to counseling and provide you with some information that you may find valuable. I am currently a counselor-in-training at Fort Hays State University. When I complete my program, I will hold a graduate degree in Counseling.

Counseling students are required to audio record counseling sessions as part of their course and degree requirements. The sessions are listened to by supervisors and peer counselors who are committed to monitoring your well-being and to help the student counselor develop the skills needed to enter the counseling profession upon graduation.

The counseling sessions conducted with you will be reviewed by the student counselor's University Supervisor:
Lora Hoffman PhD., LPC
 Site Supervisor: _____

All audio and video recordings made will be erased at the completion of my involvement in the Internship/Practicum experience.

If you are interested and willing to participate, please sign the form where indicated.

I am ethically bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I determine that you are a danger to yourself or others, or if someone else is harming you; (2) if I am ordered to do so by a court of law; (3) if you direct me to disclose information to another; and, (4) for consultation purposes. In order for me to provide you with the best care possible, I will need to audio and/or video tape our sessions and consult with my supervisor and peer counselors. Your identity will be protected in these circumstances.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider.

My university supervisor is: **Lora Hoffman PhD, LPC** .

My site supervisor is _____.

If you have any questions now or in the future, please feel free to ask at any time. Please indicate your understanding and consent by signing below.

Signature of Counselor: _____ Date: _____

Signature of Client: _____ Date: _____

Fort Hays State University CMHC & School Counseling Practicum/Internship Log

Name _____ **Month:** _____

Site: _____

Site Supervisor: _____

Please keep a copy for your records

Date	Brief Description	Indirect Hours		Direct Hours		Total Hours
			Supervision	Individual	Group	
<u>PRACTICUM ONLY:(min. 4 hours EACH):</u>						
<u>Direct Other (i.e. Consultation(4hrs), Class Guidance (4hrs)</u>						
Total For the Month						
Cumulative Total for This Semester						

Student Signature _____ Date _____

Site Supervisor Signature _____ Date _____