



PRACTICUM AGREEMENT FORM
PROGRAM IN SCHOOL COUNSELING

Practicum Student: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Clinical Site Name: _____

Address: _____

Phone: _____

Site Supervisor Name & Title: _____

Brief Description of Practicum Activities: **15:297:627 Practicum**

Practicum Learning Goals:

Practicum Trainees will:

1. Demonstrate effective helping skills.
2. Demonstrate the ability to develop counseling relationships with clients.
3. Develop knowledge of counseling skills specific to the training site.
4. Develop and maintain effective working relationships with staff, peers and supervisors.
5. Demonstrate openness to feedback and an ability to incorporate feedback.
6. Demonstrate openness to diversity as part of the on-going development of counselor cultural competence.
7. Demonstrate an understanding of community referral sources and an ability to utilize community resources.
8. Demonstrate a commitment to the counseling profession.
9. Demonstrate an understanding of ethical and legal issues in the practice of counseling.

Course Hourly Requirements: Students will engage in a supervised internship of 100

hours per semester. It includes the following components:

- ❖ 40 hours of direct service
- ❖ 20 hours of scheduled supervision by a University professor with an average of one to one and half hours per week
- ❖ 15 hours by an on-site supervisor
- ❖ 15 hours of documented, related professional experiences (books, support groups, self-help resources, web sites, advocacy networks, etc.
- ❖ 5 hours of preparation for case presentation (in class)
- ❖ 5 hours of related activities

Direct Service Hours: These are defined as individual counseling and assessment and group counseling and assessment.

Indirect Service Hours: These include the following:

- ❖ Consultation services
- ❖ In-service training
- ❖ Staff meetings
- ❖ Supervision
- ❖ Psychoeducational sessions
- ❖ Case conferences
- ❖ Report writing/record keeping
- ❖ Professional development/training
- ❖ Community outreach
- ❖ Conference presentations
- ❖ Program evaluation

This agreement confirms the arrangements mutually agreed upon between

_____ and faculty of the Program in School Counseling at

Rutgers, The State University of New Jersey.

Practicum Student: _____ Date: _____

*On-Site Supervisor: _____ Date: _____

*I have a minimum of 2 years of pertinent professional experience in counseling.

Site Supervisor's signature