To: Internship Site Supervisors or Potential Site Supervisors

From: Russell Fulmer, Ph.D., Director of the Clinical Counseling Program at Emporia State University

Subject: Clinical Counseling Student Internship Program

The Student Internship Program in Clinical Counseling is part of the final requirements of the 60-semester hour program of Emporia State University's Master of Science in Clinical Counseling. This 60 semester hour curriculum is designed to meet the requirements of both Kansas and national certifying and licensing boards. In addition, the Clinical Counseling Program is accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

Successful completion of a field-based internship experience is required for students to complete the Master of Science in Clinical Counseling degree. Students typically undertake the internship during the final semesters of their program of study. Prior to starting their internships, students must have successfully completed all practicum courses, in which students obtain closely supervised counseling experience with a wide variety of clients.

The internship is an opportunity for counseling students to perform under supervision the activities a regularly employed staff member would be expected to perform, in a setting geared to the specific career interests of the students. Please see the attached description of internship requirements, students' responsibilities and on-site supervisors' responsibilities to further define these items. Also attached are copies of the evaluation forms to be used by on-site supervisors to evaluate students during the internship, as well as a program of study for the Clinical Counseling degree.

Thank you for considering supervising a counseling student intern. Your help and assistance are vital to the success of our program. For further information, or if you have any questions about our internship program, please contact me by phone at (620) 341-5807, by fax at (620) 341-6200, by email at rfulmer@emporia.edu, or by mail at Department of Counselor Education, Campus Box 4036, 1 Kellogg Circle, Emporia, KS 66801.
The following is a list of requirements for internship students in the counseling program according to the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

**STANDARD III**

H. The program requires students to complete a supervised internship of 600 clock hours that is begun after successful completion of the student's practicum (as defined in Standard III.G). The internship provides an opportunity for the student to perform, under supervision, a variety of counseling activities that a professional counselor is expected to perform. The student's internship includes all of the following:

1. 240 hours of direct service with clients appropriate to the program of study;

2. weekly interaction with an average of one hour per week of individual and/or triadic supervision, throughout the internship, (usually performed by the on-site supervisor);

3. an average of one and one half hours per week of group supervision provided on a regular schedule throughout the internship, usually performed by a program faculty member;

4. the opportunity for the student to become familiar with a variety of professional activities in addition to direct service (e.g., record keeping, supervision, information and referral, inservice and staff meetings);

5. the opportunity for the student to develop program-appropriate audio and/or videotapes of the student's interactions with clients for use in supervision;

6. the opportunity for the student to gain supervised experience in the use of a variety of professional resources such as assessment instruments, technologies, print and non-print media, professional literature, and research; and

7. a formal evaluation of the student's performance during the internship by a program faculty member in consultation with the site supervisor.

K. Clinical experiences (practicum and internship) should provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

L. Students formally evaluate their supervisors and learning experience at the end of their practicum and internship experiences.

M. Programs require students to be covered by professional liability insurance while enrolled or participating in practicum, internship, or other field experiences.
EMPORIA STATE UNIVERSITY

STUDENT RESPONSIBILITIES

The internship student is responsible for:

- Working with the on-campus supervisor during enrollment time to ensure all course work requirements have been met and internship goals, objectives and evaluation procedures are explained;

- Preparing a professional resume and cover letter to send to prospective internship sites;

- Interviewing with the internship site supervisor(s) for the position, as required by the site;

- Completing the requirements for counseling, taping, and receiving supervision;

- Working within the framework of the American Counseling Association (ACA) and American Clinical Counseling Association (AMHCA) Code of Ethics, and within the framework of the rules and regulations of the internship placement site;

- Follow proper procedures for obtaining release of information and in maintaining confidentiality concerning clients and agency matters;

- Maintain appropriate process notes for clients being seen and maintaining proper security for such notes and related audio-visual recordings;

- Providing tapes for both on-site and university supervisors for the purpose of supervision;

- Maintaining a written log of all experiences during the on-site experience, including one-to-one counseling, group counseling, staffings, establishing treatment plans and other diagnostic and treatment procedures in keeping with the agency, as well as any other professional duties a regularly employed staff member would be expected to perform (Note: hours of 1-on-1 and group supervision DO NOT count toward required hours);

- Evaluating self, the experience, the supervisor(s), and the site.
EMPORIA STATE UNIVERSITY

ON-SITE SUPERVISOR RESPONSIBILITIES

The on-site supervisor must be a licensed or registered mental health professional. The on-site supervisor has the following responsibilities:

- Orienting the student to the policies and procedures of the agency;
- Serving as a liaison between the agency and the university supervisor;
- Outlining the student's role(s) and responsibilities during the internship placement at the site;
- Determining, in conjunction with the university supervisor, the extent of the student's ability to be involved with the agency's counseling and administrative functions;
- Providing a minimum of one (1) hour per week of individual supervision to the intern throughout the internship;
- Providing evaluation feedback on a regular basis to the student and to the university supervisor at midterm and the end of the semester;
- Providing immediate feedback to the university supervisor if problems arise.

STUDENT EVALUATION

- Student evaluations are based upon the goals and objectives of the student and agency, as worked out by the student and supervisors.
- Student evaluation will be on-going and provided by both supervisors during individual supervision of counseling tapes and counseling experiences.
- The specific forms for providing midterm and final evaluations will be provided by the university and explained to the student and on-site supervisor at the beginning of the semester.
INTERNSHIP AGREEMENT

Student intern, ________________________________, is requesting that all or some portion of his/her internship be fulfilled at your agency. The supervising professor will provide the on-site supervisor with the necessary forms for evaluating the intern during the semester(s), and these will be used by the professor in evaluating the student's progress and assigning a grade. The agreed upon time period and hours during which the student will be serving his/her internship are specified below. The site supervisor, supervising professor, and intern should sign in the designated places below to indicate their agreement with these arrangements.

Agency Name: ________________________________________________________________
Address: ____________________________________________________________________
Internship Dates: From ___________ To ___________
Total hours of internship to be given: _____________________________________________
Days of week/times of service: _________________________________________________
Weekly supervision time: _______________________________________________________
Please list internship goals and objectives below: ____________________________________

Intern Student __________________________________________ Date

Site Supervisor __________________________________________ Date

Supervising Professor __________________________________________ Date
EMPORIA STATE UNIVERSITY

STATEMENT OF ON-SITE SUPERVISOR CREDENTIALS

Internships for Clinical Counseling students in the Department of Counselor Education fall under the guidelines established by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). There are CACREP criteria on-site internship supervisors must meet, and which must be documented in our files. On-site supervisors must:

1. possess a minimum of a Master's degree in counseling or closely related field and appropriate certifications and/or licenses;
2. have a minimum of two (2) years of pertinent professional experience; and
3. understand the program's expectations, requirements, and evaluation procedures for students.

As the on-site supervisor for a counseling internship student, I certify that my qualifications and experience are in accordance with the CACREP criteria stated above. I am enclosing copies of my diploma, my professional license, and my vita for your CACREP files.

On-site Supervisor

Agency

Date
EMPORIA STATE UNIVERSITY

SUPERVISOR'S MID-TERM EVALUATION OF STUDENT INTERN

(To be completed at the mid-term of the internship and submitted to the campus coordinator.)

Name of Site Supervisor(s): _____________________________________________________________

Name of Intern: ________________________________________________________________

Name of Internship Site: ____________________________________________________________

Address of Site: __________________________________________________________________

Phone # at Site: ___________________________________________________________________

Please evaluate the intern's performance relative to the listed competencies. Rate each competency by circling a number from 0-5 after each item. If an item is not applicable to this internship setting, circle NA. The last several items are open-ended and are to be used to add and rate additional competencies specific to this internship setting.

5 = Outstanding
4 = Very Satisfactory
3 = Acceptable
2 = Needs some improvement
1 = Needs substantial improvement
0 = Unsatisfactory - no effort expended
NA = Does not apply in this internship setting

INTER/INTRA-PERSONAL COMPETENCIES

1. Demonstrated a spirit of cooperation with colleagues/supervisor(s). 5 4 3 2 1 0 NA
   Comments:

2. Demonstrated an ability to use effective interpersonal communication skills with colleagues/supervisor(s)/clients. 5 4 3 2 1 0 NA
   Comments:

3. Accepted suggestions from supervisor(s) and was willing to make changes. 5 4 3 2 1 0 NA
   Comments:
4. Demonstrated an ability to handle stressful situations constructively. 5 4 3 2 1 0 NA
   Comments:

5. Indicated a consistent enthusiasm for the internship position and profession. 5 4 3 2 1 0 NA
   Comments:

6. Demonstrated awareness and an open-minded attitude about gender, racial, ethnic, religious and age-related issues which may affect professional interaction with clients, supervisor(s), colleagues and agency constituents. 5 4 3 2 1 0 NA
   Comments:

**PROFESSIONAL CORE COMPETENCIES**

7. Demonstrated the ability to initiate and complete a variety of tasks related to the professional work of the agency. 5 4 3 2 1 0 NA
   Comments:

8. Demonstrated the ability to effectively convey information orally as well as in writing. 5 4 3 2 1 0 NA
   Comments:

9. Demonstrated the ability to provide a clear rationale for professional interventions using current and acceptable theoretical, empirical and research-based formulations. 5 4 3 2 1 0 NA
   Comments:

10. Demonstrated knowledge and acceptance of agency's/institution's policies. 5 4 3 2 1 0 NA
   Comments:

11. Worked within the guidelines of professional ethics, statutes and laws. 5 4 3 2 1 0 NA
   Comments:

12. Consulted with supervisor(s) when faced with an ethical dilemma. 5 4 3 2 1 0 NA
   Comments:

13. Demonstrated the ability to utilize and interpret appraisal and diagnostic data about clients (list and describe specifics). 5 4 3 2 1 0 NA
   Comments:
14. Demonstrated the ability to utilize career information and career appraisal with clients.  
   Comments: 
   5 4 3 2 1 0 NA 

15. Demonstrated effective organizational and leadership abilities.  
   Comments: 
   5 4 3 2 1 0 NA 

16. Demonstrated skills in group counseling, family and couples' counseling and consultation (specify and describe).  
   Comments: 
   5 4 3 2 1 0 NA 

17. Demonstrated skills in individual counseling (i.e., developing a professional relationship with the client: empathy, rapport, attending skills, utilizing strategies appropriate to the client and the situation, goal definition, etc.).  
   Comments: 
   5 4 3 2 1 0 NA 

18. Demonstrated skills in consulting (i.e., working with parents, staff, other agencies, conducting in-service activities, workshops, etc.).  
   Comments: 
   5 4 3 2 1 0 NA 

   Additional Competencies or Feedback (As appropriate) 

19.  
   5 4 3 2 1 0 NA 

20.  
   5 4 3 2 1 0 NA 

21.  
   5 4 3 2 1 0 NA 

22.  
   5 4 3 2 1 0 NA 

Signature of Supervisor: ____________________________________________________________

Position Title of Supervisor: _________________________________________________________

Date: ____________________________________________________________________________

Send this form to: Russell Fulmer, PhD  
   Director, Clinical Counseling Program  
   Department of Counselor Education, Campus Box 4036  
   Emporia State University, 1 Kellogg Circle, Emporia, KS 66801  
   Phone: (620) 341-5807 Fax: (620) 341-6200 E-mail: rfulmer@emporia.edu
SUPervisor's Final Evaluation of Student Intern

(To be completed when the Counselor-In-Training has completed their time at the site, either from graduation or changing to a different internship site.)

Name of Site Supervisor(s) ___________________________________________ __________________________

Name of Intern__________________________________________________________________________

Name of Internship Site____________________________________________________________

Address of Site ______________________________ ____________________________________________

Phone # at Site___________________________________________________________

Please evaluate the intern's performance relative to the listed competencies. Rate each competency by circling a number from 0-5 after each item. If an item is not applicable to this internship setting, circle NA. The last several items are open-ended and are to be used to add and rate additional competencies specific to this internship setting.

5 = Outstanding
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   Comments:

2. Demonstrated an ability to use effective interpersonal communication skills with colleagues/supervisor(s)/clients. 5 4 3 2 1 0 NA
   Comments:

3. Accepted suggestions from supervisor(s) and was willing to make changes. 5 4 3 2 1 0 NA
   Comments:
4. Demonstrated an ability to handle stressful situations constructively. 5 4 3 2 1 0 NA
   Comments:

5. Indicated a consistent enthusiasm for the internship position and profession. 5 4 3 2 1 0 NA
   Comments:

6. Demonstrated awareness and an open-minded attitude about gender, racial, ethnic, religious and age-related issues which may affect professional interaction with clients, supervisor(s), colleagues and agency constituents. 5 4 3 2 1 0 NA
   Comments:

PROFESSIONAL CORE COMPETENCIES

7. Demonstrated the ability to initiate and complete a variety of tasks related to the professional work of the agency. 5 4 3 2 1 0 NA
   Comments:

8. Demonstrated the ability to effectively convey information orally as well as in writing. 5 4 3 2 1 0 NA
   Comments:

9. Demonstrated the ability to provide a clear rationale for professional interventions using current and acceptable theoretical, empirical and research-based formulations. 5 4 3 2 1 0 NA
   Comments:

10. Demonstrated knowledge and acceptance of agency's/institution's policies. 5 4 3 2 1 0 NA
    Comments:

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15. Demonstrated effective organizational and leadership abilities.
   Comments: 5 4 3 2 1 0 NA

16. Demonstrated skills in group counseling, family and couples' counseling and consultation (specify and describe).
   Comments: 5 4 3 2 1 0 NA

17. Demonstrated skills in individual counseling (i.e., developing a professional relationship with the client: empathy, rapport, attending skills, utilizing strategies appropriate to the client and the situation, goal definition, etc.).
   Comments: 5 4 3 2 1 0 NA

18. Demonstrated skills in consulting (i.e., working with parents, staff, other agencies, conducting in-service activities, workshops, etc.).
   Comments: 5 4 3 2 1 0 NA

Additional Competencies or Feedback (As appropriate)

19. 5 4 3 2 1 0 NA

20. 5 4 3 2 1 0 NA

21. 5 4 3 2 1 0 NA

22. 5 4 3 2 1 0 NA

Signature of Supervisor: ________________________________________________________________

Position Title of Supervisor: ___________________________________________________________

Date: ______________________________________________________________________________

Send this form to: Russell Fulmer, PhD
   Director, Clinical Counseling Program
   Department of Counselor Education, Campus Box 4036
   Emporia State University, 1 Kellogg Circle, Emporia, KS 66801
   Phone: (620) 341-5807 Fax: (620) 341-6200 E-mail: rfulmer@emporia.edu
EMPORIA STATE UNIVERSITY
Department of Counselor Education

SUPERVISOR EVALUATION OF STUDENT INTERN

Intern: ____________________________________________________________

Internship Location: __________________________________________________

Date: From: ___________________________ To: ___________________________

Agency/Facility/Program Supervisor: _______________________________________

The internship experience is designed to help the student acquire proficiency and gain confidence in applying theoretical knowledge, academic background and the integration of individual abilities and skills. The internship also helps the student evaluate and test philosophies and attitudes within the context in which they must ultimately be made effective, at the same time providing the student with a means of assessing one's strengths and weaknesses.

This report will help in evaluating the student's readiness to begin work in a counseling setting on a full-time basis and the needs for possible further training, including course work and/or supervised counseling practice. Please complete the report at the end of the internship, or at 600 clock hours.

Please explain your reactions, evaluations and opinions concerning the above named intern student.

1. Could you describe what you feel are the intern's strengths and weaknesses as a counselor?
2. Are there any work settings or situations where you feel the intern would be more successful than others? (i.e., pressure situations; relationships with groups and individuals; supervisory responsibility; test administration; individuals with limited mental ability; relating to aggressive individuals; cultural or ethnic groups; settings where personal counseling is necessary)

3. Did you have the opportunity to observe the intern's ability to establish and maintain a satisfactory counseling relationship? If so, please comment on his or her ability to provide counseling (individual, group, or family) and his/her ability to act as a helping person.

4. How would you rate the intern's performance in general? We are interested in such things as initiative, interest and attitude, dependability, professional and ethical behavior, and judgment.
5. What were the areas where the intern's competence and academic background appeared to be minimal? Above average? (i.e., individual, group, or family counseling, testing, placement, occupational analysis, relations with fellow staff, report writing, case management, etc.)

6. Have you discussed either periodically or at the completion of the experience, the intern's work performance? Yes, in depth____________ Yes, briefly__________ No ______________

7. What was the intern's response to feedback of his/her work performance?

8. In what way do you feel the intern benefited most from the experience?

9. Please comment on any additional factors that you feel may be important in helping the intern to become a more effective counselor.

Submitted by: ______________________________________________________

Date: _______________________________________________________________