

# **Appendix A INTERNSHIP FILE FORMS AND AGREEMENTS**

**Please Note that all of the forms that follow are available by PDF download on the  
Counseling Program Internship Website at  
<http://www.ucdenver.edu/academics/colleges/SchoolOfEducation/CurrentStudents/Resources/Pages/CounselingResources.aspx>**



University of Colorado  
Denver

## University of Colorado Denver-Counseling Program

### Checklist: End-of-Semester Documentation

*All documentation should be submitted to the online internship portfolio in Livetext. in the corresponding sections. If more than one site, please provide separate materials for each site (there is a designated portfolio page for "Internship II" in Livetext.) (Each site should have a separate portfolio of uploaded paperwork).*

Internship Semester I       Internship Semester II       Internship Semester III

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

- Checklist: End-of-Semester Documentation
- Supplemental Supervision Contract (If Applicable)
- Internship Agreement
  - An Internship Agreement form is completed with the supervisor from each internship site.
  - This form only needs to be completed once per site and is good for the duration of the time that the student is an intern at that site.
- Internship Contract
  - The contract is to be submitted to the university supervision Instructor by the 2<sup>nd</sup> class.
  - This contract must be signed at the start of each semester that the student is in internship.
- Proof of Insurance
- Midterm Evaluations
  - The site supervisor from each internship site must complete a midterm evaluation form each semester and provide it to the university supervisor
- Final Evaluations
  - The site supervisor from each internship site must complete a final evaluation form each semester and send it to the university supervisor.
- Weekly Logs
  - Students will be expected to keep a weekly log of hours spent in internship activities.
- Student Evaluation of On-site Supervisor and Internship Site
  - Each Semester internship students are to complete an evaluation of their experience, including evaluation of on-site supervision and facilities using the Supervisor/Site Evaluation.
- Post-Internship Report
  - Completed at the end of the internship experience.
- Clinical Experience Summary (Completed at the end of all clinical experiences)
- Record of Site Visit Form
  - *Site Visits are required (1) during the Internship course, (2) after changing to a new training site, or (3) after changing On-Site Supervisors.*
- Bi Weekly Supervision Consultation Form.
- Student has made copies of all items submitted for personal records.



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University of Colorado, Denver  
Counseling Program

### Supplementary Supervision Contract Agreement

This document serves as a supervision contract between (Name, State, License & License #) \_\_\_\_\_ and CU Denver student (Name) \_\_\_\_\_ for the period beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_.

My Site (Name, address, phone number, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to adhere to all ACA/NBCC Codes of Ethics. I will email (Supervisor Name) \_\_\_\_\_ each week, on Friday, with an update of my caseload. I will also **email a copy of my weekly hours sheet** each Friday. If there are any critical incidents, I will call (Supervisor Name) \_\_\_\_\_ immediately at ( ) \_\_\_\_\_ as well as check in with my **on site supervisor** \_\_\_\_\_ (name and phone).

#### Supervisor's Responsibilities:

- Development of specific goals to develop clinical skills
- Development of learning plan to meet the identified goals for improving skills
- Identification of the supervisee's treatment strengths and areas of expertise
- Identification of any limitations observed in the supervisee's practice
- Ongoing evaluation of the supervisee's clinical practice skills
- Exploration and evaluation of sensitivity to the supervisee's position and to individual differences, and variables related to gender, culture, ethnicity, power, and individual needs

#### Supervisee's Responsibilities:

- Utilize supervision and tasks to gain the necessary knowledge and skills to continually improve clinical practice
- Seek to expand opportunities to gain relevant experiences
- Develop a list of strengths and limitations for development
- Set goals and objectives with clinical supervisor to develop clinical skills
- Develop a learning plan to meet the identified learning goals
- Request on-going feedback and evaluation from clinical supervisor; call when faced with a problematic clinical case
- Evaluate links between theory and practice

- Discuss ethical and legal responsibilities with case formulation and development

Inform the supervisor of any of the following occurrences ***immediately after they occur:***

- 1.) Incidents of restraint
- 2.) Incidents of violence to clients and/or clinician
- 3.) Incidents of violence to all others
- 4.) Disclosed thought of client regarding violence to others
- 5.) Knowledge of any suicidal thoughts or intent of client
- 6.) Any possible confusion on, or breach of, appropriate boundaries
- 7.) Any known violations of confidentiality and/or client's rights
- 8.) Reports of abuse or neglect to CPS
- 9.) Any other important events or observations relevant to the client's treatment

Supervisee Signature and Date \_\_\_\_\_

Supervisor Signature and Date \_\_\_\_\_



University of Colorado  
Denver

**INTERNSHIP AGREEMENT**

This Agreement, by and between:

The Counseling Program  
School of Education and Human Development  
University of Colorado Denver  
P.O. Box 173364, Campus Box 106  
Denver, CO 80217-3364

- **AND**

Agency or School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- **AND**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

For the purpose of providing an internship in counseling for the above-named student for:

CPCE 5930: Internship

Begin Term: \_\_\_\_\_ End Term: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Internship Hours: \_\_\_\_\_

University Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

The student will be working primarily with the following type(s) of clients:

\_\_\_\_\_  
\_\_\_\_\_

It is mutually agreed:

A. That the above-named agency or school will provide the following services and supervision (master's degree or above):

1. An orientation to the agency or school and definition of specific student duties.
2. Supervision to be performed by:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Degree(s) held: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Licenses held: \_\_\_\_\_

Other Credentials: \_\_\_\_\_

Relevant work experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of experience as a counselor: \_\_\_\_\_

Years of experience as a supervisor: \_\_\_\_\_

Have you had any supervision training?    Yes    No

3. Weekly review of the student's performance via a one-hour individual meeting with the student and review and approval of the student's weekly internship log. Review raw data from at least one of the intern's counseling sessions either through live observation, or video or audio tape. Additional individual and on-site group supervision is strongly encouraged.
4. The supervision of the student will be done in accordance with the guidelines established by the agency or school or all regular personnel, keeping in mind the enclosed guidelines for supervisors as recommended by the ACA (American Counseling Association).
5. The student has access to audio or video equipment for taping sessions for review in University Internship group supervision course. Yes    No
6. The student has access to professional resources such as assessments, technology, professional development materials, etc.    Yes    No

B. That the student will:

Be at the agreed upon location on the following days at the following times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be assigned the following specific duties and responsibilities:

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2. Attend weekly group supervision (class meetings) at the University of Colorado Denver
3. Keep a log of time spent including weekly summaries, which will be reviewed and signed by the internship on-site supervisor.

C. That the University of Colorado Denver Counseling Program will:

1. Advise the student as to the requirements (seminars, reports, evaluations) involved in the Internship.
2. Provide supervision meetings to discuss common problems and experiences, as well as to assist student in case study presentation and other areas of concern.
3. Provide additional experiences, including one-way mirror supervision of counseling sessions, videotaping of sessions, group counseling opportunities, professional seminars and referral sources for client as well as personal needs.
4. Maintain periodic contact with the field supervisor and the student to discuss the student's progress, including no less than one on-site visit by the student's university supervisor for the purpose of meeting with the on-site supervisor.
5. Maintain appropriate records for registration and grading.

It is the expectation of all three parties involved that the above conditions be met. Should it become apparent that they are not being met by any of the parties, it is imperative that all three parties discuss why these expectations have not been met at the earliest possible date.

The following signatures verify agreement of the stated conditions:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

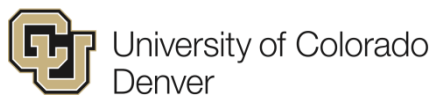
On-Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

This site is / is not currently on the list of approved Internship sites in the CU Denver Counseling Center office.



## **INTERNSHIP CONTRACT**



(Due to University Supervisor by the second week of class)

I, \_\_\_\_\_ (student name) have read the Internship Handbook from the University of Colorado Denver Counseling Program.

I understand the policies and procedures as stated in the Internship Handbook. I agree to fulfill the requirements as stated and to abide by the policies set forth herein.

I further agree that the Faculty of the Counseling Program at the University of Colorado Denver has the right and responsibility to monitor my internship performance, my professional ethical behavior, and my personal characteristics.

**If in the opinion of the faculty, any or all of these are in question, I agree to abide by the faculty's decision as to whether or not I will continue in the program.**

**(Signature and date)**

Please give this completed form to the professor of your university internship class. Your professor will sign the form and keep it in your internship file. \_\_\_\_\_

**(Internship Professor and date)**

**Internship Site Name:** \_\_\_\_\_

**Site Supervisors Name:** \_\_\_\_\_

**Site Supervisors Email Address:** \_\_\_\_\_



University of Colorado  
Denver

**Counseling Program**

**Training for Mental Health Counselors, School Counselors and Family Therapists**

**PERMISSION TO RECORD/OBSERVE**

I, \_\_\_\_\_, hereby give my permission for the use of  
**(Name of the Client)**

recording devices, including audio and videotapes, as well as observation through a one-

way mirror during my counseling session with \_\_\_\_\_  
at/from

**(Name of Counselor)**

the University of Colorado Denver Counseling and Family Therapy Training Center or

\_\_\_\_\_  
**(Site Name and Address)**

I understand that any information obtained during counseling sessions through these means will be used solely for the purpose of individual and group supervision by my counselor's supervisor(s), and that otherwise this information will be kept strictly confidential. This authorization will expire on \_\_\_\_\_ or when I terminate  
**(Date)**

my counseling with the above named counselor. I also understand that any taped material will be summarily erased after supervision has taken place.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**



University of Colorado  
Denver

COUNSELING PROGRAM

**MIDTERM EVALUATION OF INTERNSHIP STUDENT  
BY HOST SUPERVISOR**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Host Site: \_\_\_\_\_

Internship Host Supervisor: \_\_\_\_\_

Please indicate student's skill/performance levels in the following areas by checking the appropriate boxes, with (1) being unsatisfactory, (2) basic, (3) proficient, (4) distinguished and (N/A) being Not Applicable. Open-ended comments are requested on the last page of the evaluation.

**A. PROCESS AND SKILLS**

- |     |   |   |   |   |   |     |
|-----|---|---|---|---|---|-----|
| 1.  | Maintains a helpful counseling relationship.                  | 1 | 2 | 3 | 4 | N/A |
| 2.  | Refrains from being judgmental.                               | 1 | 2 | 3 | 4 | N/A |
| 3.  | Individual counseling skills.                                 | 1 | 2 | 3 | 4 | N/A |
| 4.  | Family counseling and therapy skills. (for MFT students only) | 1 | 2 | 3 | 4 | N/A |
| 5.  | Group facilitation skills.                                    | 1 | 2 | 3 | 4 | N/A |
| 6.  | Listening skills.   | 1 | 2 | 3 | 4 | N/A |
| 7.  | Use of open-ended questions/responses.                        | 1 | 2 | 3 | 4 | N/A |
| 8.  | Appropriate use of confrontation, questions, clarification.   | 1 | 2 | 3 | 4 | N/A |
| 9.  | Ability to identify and explore problems.                     | 1 | 2 | 3 | 4 | N/A |
| 10. | Assists clients through stages of problem solving.            | 1 | 2 | 3 | 4 | N/A |

- |     |   |   |   |   |   |     |
|-----|---|---|---|---|---|-----|
| 11. | Maintains client focus on topic.                    | 1 | 2 | 3 | 4 | N/A |
| 12. | Ends counseling sessions effectively.               | 1 | 2 | 3 | 4 | N/A |
| 13. | Refers clients to appropriate sources if necessary. | 1 | 2 | 3 | 4 | N/A |

**B. PERSONAL AND PROFESSIONAL BEHAVIOR**

- |     |  |   |   |   |   |     |
|-----|--|---|---|---|---|-----|
| 1.  | Commitment to the profession.                              | 1 | 2 | 3 | 4 | N/A |
| 2.  | Practices ethical behavior.                                | 1 | 2 | 3 | 4 | N/A |
| 3.  | Maintains client confidentiality.                          | 1 | 2 | 3 | 4 | N/A |
| 4.  | Working relationship with staff.                           | 1 | 2 | 3 | 4 | N/A |
| 5.  | Consults with administrator/supervisor regarding concerns. | 1 | 2 | 3 | 4 | N/A |
| 6.  | Acceptance of supervision.                                 | 1 | 2 | 3 | 4 | N/A |
| 7.  | Initiative in learning new skills.                         | 1 | 2 | 3 | 4 | N/A |
| 8.  | Practical judgment.  | 1 | 2 | 3 | 4 | N/A |
| 9.  | Punctuality.   | 1 | 2 | 3 | 4 | N/A |
| 10. | Self-confidence.   | 1 | 2 | 3 | 4 | N/A |
| 11. | Communication skills.                                      | 1 | 2 | 3 | 4 | N/A |
| 12. | Conscientious.   | 1 | 2 | 3 | 4 | N/A |
| 13. | Responsible.   | 1 | 2 | 3 | 4 | N/A |

**C. CLINICAL ASSESSMENT SKILLS**

- |    |   |   |   |   |   |     |
|----|---|---|---|---|---|-----|
| 1. | Student is able to complete biopsychosocial assessment  | 1 | 2 | 3 | 4 | N/A |
| 2. | Student is able to clearly identify presenting problems | 1 | 2 | 3 | 4 | N/A |
| 3. | Student is able to complete diagnostic process (5 Axis) | 1 | 2 | 3 | 4 | N/A |
| 4. | Student is able to complete Mental Status Exam          | 1 | 2 | 3 | 4 | N/A |
| 5. | Student is able to complete accurate Risk Assessment    | 1 | 2 | 3 | 4 | N/A |

- |    |  |   |   |   |   |     |
|----|--|---|---|---|---|-----|
| 6. | Student is able to properly handle legal/ethical questions   | 1 | 2 | 3 | 4 | N/A |
| 7. | Student is able to identify appropriate/timely referral resources  | 1 | 2 | 3 | 4 | N/A |
| 8. | Student is able to consider influence of cultural/diversity issues throughout the assessment/diagnostic process. | 1 | 2 | 3 | 4 | N/A |

**D. INTERVIEWING/CASE MANAGEMENT SKILLS**

- |     |  |   |   |   |   |     |
|-----|--|---|---|---|---|-----|
| 1.  | Student is able to develop strong counseling relationships with diverse range of clients and engage clients in treatment process | 1 | 2 | 3 | 4 | N/A |
| 2.  | Student is able to adapt treatment to diversity and cultural needs   | 1 | 2 | 3 | 4 | N/A |
| 3.  | Student is able to complete appropriate Informed Consent   | 1 | 2 | 3 | 4 | N/A |
| 4.  | Student is able to explain rules associated with confidentiality and when confidentiality will be broken                         | 1 | 2 | 3 | 4 | N/A |
| 5.  | Student deals appropriately with Informed Consent w/Minors   | 1 | 2 | 3 | 4 | N/A |
| 6.  | Student is able to recognize and effectively deal with both content and process in counseling sessions.                          | 1 | 2 | 3 | 4 | N/A |
| 7.  | Student is able to identify interventions that promote change  | 1 | 2 | 3 | 4 | N/A |
| 8.  | Student is able to manage high intensity clients   | 1 | 2 | 3 | 4 | N/A |
| 9.  | Student is able to maintain appropriate professional boundaries  | 1 | 2 | 3 | 4 | N/A |
| 10. | Student is able to demonstrate good time management skills   | 1 | 2 | 3 | 4 | N/A |

**E. TREATMENT PLANNING**

- |    |   |   |   |   |   |     |
|----|---|---|---|---|---|-----|
| 1. | Student is able to demonstrate insight into the relationship between assessment and TP development  | 1 | 2 | 3 | 4 | N/A |
| 2. | Student is able to identify goals that appropriate to presenting problem and assessment information | 1 | 2 | 3 | 4 | N/A |
| 3. | Student is able to identify interventions that are appropriate                                      |   |   |   |   |     |

	for dealing with identified short and long term goals.	1	2	3	4	N/A
4.	Student is able to identify interventions that are appropriate for initial, working, and closing phases of treatment	1	2	3	4	N/A
5.	Student is able to work collaboratively with client(s) in the development of treatment plans	1	2	3	4	N/A
6.	Student demonstrates clear understanding of theory/intervention, and their uses with different cultural/diverse client groups	1	2	3	4	N/A

**F. COMMENTS:**

Main Strengths

Areas of Improvement (Use back of this form if needed.)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature : \_\_\_\_\_ Date : \_\_\_\_\_



University of Colorado  
Denver

COUNSELING PROGRAM

**FINAL EVALUATION OF INTERNSHIP STUDENT BY HOST SUPERVISOR**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Host Site: \_\_\_\_\_

Internship Host Supervisor: \_\_\_\_\_

Please indicate student’s skill/performance levels in the following areas by checking the appropriate boxes, with (1) being unsatisfactory, (2) basic, (3) proficient, (4) distinguished and (N/A) being Not Applicable. Open-ended comments are requested on the last page of the evaluation.

**A. PROCESS AND SKILLS**

- |     |   |   |   |   |   |     |
|-----|---|---|---|---|---|-----|
| 1.  | Maintains a helpful counseling relationship.                  | 1 | 2 | 3 | 4 | N/A |
| 2.  | Refrains from being judgmental.                               | 1 | 2 | 3 | 4 | N/A |
| 3.  | Individual counseling skills.                                 | 1 | 2 | 3 | 4 | N/A |
| 4.  | Family counseling and therapy skills. (for MFT students only) | 1 | 2 | 3 | 4 | N/A |
| 5.  | Group facilitation skills.                                    | 1 | 2 | 3 | 4 | N/A |
| 6.  | Listening skills.   | 1 | 2 | 3 | 4 | N/A |
| 7.  | Use of open-ended questions/responses.                        | 1 | 2 | 3 | 4 | N/A |
| 8.  | Appropriate use of confrontation, questions, clarification.   | 1 | 2 | 3 | 4 | N/A |
| 9.  | Ability to identify and explore problems.                     | 1 | 2 | 3 | 4 | N/A |
| 10. | Assists clients through stages of problem solving.            | 1 | 2 | 3 | 4 | N/A |
| 11. | Maintains client focus on topic.                              | 1 | 2 | 3 | 4 | N/A |
| 12. | Ends counseling sessions effectively.                         | 1 | 2 | 3 | 4 | N/A |

13. Refers clients to appropriate sources if necessary. 1 2 3 4 N/A

**B. PERSONAL AND PROFESSIONAL BEHAVIOR**

1. Commitment to the profession. 1 2 3 4 N/A

2. Practices ethical behavior. 1 2 3 4 N/A

3. Maintains client confidentiality. 1 2 3 4 N/A

4. Working relationship with staff. 1 2 3 4 N/A

5. Consults with administrator/supervisor regarding concerns. 1 2 3 4 N/A

6. Acceptance of supervision. 1 2 3 4 N/A

7. Initiative in learning new skills. 1 2 3 4 N/A

8. Practical judgment. 1 2 3 4 N/A

9. Punctuality. 1 2 3 4 N/A

10. Self-confidence. 1 2 3 4 N/A

11. Communication skills. 1 2 3 4 N/A

12. Conscientious. 1 2 3 4 N/A

13. Responsible. 1 2 3 4 N/A

**C. CLINICAL ASSESSMENT SKILLS**

1. Student is able to complete biopsychosocial assessment 1 2 3 4 N/A

2. Student is able to clearly identify presenting problems 1 2 3 4 N/A

3. Student is able to complete diagnostic process (5 Axis) 1 2 3 4 N/A

4. Student is able to complete Mental Status Exam 1 2 3 4 N/A

5. Student is able to complete accurate Risk Assessment 1 2 3 4 N/A



- |    |  |   |   |   |   |     |
|----|--|---|---|---|---|-----|
| 6. | Student is able to properly handle legal/ethical questions   | 1 | 2 | 3 | 4 | N/A |
| 7. | Student is able to identify appropriate/timely referral resources  | 1 | 2 | 3 | 4 | N/A |
| 8. | Student is able to consider influence of cultural/diversity issues throughout the assessment/diagnostic process. | 1 | 2 | 3 | 4 | N/A |

**D. INTERVIEWING/CASE MANAGEMENT SKILLS**

- |     |  |   |   |   |   |     |
|-----|--|---|---|---|---|-----|
| 1.  | Student is able to develop strong counseling relationships with diverse range of clients and engage clients in treatment process | 1 | 2 | 3 | 4 | N/A |
| 2.  | Student is able to adapt treatment to diversity and cultural needs   | 1 | 2 | 3 | 4 | N/A |
| 3.  | Student is able to complete appropriate Informed Consent   | 1 | 2 | 3 | 4 | N/A |
| 4.  | Student is able to explain rules associated with confidentiality and when confidentiality will be broken                         | 1 | 2 | 3 | 4 | N/A |
| 5.  | Student deals appropriately with Informed Consent w/Minors   | 1 | 2 | 3 | 4 | N/A |
| 6.  | Student is able to recognize and effectively deal with both content and process in counseling sessions.                          | 1 | 2 | 3 | 4 | N/A |
| 7.  | Student is able to identify interventions that promote change  | 1 | 2 | 3 | 4 | N/A |
| 8.  | Student is able to manage high intensity clients   | 1 | 2 | 3 | 4 | N/A |
| 9.  | Student is able to maintain appropriate professional boundaries  | 1 | 2 | 3 | 4 | N/A |
| 10. | Student is able to demonstrate good time management skills   | 1 | 2 | 3 | 4 | N/A |

**E. TREATMENT PLANNING**

- |    |   |   |   |   |   |     |
|----|---|---|---|---|---|-----|
| 1. | Student is able to demonstrate insight into the relationship between assessment and TP development  | 1 | 2 | 3 | 4 | N/A |
| 2. | Student is able to identify goals that appropriate to presenting problem and assessment information | 1 | 2 | 3 | 4 | N/A |
| 3. | Student is able to identify interventions that are appropriate                                      |   |   |   |   |     |

	for dealing with identified short and long term goals.	1	2	3	4	N/A
4.	Student is able to identify interventions that are appropriate for initial, working, and closing phases of treatment	1	2	3	4	N/A
5.	Student is able to work collaboratively with client(s) in the development of treatment plans	1	2	3	4	N/A
6.	Student demonstrates clear understanding of theory/intervention, and their uses with different cultural/diverse client groups	1	2	3	4	N/A

**F. COMMENTS:**

Main Strengths

Areas of Improvement

**G. OTHER COMMENTS:**

**H. GRADE RECOMMENDATION (Please include a brief explanation of grade.)**

A letter grade of **A** indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling and/or family therapy skills, has high standards of personal and professional behavior, demonstrates a willingness to learn, is cooperative and resourceful in his or her work environment and is committed to the counseling profession.

A letter grade of **B** indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling and/or family therapy skills, has average standards of professional and personal behavior, is willing to learn, is resourceful in his or her work environment and shows a commitment to the counseling profession.

A letter grade of **C** indicates that the student has not completed course requirements in a professional manner, needs to improve counseling and/or family therapy skills, has less-than-acceptable professional and personal standards of behavior, appears to be unwilling to learn and lacks sufficient commitment to the profession. A letter grade of **C** is considered unacceptable in the internship program. A student receiving this grade will be asked to reconsider his or her choice of profession, or, if exceptional circumstances are proven, a second internship may be required prior to graduation.

In cases where the student has failed to meet the required number of clock hours within the two semester time frame allotted for the internship experience, a grade of Incomplete will be given until the student meets the requirement. Failure to do so within one semester will result in an automatic letter grade of **C** and the associated consequences.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature : \_\_\_\_\_ Date : \_\_\_\_\_



University of Colorado  
Denver

**COUNSELING PROGRAM**

**MIDTERM EVALUATION OF INTERNSHIP STUDENT – SCHOOL TRACK  
BY SITE SUPERVISOR**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Internship Site Supervisor: \_\_\_\_\_

Please indicate the intern’s skills/performance level as well as knowledge in the following areas by circling the appropriate level. The indicators are as follow:

- 1 – Deficient – Displayed serious gaps in judgment/performance or lack of knowledge.
- 2 – Emerging – Developing knowledge/able to perform satisfactorily under supervision.
- 3 – Competent – Applies knowledge and skills appropriately without supervision.
- 4 – Exemplary – Applies knowledge and skills appropriately without supervision at an advanced, professional level.
- NA – Performance of skill or use of knowledge not observed or expected.

**A. COUNSELING PROCESS AND SKILLS**

- |    |   |            |
|----|---|------------|
| 1. | Establishes and maintains helpful counseling relationships. | 1 2 3 4 NA |
| 2. | Refrains from being judgmental.                             | 1 2 3 4 NA |
| 3. | Individual counseling skills.                               | 1 2 3 4 NA |
| 4. | Group facilitation skills.                                  | 1 2 3 4 NA |
| 5. | Listening skills.   | 1 2 3 4 NA |
| 6. | Use of open-ended questions/responses.                      | 1 2 3 4 NA |
| 7. | Appropriate use of clarification and restatement.           | 1 2 3 4 NA |
| 8. | Appropriate use of confrontation.                           | 1 2 3 4 NA |
| 9. | Ability to identify and explore student problems.           | 1 2 3 4 NA |

10. Assists students through problem-solving and decision-making processes. 1 2 3 4 NA

11. Ends counseling sessions appropriately. 1 2 3 4 NA

12. Refers students to appropriate resources as necessary. 1 2 3 4 NA

**B. SCHOOL COUNSELING KNOWLEDGE AND SKILLS**

13. Aware of goals and objectives of school counseling program. 1 2 3 4 NA

14. Can verbalize how counseling program supports the school's mission and goals. 1 2 3 4 NA

15. Conducts classroom guidance activities effectively. 1 2 3 4 NA

16. Assists teachers in meeting affective skill and career development needs of students. 1 2 3 4 NA

17. Collaborates with faculty, staff and administrators to enhance their work with students. 1 2 3 4 NA

18. Can verbalize what the school crisis plan is and understands her/his role in it. 1 2 3 4 NA

19. Utilizes assessment tools and planning skills to assist students in making informed choices. 1 2 3 4 NA

20. Collaborates with staff concerning assessment and planning for special needs students. 1 2 3 4 NA

21. Conducts effective meetings with parents to address student needs 1 2 3 4 NA

22. Learns and uses the school's information systems and technology 1 2 3 4 NA

23. Advocates for students, especially those who are under-represented, under-served, and at-risk of school failure. 1 2 3 4 NA

24. Is aware of the philosophy and policies of the school, school district, state and national education initiatives. 1 2 3 4 NA

**C. PERSONAL AND PROFESSIONAL BEHAVIOR**

- |     |  |   |   |   |   |    |
|-----|--|---|---|---|---|----|
| 25. | Has a commitment to the profession of school counseling.       | 1 | 2 | 3 | 4 | NA |
| 26. | Practices ethical behavior.                                    | 1 | 2 | 3 | 4 | NA |
| 27. | Maintains client confidentiality.                              | 1 | 2 | 3 | 4 | NA |
| 28. | Consults with staff or her/his supervisor regarding concerns.  | 1 | 2 | 3 | 4 | NA |
| 29. | Seeks out and accepts supervision.                             | 1 | 2 | 3 | 4 | NA |
| 30. | Takes initiative in learning school polices and procedures.    | 1 | 2 | 3 | 4 | NA |
| 31. | Exercises practical judgment.                                  | 1 | 2 | 3 | 4 | NA |
| 32. | Demonstrates punctuality.                                      | 1 | 2 | 3 | 4 | NA |
| 33. | Exhibits self-confidence.                                      | 1 | 2 | 3 | 4 | NA |
| 34. | Is available to students besides in her/his counseling office. | 1 | 2 | 3 | 4 | NA |
| 35. | Communication skills.  | 1 | 2 | 3 | 4 | NA |
| 36. | Is responsible and conscientious.                              | 1 | 2 | 3 | 4 | NA |

**The Intern's Principal Strengths Are:**

**Areas of Improvement Are:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature : \_\_\_\_\_ Date : \_\_\_\_\_



University of Colorado  
Denver

**COUNSELING PROGRAM**

**FINAL EVALUATION OF INTERNSHIP STUDENT – SCHOOL TRACK  
BY SITE SUPERVISOR**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Internship Site Supervisor: \_\_\_\_\_

Please indicate the intern’s skills/performance level as well as knowledge demonstrated in the following areas by circling the appropriate level. The indicators are as follow:

- 1 – Deficient – Displayed serious gaps in judgment/performance or lack of knowledge.
- 2 – Emerging – Developing knowledge/able to perform satisfactorily under supervision.
- 3 – Competent – Applies knowledge and skills appropriately without supervision.
- 4 – Exemplary – Applies knowledge and skills appropriately without supervision at an advanced, professional level.
- NA – Performance of skill or use of knowledge not observed or expected.

**A. COUNSELING PROCESS AND SKILLS**

- |    |  |   |   |   |   |    |
|----|--|---|---|---|---|----|
| 1. | Able to establish and maintain helpful counseling relationships. | 1 | 2 | 3 | 4 | NA |
| 2. | Refrains from being judgmental.                                  | 1 | 2 | 3 | 4 | NA |
| 3. | Possesses individual counseling skills.                          | 1 | 2 | 3 | 4 | NA |
| 4. | Possesses group facilitation skills.                             | 1 | 2 | 3 | 4 | NA |
| 5. | Has listening skills.  | 1 | 2 | 3 | 4 | NA |
| 6. | Uses open-ended questions/responses.                             | 1 | 2 | 3 | 4 | NA |
| 7. | Uses clarification and restatement.                              | 1 | 2 | 3 | 4 | NA |
| 8. | Uses appropriate confrontation.                                  | 1 | 2 | 3 | 4 | NA |
| 9. | Able to identify and explore student problems.                   | 1 | 2 | 3 | 4 | NA |

10. Can assist students through problem-solving and decision-making processes. 1 2 3 4 NA

11. Ends counseling sessions appropriately. 1 2 3 4 NA

12. Refers students to appropriate resources as necessary. 1 2 3 4 NA

**B. SCHOOL COUNSELING KNOWLEDGE AND SKILLS**

13. Is aware of goals and objectives of school counseling program. 1 2 3 4 NA

14. Has verbalized how counseling program supports the school's mission and goals. 1 2 3 4 NA

15. Has conducted classroom guidance activities effectively. 1 2 3 4 NA

16. Has assisted teachers in meeting affective skill and career development needs of students. 1 2 3 4 NA

17. Has collaborated with faculty, staff and administrators to enhance their work with students. 1 2 3 4 NA

18. Has verbalized what the school crisis plan is and understands her/his role in it. 1 2 3 4 NA

19. Has utilized assessment tools and planning skills and assisted students in making informed choices. 1 2 3 4 NA

20. Collaborated with staff concerning assessment and planning for special needs students. 1 2 3 4 NA

21. Has conducted effective meetings with parents to address student needs 1 2 3 4 NA

22. Has learned and used the school's information systems and technology 1 2 3 4 NA

23. Has advocated for students, especially those who are under-represented, under-served, and at-risk of school failure. 1 2 3 4 NA

24. Is aware of the philosophy and policies of the school, school district, state and national education initiatives. 1 2 3 4 NA



**C. PERSONAL AND PROFESSIONAL BEHAVIOR**

- |     |   |   |   |   |   |    |
|-----|---|---|---|---|---|----|
| 25. | Has a commitment to the profession of school counseling.        | 1 | 2 | 3 | 4 | NA |
| 26. | Practiced ethical behavior.                                     | 1 | 2 | 3 | 4 | NA |
| 27. | Maintained client confidentiality.                              | 1 | 2 | 3 | 4 | NA |
| 28. | Consulted with staff or her/his supervisor regarding concerns.  | 1 | 2 | 3 | 4 | NA |
| 29. | Sought out and accepted supervision.                            | 1 | 2 | 3 | 4 | NA |
| 30. | Took initiative in learning school polices and procedures.      | 1 | 2 | 3 | 4 | NA |
| 31. | Exercised practical judgment.                                   | 1 | 2 | 3 | 4 | NA |
| 32. | Demonstrated punctuality.                                       | 1 | 2 | 3 | 4 | NA |
| 33. | Exhibited self-confidence.                                      | 1 | 2 | 3 | 4 | NA |
| 34. | Was available to students besides in her/his counseling office. | 1 | 2 | 3 | 4 | NA |
| 35. | Demonstrated communication skills.                              | 1 | 2 | 3 | 4 | NA |
| 36. | Was responsible and conscientious.                              | 1 | 2 | 3 | 4 | NA |

**D. OVERALL PERFORMANCE** **1 2 3 4**

**E. THE INTERN'S MAJOR STRENGTHS ARE:**

**F. AREAS IN NEED OF IMPROVEMENT ARE:**

**G. OTHER COMMENTS:**

**H. GRADE RECOMMENDATION (Please include a brief explanation of the recommended grade.)**

\_\_\_\_ **A**  
\_\_\_\_ **B**  
\_\_\_\_ **C**

**GUIDELINES FOR GRADE ASSIGNMENT:**

A letter grade of **A** indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates excellent counseling skills, has high standards of personal and professional behavior, demonstrates a willingness to learn, is cooperative and resourceful in her or his work environment, and is committed to the counseling profession.

A letter grade of **B** indicates that in addition to completing all course requirements in a timely and professional manner, the student demonstrates strong counseling skills, has average standards of professional and personal behavior, is willing to learn, is resourceful in her or his work environment, and show a commitment to the counseling profession.

A letter grade of **C** indicates that the student has not completed course requirements in a professional manner, needs to improve counseling skills, has less-than-acceptable professional and personal standards of behavior, appears to be unwilling to learn, and lacks sufficient commitment to the profession. A letter grade of **C** is considered unacceptable in an internship program. A student receiving this grade will be asked to reconsider her or his choice of profession, or, if exceptional circumstances are proven, a second internship may be required prior to graduation.

In cases where the student has failed to meet the required number of clock hours within the two semester timeframe allotted for the internship experience, a grade of **Incomplete** will be given until the student meets the requirement. Failure to do so within one additional semester will result in an automatic letter grade of **C** and the associated consequences.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Weekly Log**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UNIVERSITY OF COLORADO DENVER - COUNSELING PROGRAM**

Student Name \_\_\_\_\_ Week of \_\_\_\_\_

Host Organization \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_ University Supervisor \_\_\_\_\_



For each activity listed, list the total number of hours engaged in that activity for each day. For special activities (i.e. seminars, workshops, etc.), list the title as well as the hours spent. Your On-Site Supervisor must sign off on each weekly log.

	MON	TUE	WED	THUR	FRI	SAT	SUN	WEEKLY TOTAL	Previous Week	Cumulative Total
<b>Date</b>										
<b>Client(s)--Family</b>										
<b>Client(s)--Group</b>										
<b>Client(s)--Individual</b>										
<b>Record keeping</b>										
<b>Individual Supervision</b>										
<b>Group Supervision</b>										
<b>Consultation</b>										
<b>Staff Meetings</b>										
<b>Seminars/Workshops</b>										
<b>Other</b>										
<b>Daily Totals</b>										

Comments:

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



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**University of Colorado Denver  
Student Evaluation of On-site Supervisor and Internship Site**

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_

Host Organization \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

On-site Supervisor: \_\_\_\_\_

**This form should be filled out by each internship student and returned to his or her on-site supervisor. A copy should also be given to the student's university supervisor. Please indicate supervisor's and internship site's levels in the following areas by writing the number corresponding to the appropriate response (Excellent, Very Good, Good, Fair, Poor, Not Applicable) in the blank beside each question:**

1	2	3	4	5	N/A
Poor	Fair	Good	Very Good	Excellent	Not Applicable

**SUPERVISION SKILLS:**

1. \_\_\_\_\_ Performs functions as teacher, counselor, or consultant as appropriate.
2. \_\_\_\_\_ Raises questions that encourage supervisee to explore alternatives of problem solving, seeking solutions, and responding to clients.
3. \_\_\_\_\_ Establishes good rapport with supervisee.
4. \_\_\_\_\_ Supports supervisee's professional development.
5. \_\_\_\_\_ Provides clear and useful suggestions.
6. \_\_\_\_\_ Is sensitive to individual differences and demonstrates flexibility in the supervisory relationship.
7. \_\_\_\_\_ Assists supervisee in conceptualizing cases when shared by students.
8. \_\_\_\_\_ Gives appropriate feedback.
9. \_\_\_\_\_ Confronts supervisee when appropriate.
10. \_\_\_\_\_ Helps supervisee assess own strengths.
11. \_\_\_\_\_ Assists in planning effective client goals and objectives when cases are shared.

12. \_\_\_\_\_ Has knowledge of supervisee's professional and personal strengths and weaknesses

#### SUPERVISOR EFFECTIVENESS

1. \_\_\_\_\_ Your overall satisfaction with supervisor.
2. \_\_\_\_\_ Interactions with supervisor contributed to improving your counseling ability.
3. \_\_\_\_\_ Interactions with supervisor contributed to increasing your self-confidence as a counselor.

#### SITE EVALUTATION

1. \_\_\_\_\_ Appropriateness of this site to your orientation within the counseling program.
2. \_\_\_\_\_ Adequacy of the physical facilities.
3. \_\_\_\_\_ Receptivity of staff toward you as an internship student.
4. \_\_\_\_\_ Availability of clients for counseling sessions.
5. \_\_\_\_\_ Receptivity of clients to you as an internship student.
6. \_\_\_\_\_ Provided a variety of professional tasks and activities.
7. \_\_\_\_\_ Availability of needed resources.
8. \_\_\_\_\_ Provides a good balance of giving me structure and allowing me autonomy.
9. \_\_\_\_\_ Provided with appropriate orientation to site and training.
10. \_\_\_\_\_ Overall rating of this site for future internship students.

Additional Comments:



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## POST-INTERNSHIP REPORT

### Internship Site:

\_\_\_\_\_  
**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor:** \_\_\_\_\_

### Typical Clientele at Site:

#### Your program track:

- Agency/ Community                       School                       HR/ EAP  
 Couple & Family                       College

#### Was it difficult to get all of your internship hours at this site?

- No, I did not have problems getting hours at this site.  
 Yes, it was difficult because: \_\_\_\_\_

#### Is there a minimum commitment to intern at this facility?

- Yes, \_\_\_\_\_ hours per week  
 Yes, \_\_\_\_\_ semesters  
 Other \_\_\_\_\_  
 No, there is no minimum commitment.

**What was the best aspect of interning at this site? (Clients, facility, supervision, etc.)**

**What could be improved about this internship site? (Clients, facility, supervision, etc.)**

Is there a prevailing philosophy or theoretical orientation approach at this site? \_\_\_\_\_

Describe:

Has this site had UCD interns before?  Yes  No

From what other schools/ programs does this site take interns?

On a scale from 1-10, (10 being the best) how would you rate:

- The facility \_\_\_\_\_
- Supervision \_\_\_\_\_
- Training \_\_\_\_\_
- Overall \_\_\_\_\_

Any other information that you feel would be helpful to someone considering this site for an internship:

Did this site meet your expectations? Explain.

Are there job possibilities at this site for interns? \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Term/ Year completed internship: \_\_\_\_\_

**May a student from the Counseling Program contact you for more information about this internship site?**

**I prefer not to be contacted.**

**Yes, I would be happy to help out a Counseling Program student. Please contact me**

**via:**

**phone**

**email**

**home address**

---



### Clinical Experiences Summary

Name: \_\_\_\_\_

Internship Placement and Dates: \_\_\_\_\_

Internship Placement Supervisor and Credentials: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_/600      Additional Hours: \_\_\_\_\_

Total Direct Client Contact Hours: \_\_\_\_\_/240      Couples Counseling: \_\_\_\_\_

Total Individual Hours: \_\_\_\_\_/150      Family Counseling: \_\_\_\_\_

Total Number of Groups: \_\_\_\_\_/12      Crisis Intervention: \_\_\_\_\_

Total Internship Placement      Trauma Counseling: \_\_\_\_\_

Supervision (1:0): \_\_\_\_\_      Grief & Loss Counseling: \_\_\_\_\_

Other supervision (specify) \_\_\_\_\_      Substance Abuse: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Types of Groups Conducted: \_\_\_\_\_

Trainings Completed: \_\_\_\_\_

Comments/ remarks:

\_\_\_\_\_

Practicum Placement and Dates: \_\_\_\_\_

Practicum Placement Supervisor and Credentials: \_\_\_\_\_

Practicum University Supervisor and Credentials: \_\_\_\_\_

Total Number of Practicum Hours Completed: \_\_\_\_\_

Trainings completed: \_\_\_\_\_

#### Practicum Activities

\_\_\_\_\_ Individual Counseling

\_\_\_\_\_ Group Counseling

\_\_\_\_\_ Testing/Assessment

\_\_\_\_\_ Intake

\_\_\_\_\_ Shadowing/Observation

\_\_\_\_\_ Progress Notes/Record Keeping

\_\_\_\_\_ Case Conferences

\_\_\_\_\_ Supervision \_\_\_\_\_

\_\_\_\_\_ Case Management

\_\_\_\_\_ Other \_\_\_\_\_

Comments/ remarks



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University of Colorado Denver- Counseling Program

Record of Internship Site Visit

*Site Visits are required (1) during the Internship course, (2) after changing to a new training site, or (3) after changing On-Site Supervisors. **This form is to be complete by the site-supervisor.***

Graduate Student: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_

Site Visit Date: \_\_\_\_\_

**Student Strengths:**

\_\_\_\_\_  
**Student Growth Areas:**

\_\_\_\_\_  
**Supervision Concerns:**

\_\_\_\_\_  
**Other Feedback:**

\_\_\_\_\_  
Graduate Student's Signature

\_\_\_\_\_  
On-Site Supervisor's Signature

\_\_\_\_\_  
Faculty Supervisor's Signature

University of Colorado Denver

*Counseling Program*

**Bi-Weekly Supervision Consultation Form**

(To be completed every-other week by the On-Site Supervisor.)

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate Student:		On-Site Supervisor:	
Group Supervisor:		On-Site Supervisor's Address:	
Group Supervisor Email:		City/State/Zip:	
		On-Site Supervisor's Phone:	
Clinical Training Site:		On-Site Supervisor's Email:	

Bi-Weekly Number	Date	✓	Progress Report	On-Site Supervisor's Signature	Faculty Supervisor's Signature
1		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
2		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
3		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
4		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
5		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
6		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
7		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		
8		<input type="checkbox"/>	Student is progressing satisfactorily. No need to call.		
		<input type="checkbox"/>	Please call me so we may discuss this student's progress.		