



University of Colorado  
Denver

**School of Education & Human Development  
Counseling Program  
1380 Lawrence Street, 11<sup>th</sup> Floor  
PO Box 173364, Campus Box 106  
Denver, Colorado 80204  
(303) 315-6300**

## **INTERNSHIP MANUAL**

**for**

**CPCE 5930 - Internship in Counseling**

## TABLE OF CONTENTS

### Section Page

<b>Program Faculty</b>	<b>4</b>
<b>Counseling Program Information</b>	<b>5</b>
Description of Program Mission and Objectives	5
Specific Programs	7
<b>Internship in Counseling:</b>	<b>8</b>
Internship Goals/Objectives	8
Internship Requirements	9
Site Criteria for Students in Clinical Mental Health and Couples & Family Tracks	10
Couple/Family Track Requirements	11
Internships for School Counseling Track	11
Procedures for Securing an Internship Site	12
Multiple Internship sites	13
Internship Completed at Place of Employment.	14
Internship Completed Outside of the Metro Denver Area	14
Beginning Internships	15
Internship Participation Between Semester Break	15
Internship Student File	15
Credit Hours	16
Insurance	17
Prior Work Experience	17
Formal Case Presentation	17
The Supervisor/Supervisee Relationship	17
Evaluation Expectation of Site Supervisors	18
Evaluations	18
Grading	18
Registering with DORA.	19
<b>Appendix A- Internship File Forms and Agreements:</b>	<b>22</b>
End of Semester Checklist	23
Supplemental Supervision Contract	24
Internship Agreement	26
Internship Contract	30
Permission to Record/ Observe	31
Midterm Evaluation by Host Supervisor	32
Final Evaluation by Host Supervisor	36
Midterm Evaluation by Host Supervisor-School Track..	41
Final Evaluation by Host Supervisor-School Track.	44
Weekly Log	48
Student Evaluation of Supervisor/Site ..	49
Post-Internship Report.	51
Clinical Experience Summary	54
Record of Site Visit Form.	55
<b>Appendix B- Internship Application</b>	<b>56</b>
<b>Appendix C- Internship Site Questionnaire</b>	<b>59</b>
<b>Appendix D- Internship Completion Verification Form.</b>	<b>63</b>
<b>Appendix E- Case Presentation Instructions</b>	<b>65</b>
<b>Appendix F- Supervisee's Bill of Rights</b>	<b>68</b>

## **INTRODUCTION**

The purpose of the handbook is to provide students and internship site representatives with information about the Counseling Program at the University of Colorado Denver. It is intended to clarify policies, procedures, requirements and expectations of internship.

## **Program Faculty**

Edward Cannon, PhD  
College of William and Mary  
Assistant Professor  
LSC 1137, 303.315.6335

Diane Estrada, PhD  
University of Florida  
Associate Professor  
LSC 1133, 303.315.6330

Troyann Gentile, PhD  
University of Nevada, Reno  
Assistant Clinical Professor  
Clinical Coordinator  
LSC 1126, 303.315.6003

Farah Ibrahim, PhD  
Pennsylvania State University  
Professor  
LSC 1131, 303.315.6329

Shruti Poulsen, PhD  
Purdue University  
Assistant Professor  
LSC 1134, 303.315.6338

Scott Schaefle, PhD  
University of Nevada, Reno  
Assistant Professor  
LSC 1129, 303.315.2172

### Participating Faculty

- Varies by semester

To reach a Participating Faculty member,  
please contact the Faculty Services Office,  
LSC 724, 303.315.6353

### Clinic Staff

Pat Larsen, Psy D  
University of Denver  
Clinic Director  
NC 4033, 303.556.6720

Melody Brown, MA, LMFT  
Northeast Louisiana University  
Psychotherapist  
NC 4032E, 303.556.6356

Christine Casey Perry, MA, LPC  
University of Colorado Denver  
Psychotherapist  
NC 4032C, 303.556.4373

Jenny-Lynn Ellis, MA, LPC  
University of Colorado Denver  
Psychotherapist  
NC 4033 303.556.4373

Ruth Possehl, MA, LPC  
University of Colorado Denver  
Psychotherapist  
NC 4028, 303.556.6789

Heather Aberle, MA, LPC  
University of Colorado Denver  
Psychotherapist  
NC 4032A, 303-556-6299

## **Counseling Program Information**

### **Description of Program Objectives**

The University of Colorado Denver, through the School of Education & Human Development, offers Master of Arts programs appropriate for counseling work in community agencies, school systems, couple and family settings, private practice, and business settings. The programs in Couple and Family Therapy, Clinical Mental Health Counseling, and School Counseling are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The overall philosophy of the Counseling program is to prepare master's level counselors with academic, professional, and personal credentials to perform effectively in their anticipated work setting. Individual, systems, and integrated training are emphasized with a focus on what research demonstrates as being essential in effective counseling.

Current objectives of the Counseling programs are reflected in the core requirements as directed by national accreditation standards and licensure requirements. Through coursework, practicum, internship, and successful completion of the comprehensive examination, students are expected to satisfy overall program objectives and specific course objectives. Students should be prepared to meet course objectives and attend classes as scheduled. In addition, students must have access to computer technology in order to participate in on-line coursework and communication within the program.

### **Mission Statement**

The mission of the Counseling Program at the University of Colorado Denver is to educate competent counselors who value inclusion and prize diversity such that they are prepared to offer a continuum of mental health services across a variety of settings for the benefit of the Denver metropolitan community and the society.

The Counseling program faculty strives to train counselors who:

1. Are adept at providing high quality, contextually appropriate counseling and consultation services to individuals, couples, families and systems.
2. Welcome and support diversity including race, ethnicity, sexual orientation, spirituality, gender, age, ability and socioeconomic status among the faculty, peers, and clientele; who advocate on behalf of marginalized individuals and groups; and who are open to challenging the dominant paradigm by adopting multiple perspectives with the goal of becoming culturally competent.
3. Who embody integrity and culturally sensitive ethics in their professional practice.
4. Who are committed to life-long learning, self-care, and professional development; and who advocate on behalf of their professional identity as counselors.

## Overall Objectives

1. To develop a theoretical base with a rationale for counseling.
2. To understand professional problems/issues/ethical concerns.
3. To develop individual counseling skills.
4. To learn group facilitation skills, and understand group behavior.
5. To understand career development.
6. To be skilled at measurement and evaluation procedures.
7. To develop professional counseling expertise under supervision.
8. To experience personal growth and professional development.
9. To respect cultural differences and interact with children/adults accordingly.

## Skill Development

1. Assessment Skills
  - a. Developmental and psychological stages through the life span.
  - b. The referral process.
  - c. Information gathering.
  - d. Effective interviewing skills.
  - e. Selecting and evaluating tests.
  - f. Test interpretation.
  - g. Diagnosing behavioral and psychological problems.
2. Organizational/Administration Skills
  - a. Conducting needs assessments.
  - b. Identifying behavioral objectives and developing treatment plans.
  - c. Planning comprehensive counseling programs.
  - d. Implementing counseling practices and interventions.
  - e. Evaluating counseling programs and psychological interventions.
  - f. Organizing a private practice.
3. Educational Counseling Skills
  - a. Working with the educational curriculum.
  - b. Academic advising.
  - c. College planning.
  - d. Vocational planning.
  - e. Job planning.
  - f. Curriculum consultation.
  - g. Working as a consultant to school personnel
4. Career Counseling Skills
  - a. Career development theories.
  - b. Resume building.
  - c. Life career planning.
  - d. Utilizing career inventories.
  - e. Career development computer programs.
  - f. Career development activities and programs.
5. Personal Counseling Skills
  - a. Psychological assessment and treatment planning.
  - b. Rapport building and interviewing skills.
  - c. Listening and effective intervention selection.
  - d. Counseling theory and application.
  - e. Counseling techniques and intervention practices.
  - e. Referral procedures--suicide, incest, harm to self or others, etc.
  - f. Diagnosis with DSM IV-TR.
  - g. Substance abuse recognition, referral, and counseling.
  - h. Couple and family diagnosis and treatment.

- i. Crisis intervention and management
  - j. Psychopharmacology
6. Group Counseling Skills
- a. Understanding group process.
  - b. Organizing groups.
  - c. Group process/stages.
  - d. Group purpose.
  - e. Strengths and weaknesses of groups.
  - f. Different kinds of groups.
  - g. Assessment of group interventions.
  - h. Ethics of group work.
7. Couple and Family Counseling/Therapy Skills
- a. Assessment and interviewing.
  - b. Systems theory and application.
  - c. Family development cycles.
  - d. Techniques of counseling couples and families.
  - e. Treatment and research in couple and family therapy.
8. Professional Growth
- a. Personal expectations and skill level.
  - b. Ethical considerations, including "duty to warn."
  - c. Commitment to obtaining up-to-date information.
  - d. Licensure, credentialing, and professional associations.
9. Research Skills
- a. Literature review skills.
  - b. Research proposal writing.
  - c. Problem identification.
  - d. Hypothesis development and testing.
  - e. Methodology & statistical analysis.
10. Multicultural Skills
- a. Assessing influence of culture in counseling.
  - b. Utilizing culturally sensitive skills.
  - c. Ethical decision making from a multicultural perspective.
  - d. Identifying indigenous helpers.

## **INTERNSHIP IN COUNSELING** **CPCE 5930**

The internship is the final and most comprehensive professional experience in the Counseling Program. The intent of the internship is to provide students with closely supervised training at a site usually outside the university environment that is congruent to their orientation within the program. In order to insure that the students' individualized career goals are met in the internship experience, arrangements for the internship are negotiated between the student, the on-site supervisor and the clinical coordinator at the University of Colorado Denver. Either On-campus or Distance (On-line) group supervision class attendance is required.

### **Internship Goals**

The internship is designed to provide students with an opportunity to practice and expand their counseling and/couples and family therapy skills. On-site supervisors will closely monitor student activities, provide effective and appropriate feedback, work in cooperation with university supervisors and encourage student participation in a variety of on-site activities.

Students may also use on-site facilities at the University Community Counseling Center for group supervisory sessions and continued expansion and evaluation of counseling skills through use of the counseling labs, video and audio equipment, and supervision.

During the internship, students will be expected to demonstrate a commitment to implementing and expanding the following internship specific skills:

- Establishing and maintaining an ongoing client caseload.
- Demonstration and application of appropriate counseling and/or couples and family therapy skills.
- Development of specialized skills relevant to the requirements of the host site.
- Establishing and maintaining effective working relationships with staff, supervisors and colleagues.
- Demonstration of willingness to meet professional obligations.
- Demonstration of enthusiasm and commitment to the counseling profession.
- Demonstrating a willingness to learn and sensitivity to feedback.
- Demonstration of personal traits conducive to effective counseling, learning and professional development.
- Perform all counseling and related activities in an ethical and legal manner.
- Demonstration of willingness to explore and use community resources for referrals.

## Internship Requirements

Prior to enrolling in the Internship, students will be required to have completed all the Counseling Program courses in their tracks. Students must be prepared to commit a total of 600 hours to the Internship which may extend one or more semesters. Distribution of Internship hours must be as follows:

1. Direct Services  
Client Contact (one-on-one, couples, family or group).  
Forty percent of total internship hours minimum: 240 hours  
\* CACREP requires that all students gain experience in group facilitation skills. You must log at least 10 hours of group facilitation throughout the course of your internship. Please note: This is in addition to the 10 hours that you are required to complete as a group participant!  
\* Couple and Family Track students must have a minimum of 121 contact hours with couples and/or families. (Couple and family hours may include only sessions where there is more than one family member present. Multiple Family group sessions can also be counted for couple and family hours)
  2. Individual Supervision with On-Site Supervisor  
One hour per week minimum: 15-30 hours
  3. Group Supervision (class attendance) with University Supervisor  
One and one half hour per week minimum: 23-45 hours
  4. Additional hours spent in staff meetings, case presentations  
Peer and/or supervisor observations, in-service training,  
transcription and analysis of audiotapes or other activities  
approved in advance by student's Supervisor: 285-322 hours\*
- TOTAL: 600 hours

- Additional hours (#4 above) will vary depending on the number of direct service hours performed.
- Per CACREP Standards, students may NOT carry over any hours, either direct client or other hours from practicum to Internship.
- Clinical activities that can be counted as **Direct Service/Client Contact Hours** may include: intake and assessment, individual counseling with children, adolescents, and adults, facilitation or co-facilitation of therapy or psychoeducational groups, couples or family therapy sessions, and treatment team activities in which the client(s) is present. For those completing school counseling internships, direct services may include classroom guidance activities and consultation with parents and teachers.
- **Group Therapy Hours:** As noted above, CACREP requires that all students experience at least 10 hours of group facilitation as a group leader. You will need to document these hours on your weekly logs. Students participating in the Clinical Mental Health and School Counseling tracks may include up to 120 contact hours of group counseling/psychotherapy facilitation as a leader, in the completion of their 240 total client contact hours. Given the fact that there are multiple facts that influence the number of appropriate group hours, School Counseling group hour should be mutually agreed upon between the student and their academic advisor. Students participating in the Couples and Family Track may apply a maximum of 60 group hours (60 hours) towards their Client Contact hours. For couple and family credit, these groups must have as their focus couple and family issues **specifically**

and ***exclusively***. Examples include development of parenting skills, couple communication, etc. **In order for group work to count toward direct client contact hours in the couple and family Internship, prior approval must be obtained from the student's University Internship supervisor.**

### **Internship Site Criteria for Students in Clinical Mental Health and Couples & Family Tracks**

In order to be in compliance with the CACREP accreditation standards and to make students' internships high quality learning experiences, use the following criteria when selecting an internship site. Please discuss these criteria with potential site supervisors prior to signing an internship agreement. All internship sites **MUST** meet CACREP standards—no exceptions! Requests for consideration of sites that do not meet these criteria must be submitted in writing to the Clinical Coordinator. This request must be submitted in the semester ***prior*** to the scheduled start of internship and approval must be given by the Clinical Coordinator ([troyann.gentile@ucdenver.edu](mailto:troyann.gentile@ucdenver.edu)) on behalf of the faculty.

CACREP STANDARDS (Section III, H) regarding Internships:

- 600 clock hours after successful completion of practicum
- 240 hours of direct service with clients appropriate to track (Couple and family track students must complete 121 of these with couples or families)
- A minimum of 10 hours of group facilitation.
- Weekly interaction with an average of one hour per week of individual and/or triadic supervision, throughout internship (usually performed by the on-site supervisor)
- An average of one and one half hours per week of group supervision on a regular schedule throughout the internship, usually performed by a program faculty member; (this is CPCE 5930, your internship class).
- The opportunity for students to become familiar with a variety of professional activities in addition to direct service (record keeping, supervision, information and referral, in-service and staff meetings);
- The opportunity for students to develop program-appropriate audio and/or videotapes of the student's interactions with clients for use in supervision;
- 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;
- A formal evaluation of the student's performance during the internship by a program member in consultation with the site supervisor
- Students must formally evaluate their supervisors and learning experience at the end of their internship experiences.
- Clinical experiences should provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community
- Students must have liability insurance
- Site supervisors must have
  1. a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses;

2. a minimum of 2 years of pertinent professional experience in the program area in which the student is competing clinical instruction
3. knowledge of the program's expectations, requirements, and evaluation procedures for students.

\* Site-Supervisors must submit a copy of their current state license and a copy of their vita/resume to the Counseling Program prior to assuming supervisory duties.

### **For students in the Couples and Family track program:**

To comply with standards for Colorado state licensure and CACREP accreditation, couple and family students (like all internship students) must complete a total of 240 direct contact hours in Internship, with the majority (i.e. 121) of those hours being direct client contact hours with couples and families.

For the purpose of the couples and family Internship, direct contact is defined as working with more than one client in the therapy session. This means that the counselor is working with, for example, a parent and a child, husband and wife, parents and children, two adults in a relationship, etc. Multiple family groups may be counted for couple and family contact hours.

**Using systems theory with an individual does not constitute direct contact with couples and families for the purpose of your internship experience.**

### **Internship for School Counseling Students**

#### **School Counseling Requirements**

Students in the school-Counseling track are required to do all 600 hours of Internship in a school setting under the supervision of a licensed school counselor. Since the endorsement by the University of Colorado Denver for school license is K-12, students should try to do one semester in a middle school and one in a high school and document hours in any elementary school. Full-time experience consisting of at least a four-hour block of time each day is required. Internship students who are teachers or working on other capacities in schools may not do their internship experience in their public school setting. Dr. Ibrahim is the faculty leader of the school track.

Internship for students in the School Counseling track will require registration for six credits. This internship is built upon the four quadrants of the ASCA National Model (See American School Counselor Association @ [www.schoolcounselor.org](http://www.schoolcounselor.org).) and requires that students are able to demonstrate the ability to execute all of the roles and functions of a professional school counselor in a school setting under the supervision of a licensed school counselor who has a minimum of two years experience as a certified school counselor in a school setting (K-12).

The intern will complete a minimum of 600 hours, with 240 hours of direct service to students (implementing developmental classroom counseling activities linked to the academic curriculum, running groups to enhance resilience and prevent risk factors pertaining to learning, career, and social-emotional development, and providing direct service (student academic-career planning, and responsive services).

School Track students should expect to have the following experiences in their sites:

Essential

- \_\_\_\_\_ individual ongoing counseling with one student
- \_\_\_\_\_ group counseling
- \_\_\_\_\_ crisis intervention individual counseling
- \_\_\_\_\_ sit in on child abuse reporting
- \_\_\_\_\_ sit in on suicide intervention
- \_\_\_\_\_ group counseling
- \_\_\_\_\_ scheduling activities (high school)
- \_\_\_\_\_ parent conference
- \_\_\_\_\_ college counseling (high school)
- \_\_\_\_\_ career/vocational counseling (high school)
- \_\_\_\_\_ discipline process from counseling perspective
- \_\_\_\_\_ orientation (will look different for fall and spring)
- \_\_\_\_\_ consultation with faculty
- \_\_\_\_\_ consultation with administration
- \_\_\_\_\_ special education staffing - process from beginning to end if possible
- \_\_\_\_\_ 504 process

Highly recommended

- \_\_\_\_\_ prevention activities, e.g. mentoring programs
- \_\_\_\_\_ parent programs
- \_\_\_\_\_ program coordination
- \_\_\_\_\_ classroom presentations
- \_\_\_\_\_ computer orientation regarding student records
- \_\_\_\_\_ district in-services
- \_\_\_\_\_ peer counseling activities
- \_\_\_\_\_ presentations to staff on counseling related activities
- \_\_\_\_\_ administration or dean's meetings - counseling related

**Procedures for Securing an Internship Site**

1.) It is each student's responsibility, in collaboration with the Clinical Coordinator (troyann.gentile@ucdenver.edu), to identify, contact, and make arrangements with internship sites. The first step in this process is to carefully review this Internship Handbook and to peruse the Counseling Internship Web Site (<http://sehd.ucdenver.edu/cpce-internships/about-2/internship-site-map/>) for a list of Approved Sites. There are multiple resources on this website that can assist students in answering internship questions. A review of the Frequently Asked Questions and the interactive Internship Site Map are good places to start this process.

2.) The interactive map lists approved sites. On the map students will see pins that identify the name and location of each approved internship site. When students click on the pin, a pop-up

will appear that includes the agency or school name and address, the name and telephone number of the site supervisor, appropriate track, and a hyperlink to the site's web page. An initial review of the various agency web sites should provide students with preliminary insights into the compatibility of their interests and the services provided by each agency or school.

3.) Students are responsible for contacting each prospective site and to discuss internship opportunities with the identified supervisor from that agency or school. It is best if students can establish an interview at that site, in order to gain a better understanding about compatibility and to allow familiarity with the site supervisor.

4.) If there are questions, students are to contact the Clinical Coordinator (Troyann Gentile, Ph.D.) via email ([troyann.gentile@ucdenver.edu](mailto:troyann.gentile@ucdenver.edu)) or via telephone at 303-315-6003.

5.) If students select sites that have already been approved, they will work with the site supervisor to complete all of the Internship paperwork (See Forms and Agreement Section). Please review the following document that needs to be completed and returned to Marlinda Hines (Counseling Program Academic Advisor) by the Internship application deadlines found on the Internship Application Form (July 15<sup>TH</sup> (Fall), September 15<sup>TH</sup> (Spring), April 15<sup>TH</sup> (Summer).:

- Internship Application (Appendix B) completed by the student.

6.) All students who intend to begin Internship at the start of the Fall semester, must have their internship site selected and approved by the Clinical Coordinator (Troyann Gentile, Ph.D.) prior to the end of the previous spring semester(**i.e., sites will not be approved during the summer semester prior to a fall start**). This includes the approval of any site that is not presently on the Approved Internship Site list.

7.) The interactive map lists only those sites that have been approved. Students can work with the Clinical Coordinator to have other sites approved. In order to have a site approved, the site supervisor must complete the Internship Site Questionnaire (See Appendix C) and submit it to Dr. Gentile. Dr. Gentile will review the material and will work with the site supervisor to determine if the site meets CACREP and Counseling Program requirements for approval. Once approved, all other internship paperwork must be completed. See number 5 above.

8.) It is a CACREP standard that at least one of your internship sites obtains and review raw data for monitoring your progress in that internship. When selecting a site, it is critical that at least one of your site supervisors agrees to gather direct information about your counseling skills by viewing a session through a one way glass, watching a video, listening to an audio tape or being in the room with the intern during at least one counseling session. It is your responsibility to report which of your sites will be responsible for providing this type of review of your work.

### **Multiple Internship Sites**

Students in all tracks can have a maximum of two internship sites. Students can participate in these two sites on either a concurrent or contiguous basis. Arrangements must be made with the Clinical Coordinator ([troyann.gentile@ucdenver.edu](mailto:troyann.gentile@ucdenver.edu)) prior to securing the second

internship site. All application materials must be completed for both sites, including the collection of license and vita/resume from the on-site supervisor, prior to the end of the semester before the start of internship. As stated above, all material must be submitted prior to the end of the spring semester, before starting a fall internship.

### **Internships Completed at Place of Employment:**

Students who wish to complete their internship in their work place, must document that the following criteria have been met prior to approval by the CPCE Clinical Coordinator:

1. Must secure supervision from someone who meets the criteria above and who is not one's administrative supervisor (i.e. the person with hiring/firing authority) in order to prevent double binds/conflicts of interest.
2. Students must also submit a letter to the Clinical Coordinator outlining the internship responsibilities and must include a memo from the clinical supervisor indicating s/he is not the administrative supervisor and does meet the internship standards. In most cases, a student's actual job does not suffice as experience that is consistent with the responsibilities of a masters level counselor, therefore this letter will have to clearly outline any aspects of the student's current job description that they would like to count towards their internship hours, as well as an overview of other activities that will be carried out throughout the internship process. This letter will be reviewed by the faculty to determine which activities and hours will be counted and which will not.
3. Students must acknowledge understanding that no more than half (120) of their required 240 Client Contact hours can be accrued through completion of their regular work/employment duties. Therefore, 120 Client Contact hours must include clinical activities that are separate and distinct from their regular work responsibilities.
4. Students must obtain written approval from the Clinical Coordinator prior to signing and internship agreement with a work place site.

### **Internships Outside of the Denver Metro Area:**

Students who wish to do their internship in a site outside of the Denver Metro area must obtain permission to do so from the Clinical Coordinator, who will consult with the student's individual supervisor and other clinical staff in the counseling center who are familiar with their clinical work, by midterm of their practicum semester. Students will indicate this preference on their Internship Application form. Students who need additional skill or professional development will not be permitted to participate in internship sites outside of the Denver Metro Area. Students must submit a Site Approval Questionnaire to the Clinical Coordinator BEFORE they will be permitted to complete the internship outside of Denver. Please note that all applications will be approved on a case-by-case basis, following careful consideration of the appropriateness of each potential internship site.

Students who are completing their internship outside of the Denver Metro area can register for any internship class and work with the facilitator of that class to identify a supervision process that is consistent with CACREP standards. Each Internship class facilitator is at liberty to work with distance students as they believe appropriate. Possible requirements may include weekly

telephone contact, weekly Skype/Video Conference, Video Conferencing the student into the actual classroom, etc.

Arrangements for this type of cross-program coursework must be done in consultation with the Clinical Coordinator ([troyann.gentile@ucdenver.edu](mailto:troyann.gentile@ucdenver.edu)).

### **Beginning Internship:**

Interns may NOT begin internship until after the end of their practicum semester. They may; however, begin prior to the official start of the subsequent semester as long as they are registered for internship, are assigned an internship supervision section of CPCE 5930 and have secured “on call” supervision with their university supervisor, the Clinical Coordinator, or another licensed faculty member or clinic staff member (**Complete the Supplemental Supervision Agreement; See Appendix A**). Students will need to meet with the “on call” supervisor at least once prior to starting the internship to review all paperwork and proof of insurance.

### **Internship Participation During Semester Breaks:**

Students who are continuing in internship from one semester to the next may also continue to counsel clients in their internship sites during semester breaks as long as they secure “on call” supervision from a full-time licensed faculty member or clinic staff member (**Complete the Supplemental Supervision Agreement; See Appendix A**). Students are expected to make weekly email contact with their “on call” supervisor to report progress and to let the faculty member know that there are no problems in the internship. If there is a problem, students are to contact their “on call” supervisor immediately via telephone.

### **Internship Student File:**

Every internship student will have an internship file that contains all of the information that is needed to monitor internship progress and completion. The internship file will be in the form on an online portfolio in Livetext and it will be updated weekly with forms uploaded by the student. This file will contain all of the following completed forms in **PDF** format (Appendix A):

- End of Semester Documentation Checklist
- 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.
  - This form is to be signed by the student, their site supervisor, and the class university supervisor. It is to be submitted at the time of the first class.
- Internship Contract
  - The contract is to be submitted to the online portfolio by the 2<sup>nd</sup> class.

- This contract must be signed and uploaded to the internship portfolio at the start of each semester that the student is in internship.
- Proof of Insurance
  - Professional Liability Insurance is to be maintained by students throughout the entirety of their practicum and internship experience.
  - This documentation must be active through the end of your internship activities.
  - The university supervisor should monitor the expiration date of the proof of insurance at the beginning of each semester to insure that it will remain active throughout.
- Midterm Evaluations
  - The site supervisor from each internship site must complete a midterm evaluation form each semester. Each site supervisor will receive a link to each evaluation, via the email address provided by the student. The site supervisor will complete the online evaluation and **MUST** print and provide a signed copy of the completed evaluation to the student. The student is then responsible for signing the evaluation and uploading the completed evaluation to the appropriate section in the internship portfolio.
- Final Evaluation
  - The site supervisor from each internship site must complete a final evaluation form each semester. Each site supervisor will receive a link to each evaluation, via the email address provided by the student. The site supervisor will complete the online evaluation and **MUST** print and provide a signed copy of the completed evaluation to the student. The student is then responsible for signing the evaluation and uploading the completed evaluation to the appropriate section in the internship portfolio.
- Weekly Logs
  - Students will be expected to keep a weekly log of hours spent in internship activities.
  - Logs must be kept current and signed by the site supervisor.
  - They are to be uploaded to the online portfolio each week.
  - They should consist of daily notations indicating the date and amount of time allotted to each activity (see appendix A). Weekly summaries of experiences, reactions to experience, information, learned, future goals, and problems should be included.
- 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. (Students will complete this evaluation via a link, which is embedded in the Online Internship portfolio Template in Livetext.)
- Post-Internship Report
  - Completed at the end of the internship experience. (Students will complete this evaluation via a link, which is embedded in the Online Internship portfolio Template in Livetext.)
- 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.*

### **Credit Hours:**

**Given the fact that students are registered for Internship class (CPCE5930), students that complete their internship hours prior to the end of the semester are required to attend their weekly Internship Seminars until the end of semester regardless of whether or not they are seeing clients.**

A minimum of six credit hours must be completed. This requirement can be met in one semester or over two (3 credit hours each). Students who do not complete the 600 hours by the end of six credit hours must enroll for additional credit. Students who have more than 100 hours remaining by the time the next term begins, must enroll in an additional 3-credit internship class. Students who have fewer than 100 hours remaining by the start of the next term, may enroll in a 1 credit internship class. Students who complete their internship hours prior to the end of the semester are required to attend internship class on-campus, for the remainder of the semester. If the student is completing two tracks, a total of 1200 on-site hours at two or more sites must be completed. Students will receive an "Incomplete", until all hours are complete. Each credit hour a student registers for equals 100 hours of internship. For example, if a student registers for 3 credit hours for the semester, they must complete 300 hours of internship. Students are required to complete the number of hours they have registered for in a given semester. If a student does not complete the registered hours, they will receive an incomplete until they complete the hours. It is the student's responsibility to work with the original professor/instructor to complete the hours (according to the incomplete policy) in the specified time frame.

### **Insurance:**

All internship students are expected to have liability insurance. Because students are expected to meet this requirement for completion of the practicum, internship students will submit a copy of their insurance. One copy will be submitted to their on-site supervisor and a second copy to their university supervisor for inclusion in the student's internship portfolio.

### **Prior Work Experience:**

Interns may **NOT** count hours accrued through prior work experience to satisfy internship hours. All internship hours must be accrued AFTER students have completed practicum, secured an approved internship site, registered for CPCE 5930, obtained liability insurance, and either attended their first CPCE 5930 class session or secured "on call" supervision from their university supervisor, the Clinical Coordinator or another licensed Counseling Program faculty member or clinic staff member.

## **Formal Case Presentation**

A graduation requirement for students in the program is the successful presentation of a case conceptualization. This case presentation will be required during each semester the student is enrolled in Internship seminar. See Appendix E for a sample description of case presentation data.

## **The Supervisor/Supervisee Relationship**

While the supervisor/supervisee relationship is best developed through a collaborative process, the fact that students' performance is evaluated and grades given indicates that it is also a hierarchical and evaluative relationship. Given this fact, supervisors and students are urged to discuss students' professional development goals, supervisors' theory of practice and theory of supervision and begin the process of evaluating students' level of professional development and skill development early in the supervisory relationship. Once these issues have been discussed, students and supervisors can begin to identify goals and objectives for fostering students' professional development, protocols for ensuring client welfare, and a process for assisting students in understanding self-care, burnout, and other issues that may influence professional development and client wellbeing. At the start of the internship, students should be informed of all performance standards and program regulations upon which evaluation will be based throughout the internship process. On an ongoing basis, supervisors and students should review these issues and students should be apprised of their progress in meeting professional development goals and in meeting performance standards. (See Supervisee's Bill of Rights; Appendix F)

## **Evaluation Expectations of the Site Supervisor:**

A mid-term evaluation of the intern must be completed by the on-site supervisor for each semester. Each site supervisor will receive a link to each evaluation, via the email address provided by the student. The site supervisor will complete the online evaluation and **MUST** print and provide a signed copy of the completed evaluation to the student. The student is then responsible for signing the evaluation and uploading the completed evaluation to the appropriate section in the internship portfolio. (A copy of the electronic evaluation is in Appendix A).

A final evaluation of the intern must be completed by the on-site supervisor at the end of each semester or summer session. Each site supervisor will receive a link to each evaluation, via the email address provided by the student. The site supervisor will complete the online evaluation and **MUST** print and provide a signed copy of the completed evaluation to the student. The student is then responsible for signing the evaluation and uploading the completed evaluation to the appropriate section in the internship portfolio. (A copy of the electronic evaluation is in Appendix A)..

The intern student is responsible for notifying the site supervisor regarding required dates for evaluations. On-site supervisors will be sent a link, via email, to both midterm and final evaluations. Students will be responsible for following up with the on-site supervisor to ensure

they have completed the evaluations and received a signed hard copy of the completed evaluations. Once students have received the signed version of the evaluations they are then responsible for uploading the PDF document to their online internship portfolio in livetext. At some point during the internship, the student will need to arrange for an on-site meeting between the site supervisor and the student's university supervisor.

Site supervisors should obtain raw data regarding the intern's performance. This means the site supervisor should gather direct information about interns' counseling skills by viewing a session through a one way glass, watching a video, listening to an audio tape or being in the room with the intern during at least one counseling session.

## **Evaluations**

Students will be formally evaluated at mid-term and at the end of each semester by the on-site supervisor. While a grade recommendation will be requested and taken into consideration from the on-site supervisor, final assignment of a grade will be made by the internship student's university supervisor. Internship students will be asked to complete an evaluation of their experience, including evaluation of on-site supervision and facilities using the Supervisor/Site Evaluation and the Post-Internship Report. (Students will complete this evaluation via a link, which is embedded in the Online Internship portfolio Template in Livetext (A copy of the electronic evaluations can be seen in Appendix A).

The student's university supervisor must make at least one formal on-site visit to the student's internship site during the semester.

## **Grading**

Letter grades will be assigned based on the following considerations:

Attendance at class meetings

Maintenance of internship log

Formal evaluations by on-site supervisor (Based on performance standards outlined in Site-Supervisor Evaluation Forms and agreement set forth by supervisor/supervisee collaboration.)

Completion of required number of clock hours

Professionalism and enthusiasm

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, family therapy and school counseling, 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, family therapy and school counseling skills, has average standards of personal and professional behavior, is willing to learn, is resourceful in his or her work environment and shows 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, family therapy and school counseling skills, has less-than-acceptable professional and personal standards of behavior, appears unwilling to learn and lacks sufficient commitment to the profession.

*A letter grade of **C** is considered unacceptable in the internship course. A student receiving a C or lower will not be permitted to graduate from the Counseling Program until they have demonstrated that the circumstances leading to the C grade have been addressed and ameliorated.* Please refer to the Counseling Program Handbook for additional information.

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.

Students receiving a C or lower in internship must meet with their faculty advisor, site supervisor and university supervisor to develop a plan for remediation. The remediation plan must be approved by the Counseling Program faculty before students are permitted to register for another semester of CPCE 5930.

### **Registering with DORA (Colorado Department of Regulatory Agencies)**

All students are required to submit their application for acceptance as a Registered Psychotherapist to DORA at the start of their internship. For information on the application process, please see <http://www.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632299711&pagename=CBONWrapper>. Click on Application for Listing in the Grievance Board Database to download the application. As of 8/15/2011 the fee for application is \$160.

Once all requirements for graduation have been completed, students are eligible to apply for licensure with DORA (i.e. LPC or LMFT). Please note that application requirements are different for the various professional licenses granted by DORA, so it is critical for students to read the application requirements carefully. If questions arise about licensure or post-graduate hours required, go to DORA and look at the LPC or LMFT "Application for License by Examination" (<http://www.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632536976&p=1251632536976&pagename=CBONWrapper> for LMFT or <http://www.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632266340&p=1251632266340&pagename=CBONWrapper> for LPC).

If all requirements for graduation are complete prior to the date of graduation, students can begin to count all clinical hours accrued from the date of completion forward towards their licensure as either a Licensed Professional Counselor or Licensed Marriage and Family Therapist. In order for these hours to count towards licensure, students must prove program completion and have a letter sent from the Counseling Program to DORA indicating the specific

date that students completed all requirements of their degree, including all supervised clinical hours required for internship completion. Marlinda Hines, the Counseling Program Academic Advisor will complete this letter indicating that "all requirements have been met prior to the conferral date on which students were/will be granted their degree". The following procedures must be followed in order for this letter to be completed and forwarded to DORA.

- 1.) Completion of all requirements for graduation means that all requirements of the program, including the final Internship course have been met. This includes the 600 internship hours, as well as all academic requirements of the Internship course. Students may be permitted to complete their Final Case Presentation early, so that the completion date can be set prior to graduation/conferral of the degree, but all academic requirements of the course must be fully completed prior to sending this letter to DORA. Please Note: Students are required to complete a Final Case Presentation each semester that they are engaged in the Internship Seminar. Therefore, while they may have completed a formal case presentation in their initial semester of Internship, they are also required to complete one in all subsequent semesters of internship.
- 2.) Students must have their university supervisor complete the Internship Completion Verification Form (Appendix D). Again the date of completion is the date when ALL requirements of internship have been completed (i.e., hours, case presentations, etc.).
- 3.) Students will then submit the Internship Completion Verification Form to Marlinda Hines, who will process the form, write the letter of completion, and submit it to DORA for Review.
- 4.) After DORA has confirmed receipt of the letter described above, all clinical hours after the date of completion, should be counted towards the 2000 post graduate hour requirement for licensure.
- 5.) Given the fact that students are registered for Internship class (CPCE5930), students that complete their internship hours prior to the end of the semester, are required to attend their weekly Internship Seminars until the end of semester regardless of whether or not they are seeing clients.

# **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.*
- ☐ Student has made copies of all items submitted for personal records.



University of Colorado  
Denver

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:

---

---

---

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: \_\_\_\_\_

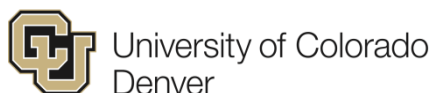
On-Site Supervisor: \_\_\_\_\_

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 policies 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 policies 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
Date										
Client(s)--Family										
Client(s)--Group										
Client(s)--Individual										
Record keeping										
Individual Supervision										
Group Supervision										
Consultation										
Staff Meetings										
Seminars/Workshops										
Other										
Daily Totals										

Comments:

Supervisor's Signature

Date



University of Colorado  
Denver

**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:



University of Colorado  
Denver

## 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	_____ Progress Notes/Record Keeping
_____ Group Counseling	_____ Case Conferences
_____ Testing/Assessment	_____ Supervision _____
_____ Intake	_____ Case Management
_____ Shadowing/Observation	_____ Other _____

Comments/ remarks



University of Colorado  
Denver

## 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

# **Appendix B**

## **INTERNSHIP APPLICATION**

**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/R  
esources/Pages/CounselingResources.aspx](http://www.ucdenver.edu/academics/colleges/SchoolOfEducation/CurrentStudents/Resources/Pages/CounselingResources.aspx)**



University of Colorado  
Denver

## MASTERS PROGRAM IN COUNSELING

### INTERNSHIP APPLICATION

RETURN TO THE CLINICAL COORDINATOR by JULY 15<sup>TH</sup> (FALL), SEPTEMBER 15<sup>TH</sup> (SPRING), APRIL 15<sup>TH</sup> (SUMMER).

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

TRACK: \_\_\_\_\_ EMAIL \_\_\_\_\_

PROPOSED INTERNSHIP SITE: \_\_\_\_\_

INTERNSHIP SITE ADDRESS: \_\_\_\_\_

INTERNSHIP SITE PHONE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S EMAIL: \_\_\_\_\_

SUPERVISOR'S DEGREE: \_\_\_\_\_

SUPERVISOR'S LICENSE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

SUPERVISOR'S OTHER CREDENTIALS (NCC, AAMFT MEMBERSHIP, CAC)  
\_\_\_\_\_

SUPERVISOR'S YEARS OF CLINICAL EXPERIENCE: \_\_\_\_\_

HAS THE SUPERVISOR HAD TRAINING IN SUPERVISION? YES\_\_\_ NO\_\_\_

SUPERVISOR'S YEARS OF PROVIDING CLINICAL SUPERVISION: \_\_\_\_\_

IS THIS SITE ON OUR LIST OF APPROVED INTERNSHIP SITES? YES\_\_\_ NO\_\_\_

(See the Counseling Center office for official listing). If your site is not on this list, you must submit the internship criteria from this manual to the proposed supervisor at the site who must send a memo to the Clinical Coordinator (to verify that the site meets the established internship criteria).

IS THIS SITE ALSO YOUR WORKPLACE? YES \_\_\_\_ NO \_\_\_\_

If yes, you will be permitted to count 50% of your work hours towards your internship and then you must have duties that are different from your current job responsibilities for the remaining 50%. You must also make arrangements for and you must have clinical supervision by someone who is not your administrative supervisor. In order to be eligible to use your workplace as an internship, you must send a memo to the Clinical Coordinator ( ) ([troyann.gentile@ucdenver.edu](mailto:troyann.gentile@ucdenver.edu)) describing in detail the alternate activities in which you will engage for internship and a memo from your proposed supervisor verifying that s/he is not your administrative supervisor and that s/he meets the internship criteria for supervisors. (See internship manual)

IS THIS SITE LOCATED OUTSIDE THE DENVER METRO AREA? YES \_\_\_\_ NO \_\_\_\_

If yes, you must secure approval from the practicum clinical staff prior to entering into a contract with an out-of-town site. Please complete the required steps listed above for an internship site that is not on the approved list and submit the supervisor's memo and this application to the Internship Coordinator by the midterm evaluation in Practicum. Students who need additional skill or professional development will not be permitted to participate in internship sites outside of the Denver Metro area. Please know that you will be required to arrange distance supervision with your internship Instructor each week, via appropriate technological means, determined by the instructor.

ARE YOU REGISTERED FOR CPCE 5930 (Internship in Counseling)? YES \_\_\_\_ NO \_\_\_\_

I WILL HAVE COMPLETED ALL PROGRAM COURSEWORK, INCLUDING PRACTICUM, BEFORE ENGAGING IN INTERNSHIP?  
YES \_\_\_\_ NO \_\_\_\_

Students must be registered for this course in order to be approved for internship. Only 12 students are permitted in each internship section per CACREP.

IF YOU HAVE QUESTIONS ABOUT INTERNSHIP, CONTACT the Clinical Coordinator EMAIL: [troyann.gentile@ucdenver.edu](mailto:troyann.gentile@ucdenver.edu)

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

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

# **Appendix C**

## **INTERNSHIP SITE QUESTIONNAIRE**

**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

### Internship Site Questionnaire

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

Site/Organization Name: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Submitted By (Student's Name): \_\_\_\_\_

Internship Supervisor:

Point of Contact for Internships (if  
different):

Title: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Degrees: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Years of Post Degree Experience: \_\_\_\_\_ (Must Attach a Resume of the Proposed Site Supervisor)

Prior Supervision Training?      Yes      No

**This site is appropriate for (check all that apply):**

\_\_\_\_\_ Agency Track – 240 hours of direct client service; 600 total hours

\_\_\_\_\_ Couple/Family Track – 240 hours of direct client service (121 w/couples and families); 600 total hours

\_\_\_\_\_ Public School Track – 240 hours of direct service with school-aged children; 600 total hour

1 hour per week of individual or triadic supervision is available for Interns Yes No

Students have the opportunity to become familiar with a variety of professional activities (i.e. record keeping, in-service, staff meetings, supervision) Yes No

Students have the opportunity to develop program appropriate audio/video tapes Yes No

Students have the opportunity to gain supervised experience in the use of a variety of professional resources (i.e. assessment instruments, research, literature, print & non-print media) Yes No

Students have the opportunity to counsel demographically diverse clients. Yes No

Semester	Application Deadline	Start Date
Fall		
Spring		
Summer		

**Time Commitment:**

Minimum # of Months/Semesters Required: \_\_\_\_\_

Minimum # of Hours Required per Week: \_\_\_\_\_

**Training/Qualifications:**

Do you require any formal or site specific training?

---

---

---

---

Preferred Experience or Qualifications:

---

---

---

---

Other Relevant Information:

---

---

---

---

---

---

---

***For Program Use Only***

- ☐ Approved
- ☐ Denied (reason for denial)

---

---

\_\_\_\_ Meets Primary Site Requirements      \_\_\_\_ Meets Secondary Site Requirements

Reason for Secondary Site:

---

---

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

# **Appendix D**

## **INTERNSHIP COMPLETION VARIFICATION FORM**

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

### **Internship Completion Verification Form**

This form is to be completed by the Internship Seminar Supervisor after a student has successfully completed all academic and clinical requirements of their degree. Completion of all requirements for graduation means that all requirements of the program, including all activities in the final Internship course have been met. This includes the 600 total internship hours, 240 direct clinical hours, and all academic requirements of the Internship course.

If a student completes all of their academic and clinical requirements prior to the end of the internship semester, they can apply to DORA for Licensure and begin to accrue post graduate clinical hours, starting on the date identified on this form as the date of completion. In this event, students may be permitted to complete their final Formal Case Presentation prior to the end of the semester, so that the student can complete all academic requirements prior to the date that the degree is conferred. This is up to the discretion of the faculty member facilitating the Internship Seminar.

Please see page \_\_\_\_ in the Internship Handbook for more detail on this process.

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

Faculty Supervisor's Name: \_\_\_\_\_

Date of completion of all academic and clinical requirements (as described above): \_\_\_\_\_

This form is to be submitted by the student to Marlinda Hines, the Counseling Program Academic Advisor, who will communicate this date to DORA via letter.

# **Appendix E**

## **CASE PRESENTATION INSTRUCTIONS**

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

### CASE PRESENTATION INSTRUCTIONS

The purpose of a case presentation is to formulate a comprehensive picture of your client(s), to acquaint peers with your clinical work, and to develop a context for group supervision of your case. The following areas should be discussed if relevant. Write a brief handout to share with class members. Attempt to keep your handout to 2 pages maximum, single spaced (except for genogram).

1. **Who is the client?** (demographics and genogram). Presenting problem: What does client say the problem is? Relevant case history if client has had multiple counselors or been “in the system” for some time.
2. **Developmental issues:** What would one expect to be happening developmentally for this client/family? Is the client in synch with developmental expectations?
3. **Medical history:** What physical symptoms are presented? What physical conditions are present. Is client currently on medication?
4. **Other psychological issues/treatment:** Has client had mental health services previously? If so, delivered by whom for what problem?
5. **Trauma:** Any traumatic events? Abuse? Domestic violence
6. **Grief and loss:** Death, divorce, miscarriage, loss of job etc.
7. **Substance abuse:** Is there a history of substance use or abuse? Treatment?
8. **Employment status/issues:** Is client working? What is work history if relevant.
9. **Religion/Spirituality:** Are these areas related to presenting problem or concerns for client?
10. **Cultural, racial, ethnic context:** How might these be connected to the case?
11. **Sexuality:** Are there concerns about sexual orientation, gender identity, sexual abuse?
12. **School performance/ attendance** (if child or adolescent)
13. **DSM IV-TR** diagnosis if relevant
14. **Assessment results-** Have any formal assessments been administered? If so, what were they? Results? Interpretation
15. **Larger system issues-** What other concerns are present? Housing? Transportation? Food stamps? Is social services involved?
16. **Legal involvement-** Does client have legal difficulties? On probation?

17. **Ethical dilemmas-** What ethical challenges does this case present?
18. **What interventions have you tried with this client?** How effective were they?
19. **Where are you stuck?** What questions do you have for the group? What do you need help with?
20. **Person of the therapist issues:** How is this case/client triggering you personally? What do you need to work on in terms of countertransference? What questions do you have for the group regarding these issues?
21. Other??

## **Appendix F**

# **SUPERVISEE'S BILL OF RIGHTS**

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>

**Supervisee's Bill of Rights**  
Giordano, Altekruze & Kern (2000).  
Taken from Corey, Corey, & Callanan (2011)

**Nature of the Supervisory Relationship**

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. A professional counselor supervisor who has received specific training in supervision facilitates professional growth of the supervisee through:

- Monitoring client welfare
- Encouraging compliance with legal, ethical, and professional standards
- Teaching therapeutic skills
- Providing regular feedback and evaluation
- Providing professional experiences and opportunities

**Expectations of Initial Supervisory Session**

The supervisee has the right to be informed of the supervisor's expectations of the supervisory relationship. The supervisor shall clearly state expectations of the supervisory relationship that may include:

- Supervisee identification of supervision goals for oneself
- Supervisee preparedness for supervisory meetings
- Supervisee determination of areas for professional growth and development
- Supervisor's expectations regarding formal and informal evaluations
- Supervisor's expectations of the supervisee's need to provide formal and informal self-evaluation
- Supervisor's expectations regarding the structure and/or the nature of the supervisory sessions
- Weekly review of case notes until supervisee demonstrates competency in case conceptualization

The supervisee shall provide input to the supervisor regarding the supervisee's expectations of the relationship.

**Expectations of the Supervisory Relationship**

1. A supervisor is a professional counselor with appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity.
2. The supervisee has the right to work with a supervisor who is culturally sensitive and is able to openly discuss the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process. The supervisor is aware of personal cultural assumptions and constructs and is able to assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.

3. Since a positive rapport between the supervisor and supervisee is critical for successful supervision to occur, the relationship is a priority for both the supervisor and supervisee. In the event that relationship concerns exist, the supervisor or supervisee will discuss concerns with one another and work towards resolving differences.
4. Therapeutic interventions initiated by the supervisor or solicited by the supervisee shall be implemented only in the service of helping the supervisee increase effectiveness with clients. A proper referral for counseling shall be made if appropriate.
5. The supervisor shall inform the supervisee of an alternative supervisor who will be available in case of crisis situations or know absence.

### **Ethics and Issues in the Supervisory Relationship**

1. **Code of Ethics & Standards of Practice.** The supervisor will insure the supervisee understands the American Counseling Association Code of Ethics and legal responsibilities. The supervisor and supervisee will discuss sections applicable to the beginning counselor.
2. **Dual Relationships.** Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to his or her gain. Since dual relationships may affect the objectivity of the supervisor, the supervisee shall not be asked to engage in social interaction that would compromise the professional nature of the supervisory relationship.
3. **Due Process.** During the initial meeting, supervisors provide the supervisee information regarding expectations goals and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
4. **Evaluation.** During the initial supervisory session, the supervisor provides the supervisee a copy of the evaluation instrument used to assess the counselor's progress.
5. **Informed Consent.** The supervisee informs the client she is in training, is being supervised, and receives written permission from the client to audiotape or videotape.
6. **Confidentiality.** The counseling relationship, assessment, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and the counselor is subject to a malpractice suit. The client must sign a written consent prior to counselor's consultation.
7. **Vicarious Liability.** The supervisor is ultimately liable for the welfare of the supervisee's clients. The supervisee is expected to discuss with the supervisor the counseling process and individual concerns of each client.
8. **Isolation.** The supervisor consults with peers regarding supervisory concerns and issues.
9. **Termination of Supervision.** The supervisor discussed termination of the supervisory relationship and helps the supervisee identify areas for continued growth and development.

### **Expectations of the Supervisory Process**

1. The supervisee shall be encouraged to determine a theoretical orientation that can be used for conceptualizing and guiding work with clients.
2. The supervisee has the right to work with a supervisor who is responsive to the supervisee's theoretical orientation, learning style, and developmental needs.

3. Since it is probable that the supervisor's theory of counseling will influence the supervision process, the supervisee needs to be informed of the supervisor's counseling theory and how the supervisor's theoretical orientation may influence the supervision process.

### **Expectations of Supervisory Sessions**

1. The weekly supervisory session shall include a review of all cases, audiotapes, videotapes, and may include live supervision.
2. The supervisee is expected to meet with the supervisor face-to-face in a professional environment that insures confidentiality.

### **Expectations of the Evaluation Process**

1. During the initial meeting, the supervisee shall be provided with a copy of the formal evaluation tool(s) that will be used by the supervisor.
2. The supervisee shall receive verbal feedback and/or informal evaluation during each supervisory session.
3. The supervisee shall receive written feedback or written evaluation on a regular basis during beginning phases of counselor development. Written feedback may be requested by the supervisee during intermediate and advanced phases of counselor development.
4. The supervisee should be recommended for remedial assistance in a timely manner if the supervisor becomes aware of personal or professional limitations that may impede future professional performance.
5. Beginning counselors receive written and verbal summative evaluation during the last supervisory meeting. Intermediate and advanced counselors may receive a recommendation for licensure and/or certification.