

**INTERNSHIP MEMORANDUM OF AGREEMENT
SCHOOL COUNSELORS**

This agreement is made this _____ day of _____ by and
between _____

(hereinafter referred to as the AGENCY) and the **Counseling and Human Services
Program of the University of Colorado at Colorado Springs** (hereinafter referred to as
the PROGRAM). This agreement will be in effect for a period of time
from _____ to _____.

Student's Name: _____

Site Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Site Name: _____

Site Address: _____

Consenting On-Site Supervisor: _____

Supervisor's Phone: _____ **Highest Degree:** _____

License/Certification Type, State and Number: _____

Supervisor's Years of Professional Experience: _____

Purpose: The purpose of this agreement is to establish an internship experience for a
qualified PROGRAM graduate student in the field of School Counseling.

The PROGRAM shall be responsible for the following:

1. identifying students who have completed the required prerequisites for the internship
experience.
2. providing the School with a course outline that clearly delineates the responsibilities
of the PROGRAM and the SCHOOL.
3. identifying a qualified faculty member (University Supervisor) to work with the in
coordinating the internship experience. The University Supervisor provides

PROGRAM orientation, professional development opportunities as well as assistance and consultation to SCHOOL site supervisors

4. informing the student of the requirement to adhere to the administrative policies, rules, standards, schedules, and practices of the SCHOOL.
5. requiring the intern to purchase student professional liability insurance through the American Counseling Association OR School Counseling Association.
6. providing on-campus small group supervision conducted weekly by the university supervisor. Interns will make case presentations about their work in the SCHOOL and discuss possible strategies for working with these cases. These group supervision meetings will be conducted with a heavy emphasis on the ethical treatment of confidential client information. Names and other key client identifying data will not be used in these presentations.
7. awarding the student's final grade. The PROGRAM gives considerable weight to the evaluation of the intern provided by the SCHOOL supervisor in the grade determination.

The SCHOOL shall be responsible for the following:

1. providing an orientation to the student that fully describes the SCHOOL and its policies, procedures and services provided. The orientation should describe the student counselor's expected role in the SCHOOL.
2. identifying a qualified SCHOOL site supervisor. The site supervisor must be a licensed mental health professional or school counselor and have at least two years of professional experience.
3. Providing the opportunity for the intern to engage in a variety of appropriate counseling activities under supervision. A CONTRACT specifying the duties the intern will be perform and estimating the time spent in each activity will be developed by the intern and on-site supervisor. The CONTRACT will be signed by the intern, on-site supervisor and university supervisor. As a minimum the CONTRACT must define the number and type of direct service hours/week the intern will perform; number of indirect hours/week the intern will perform; the number of hours of individual and group supervision the intern will receive/week.
4. providing a minimum of 600 clock hours of counseling experience for interns over a minimum of two academic semesters. Of these hours, 240 hours are in "direct client service". The remainder may be in other counseling related activities that are in support of the SCHOOL mission.
5. ensuring that direct on-site supervision is available to the intern whenever he/she is counseling or providing direct service to clients.
6. providing a minimum of one hour per week of individual supervision (using audiotape, videotape, and or direct observation) delivered by a qualified on-site supervisor.
7. providing the opportunity for the intern to become familiar with a variety of professional activities other than direct service.
8. Providing the opportunity for the intern to develop audio and/or videotapes of the intern's interactions with clients appropriate to the specialization for use in supervision.

9. Providing the opportunity for the intern to gain supervised experience in the use of a variety of professional resources such as assessment instruments, computers, print and non-print media, professional literature, research and information on appropriate referral techniques.
10. Preparing a formal evaluation of the intern's performance for each semester of the internship prepared by the on-site supervisor. This evaluation will be used as a major factor in the evaluation of the intern by the university supervisor. The results of the university supervisor's evaluation will be communicated to the on-site supervisor.

Equal Opportunity: It is mutually agreed that neither party shall discriminate on the basis of race, color, nationality, ethnic origin, age, sex or creed.

Financial Agreements: Financial stipulations may vary from one SCHOOL to another. If a financial stipulation is to be provided, it is stated in a separate agreement and approved by the SCHOOL, INTERN and UNIVERSITY.

Termination: It is understood and agreed upon by the parties hereto that the SCHOOL has the right to terminate the internship experience of the student whose health status is detrimental to the services provided the students of the SCHOOL. Further, the AGENCY has the right to terminate the internship if, in the opinion of the supervising counselor, the intern's behavior is detrimental to the operation of the SCHOOL. Such action will not be taken by the SCHOOL until the issues involved have been discussed with the intern and university supervisor.

The names of the responsible individuals at the two institutions charged with the implementation of the contract are:

UNIVERSITY SUPERVISOR (typed)

SCHOOL

UNIVERSITY SUPERVISOR 'S SIGNATURE

SCHOOL

I agree to the terms of this Memorandum of Agreement and will abide by the policies and procedures of the SCHOOL.

INTERN'S NAME (typed)

INTERN'S SIGNATURE

INTERNSHIP CONTRACT FOR SCHOOL COUNSELORS

STUDENT'S NAME _____

STUDENT'S PHONE (home/work/internship) _____

SCHOOL _____

SCHOOL ADDRESS _____

ON-SITE SUPERVISOR _____

SUPERVISOR'S PHONE _____

INTERNSHIP PLAN

DATES OF PLACEMENT: From _____ to _____.

We estimate that the STUDENT named above will receive the following experiences:

	Direct	Indirect
Hours/week of service to clients:	_____	_____
Individual Counseling	_____	_____
Small Group Counseling	_____	_____
Classroom Guidance	_____	_____
Consultation	_____	_____
System Support	_____	_____
Student Advising	_____	_____
Program Planning/Evaluation	_____	_____
Individual Student Planning	_____	_____
Other (describe)	_____	_____
Hours of individual supervision/week	_____	_____

Hours of group supervision/week

on-site supervisor' signature

date

intern's signature

date

university supervisor' signature

date

END OF SEMESTER INTERNSHIP REPORT FOR SCHOOL COUNSELORS

Directions: Submit this report at the end of each semester of field work. Submit a consolidated report at the completion of your internship placement.

STUDENT'S NAME _____

STUDENT'S PHONE (home/work/internship) _____

SCHOOL _____

SCHOOL ADDRESS _____

ON-SITE SUPERVISOR _____

SUPERVISOR'S PHONE _____

INTERNSHIP REPORT OF ACTIVITIES COMPLETED FOR SCHOOL COUNSELORS

DATES OF PLACEMENT: From _____ to _____.

The following internship activities were completed in the period identified above:

	Direct	Indirect
Total hours of service to clients:	_____	_____
Individual Counseling	_____	_____
Small Group Counseling	_____	_____
Classroom Guidance	_____	_____
Consultation	_____	_____
System Support	_____	_____
Student Advising	_____	_____
Program Planning/Evaluation	_____	_____
Individual Student Planning	_____	_____
Other (describe)	_____	_____
Hours of individual supervision	_____	_____
Hours of group supervision	_____	_____

on-site supervisor' signature

date

intern's signature

date

university supervisor' signature

date

3. Use of Supervision: For example, preparation for supervision sessions, appropriate use of supervision time; openness to ongoing performance evaluations; ability to revise conceptualizations and interventions based on feedback from supervisor.

1 2 3 4
Rarely meets expectations Generally meets expectations Occasionally exceeds expectations Frequently exceeds expectations

COMMENTS: _____

4. Oral and Written Communication Skills: For example, clarity in written communication; appropriate use of professional language and terminology; accuracy in necessary reports and notes; ability to listen and employ conflict management skills; willingness to express self in group meetings and case/staff conferences; public speaking skills; testimony in court or other proceedings as appropriate.

1 2 3 4
Rarely meets expectations Generally meets expectations Occasionally exceeds expectations Frequently exceeds expectations

COMMENTS: _____

5. Knowledge and Representation of School: For example, adherence to policies and procedures; accurate understanding and articulation of mission, goals and structure of organization; understanding of the organizational environment, demonstrating an understanding of the various roles of a school counselor within the educational setting (i.e. students, parents, community, staff and administration.)

1 2 3 4
Rarely meets expectations Generally meets expectations Occasionally exceeds expectations Frequently exceeds expectations

COMMENTS: _____

6. Professional Behavior: For example, establishes rapport with educational entities; effective team member; manages stress; maintains appropriate affect and professional behavior with clients/educational entities and colleagues; appropriate problem-solving abilities and mediation skills.

1 2 3 4
Rarely meets expectations Generally meets expectations Occasionally exceeds expectations Frequently exceeds expectations

COMMENTS: _____

7. Additional Competencies: If intern and supervisor have contracted to work on other competencies, list here. Use additional sheet if needed

LIST

COMPETENCIES: _____

1	2	3	4
Rarely meets expectations	Generally meets expectations	Occasionally exceeds expectations	Frequently exceeds expectations

COMMENTS: _____

SUMMARY OF INTERN'S STRENGTHS AND AREAS FOR PROFESSIONAL GROWTH:

Authentication:

On-Site Supervisor's Signature Date

Intern's Signature Date

University Supervisor's Signature Date

Counseling and Human Service Program

INTERN'S EVALUATION OF PLACEMENT AND SUPERVISOR

Directions: This form is completed by the intern/practicum student. A copy of this form when completed should be provided to the University supervisor. Circle the number that reflects your experience in the setting.

Intern _____ Date of
Evaluation _____

On-site Supervisor _____
University Supervisor _____

School _____

Reporting
Period _____

Intern's Ratings of Placement and On-site Supervisor

- 1.....Strongly Agree
- 2.....Agree
- 3.....Neutral
- 4.....Disagree
- 5.....Strongly Disagree

I was treated like a professional	1	2	3	4	5
I had had sufficient direct service work to Meet program requirements	1	2	3	4	5
I met with my on-site supervisor for at least One hour per week	1	2	3	4	5
My supervisor was effective in helping me Improve my counseling skills	1	2	3	4	5

