Practicum & Internship
HANDBOOK
FOR SOAR STUDENTS & SITE SUPERVISORS

SUPPORTERS OF ACADEMIC RIGOR (SOAR)
School Counseling Program

COUNSELOR EDUCATION
2013-2014

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INTRODUCTION

The School Counseling Program at the University of North Florida has many field experiences that are central to this program and essential to preparation as a Professional School Counselor.

Designed for SOAR students and Site Supervisors, this handbook provides comprehensive information pertaining to Practicum and the Internships. Students of the School Counseling Program should read this handbook prior to beginning practicum to become familiar with the requirements and demands of each field experience, and refer to this information throughout your program. All forms and requirements for practicum and internships are found in this handbook.

Site supervisors play an integral part in the final internship SDS 6930: Internship in Counseling/Coordination of Guidance Services. The SOAR faculty appreciates this partnership and the willingness of the area school counselors to contribute to the preparation and training of our future school counselors. The information in this handbook is intended to provide site supervisors with relevant and essential information for supervising an intern. We request that in advance of participation in our orientation program, that you read the handbook as an introduction to the role and responsibilities of interns, and to your roles and responsibilities as a site supervisor.

Practicum and Internships are spaced throughout the program in three of the six semesters. The sequence of field experiences are SDS 6940: Practicum in School Counseling; SDS 6832: Internship Career Advising, Appraisal, Advocacy; and last, SDS 6930: Internship Counseling/Coordination of Guidance Services.

Practicum and internship courses represent opportunities to put into practice the skills and knowledge gained in the classroom. As such, these field experiences represent the “real world” of school counseling more closely than any other aspect of the program. This is a chance to practice and hone school counseling skills while under the protection of ample supervision, both on site and at the university. We anticipate that our school counseling students will take every advantage of this opportunity.
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COUNSELOR EDUCATION
HANDBOOK FOR PRACTICUM AND INTERNSHIP

PRACTICUM

SDS 6940: Practicum in School Counseling
Practicum is your first field experience of the preparation program. CACREP Standards for Clinical Experiences (2009) guide the requirements of this practicum. Specifically, candidates complete 100 clock hours of field experiences, divided into 40 hours of direct services and 60 hours of indirect services. In accordance with CACREP Standards direct services are defined as interaction with clients (K-12 students) that includes the application of counseling, consultation, or human development skills.

Practicum is specifically designed to develop the essential foundation skills and knowledge to become a culturally competent professional school counselor. Practicum experiences provide opportunities to deliver direct and indirect services to support public school students in academic, career, and personal/social development.

Practicum Site
School counseling candidates complete practicum at an urban partner middle and/or high school specifically selected for this field experience.

REQUIREMENTS

PRIOR TO PRACTICUM

Prior to entering a school for this field experience, each candidate must have submitted to the Program Office:

1. Proof of Liability Insurance
   All students are required to obtain liability insurance prior to beginning practicum and to hold current liability insurance throughout all internships. Additionally, it is highly recommended that professional liability insurance be maintained not just as a student, but throughout a career in school counseling.

   Professional individual liability insurance comes with student membership in the American School Counselor Association (ASCA). If you choose not to join, liability insurance must be obtained on your own. A copy of your membership letter and Certification of Insurance form must be presented to the UNF Practicum Faculty and kept on file in the SOAR Program office. Liability insurance is also available through the American Counseling Association at a discounted student rate. The process for obtaining written proof of insurance is described in Proof of Liability Insurance (Appendix F).

2. Security Clearance
   ONLY Duval County School District is the acceptable security clearance for Practicum.
All appointments for fingerprinting MUST be made through the UNF Office of Field Experiences. Students will need to call the Office of Field Experiences (Office location: 57/1300; phone 904-620-3934) to set the appointment. The fingerprinting will actually take place at the Duval County School Board in Downtown Jacksonville. Students are required to have their fingerprints taken through Duval County Schools because Practicum as well as additional field experiences are completed in the Duval County Public Schools. SOAR graduate students must be fingerprinted, and receive clearance, by Duval County Public Schools (DCPS) at the DCPS School Board before they can work in any Duval County public school. If already employed by DCPS it is not necessary to be re-fingerprinted. Read below for fingerprinting procedures.

1. The fingerprinting fee is $78.50 as of July 2012.

2. The SOAR Program Coordinator will email instructions to students. We receive our instructions from the Office of Field Experiences.

3. Students employed by DCPS must inform the Program Coordinator that they have been fingerprinted and the date fingerprinted so that this information can be verified.

4. Fingerprinting in Duval County is valid for 5 years.

3. UNF Materials
A. Statement of Understanding (Appendix A)
   This form is a reminder that your supervisors are ultimately responsible for safeguarding your students, and therefore have the option of making any changes necessary to ensure their safety.

B. SDS 6940 Practicum Contact Information Sheet (Appendix C)
   This form includes information for your UNF supervisor and site supervisor for communication purposes.

DURING PRACTICUM

Practicum Group Meetings
Throughout the duration of your practicum, you will meet with your UNF practicum instructor, who serves as your site supervisor. The group meetings of six students in the practicum will be scheduled on a regular basis, much like a typical course.

The purposes of these meetings are as follows:

1. share information among candidates regarding best practices and solutions to problems and issues currently experiencing in practicum;

2. learn innovative ideas to deal with specific issues from the presentation of case studies;

3. review legal and ethical issues that may arise at the site;

4. review relevant literature and/or current topics that would impact all members of the group;
5. discuss information regarding certification, continuing education, professional organizations, and other practical considerations; and

6. develop understanding of equity and access issues and how the role of school counselor impacts these issues within a school.

Maintaining SDS 6940 Practicum Weekly Log
It will be important for you to keep track of both direct contact and indirect contact hours in a quantitative and qualitative record (list), on a daily basis. It is important that you keep an electronic copy of your log. A hard copy of your log is submitted at the conclusion of Practicum. The log will include your activities and the time spent on each throughout your practicum. At the conclusion of practicum, you will complete a log to summarize the various activities on your Practicum Weekly Log (Appendix B). Directions for weekly log will be discussed in class.

Individual Supervision
Individual supervision is one credit for the one hour per week of Supervised Field Supervision I. This supervision will be either individual supervision, or triadic (you and one other student). The purpose of this supervision is to provide guidance, teaching, and support for the professional functioning of your development, monitor the quality of services to the K-12 students you work with, and ensure your suitability to the school counseling profession. Your supervisor will be a UNF Counselor Education faculty or a practicing school counselor who has at least three years’ experience beyond the master’s level, and has either completed state approved training in supervision or course work in supervision.

Consent to Record Form (Appendix E)
Complete this form prior to any recording of students. All tapings done during practicum with students will be kept in a safe location and will be destroyed during your last class of the semester.

CONCLUSION OF PRACTICUM

Prior to your practicum grade being issued, each candidate must have submitted to the UNF Practicum Instructor, the following materials:

1. Practicum Weekly Log (Appendix B),

2. Any Consent to Record and Consult Form (Appendix E),

3. Candidate Evaluation of Practicum site (Appendix D), and

4. School Observation Evaluation of your shadowing experience. (Appendix H)

Site Supervisors (University Practicum Instructors) complete Site Supervisor’s Evaluation of School Counseling Practicum Candidate (Appendix G)

All materials are maintained on file in the Program Office.
INTERNSHIPS

Internships will be scheduled during two semesters during the program of study. The internships are designed to be experiences where you can develop and refine your skills as a school counselor, while having the benefit of supervision by more experienced professionals. Your primary task in your internships will be to become comfortable and competent with the role of school counselor, a counseling model, and thoroughly develop your skills as leader, advocate, consultant, user of data, collaborator, and manager of resources.

SDS 6832 (Internship Career Advising, Appraisal, Advocacy) requires 300 clock hours and is completed at one of our urban partner schools.

SDS 6830 (Internship Counseling/Coordination of Guidance Services) requires 300 clock hours and is completed in various schools in Duval County Public Schools and neighboring school districts.

CACREP requires a minimum of 600 internship clock hours, which includes a minimum of 240 direct hours. CACREP’s definition of direct service is the “interaction with clients that includes the application of counseling, consultation, or human development skills” (CACREP, 2009). The UNF Program adheres to a total of 600 clock hours for internships, but requires more direct hours than what CACREP requires. The hour breakdown is as follows:

<table>
<thead>
<tr>
<th>Internships</th>
<th>Direct Hours</th>
<th>Indirect Hours</th>
<th>Total Hours</th>
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<tr>
<td>SDS 6832 (Internship Career Advising, Appraisal, Advocacy)</td>
<td>150</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td>SDS 6830 (Internship Counseling/Coordination of Guidance Services)</td>
<td>200</td>
<td>100</td>
<td>300</td>
</tr>
<tr>
<td>Totals</td>
<td>350</td>
<td>250</td>
<td>600</td>
</tr>
</tbody>
</table>

REQUIREMENTS

PRIOR TO INTERNSHIPS (SDS 6832 and SDS 6830)

Prior to entering a school for either field experience, each candidate must have:

1. **Liability Insurance** (Appendix F)
   All students are required to obtain liability insurance prior to beginning practicum and to maintain it through completion of all internships. A copy of the current insurance policy must be on file with the SOAR Program office before beginning either internship.

2. **Security Clearance**
   *ONLY* Duval County School District is the acceptable security clearance for field experiences in Duval County School District.... Fingerprinting completed for Practicum remains valid for 5 years.
3. **Internship Statement of Understanding**
   Appendix A which is located with the Practicum appendices and is a form you signed prior to beginning Practicum and applies throughout the program. It is a reminder that your supervisors are ultimately responsible for safeguarding your students and therefore have the option of making the changes necessary to ensure their safety.

4. **Internship Information Sheet** (Appendix CI)
   This form includes information which your UNF supervisor and site supervisor will use to reach you both at home, work, and at your internship site.

**SDS 6832 INTERNSHIP CAREER ADVISING, APPRAISAL, ADVOCACY**

The site for this internship is predetermined as one of our urban partner schools.

Candidates will use their knowledge and abilities in the role of career and academic advisor. Candidates will use career guidance interest surveys and Internet resources in conducting career assessments with middle and/or high school students. Candidates will demonstrate proficiency in using career development concepts and principles in:

a) promoting student academic achievement career guidance orientation for parents and family members;

b) requirements for admission to colleges and post-secondary educational institutions;

c) methods and strategies designed to foster students’ personal management skills; and,

d) academic and career exploration and planning.

These services will be delivered through individual as well as small and large group sessions with students and parents/guardians. These sessions will highlight the importance of early planning for college and will clarify the steps needed to ensure college admission. Candidates will demonstrate their proficiency in using technology for career/academic advising.

**DURING SDS 6832 Internship Career Advising, Appraisal, Advocacy**

**Internship Group Meetings**

Throughout internship, you will meet with your UNF internship instructor who serves as your site supervisor and a maximum of twelve interns. The group meetings will be scheduled on a regular basis, much like a typical course.

The purpose of these meetings is as follows:

1. share information among candidates regarding best practices and solutions to the role of career and academic advisor;

2. learn strategies and interventions to support low-income students and students of color around career ready and postsecondary planning;
3. learn innovative ideas to deal with specific issues;
4. review legal and ethical issues that may arise at the site;
5. use technology, creative instructional and assessment strategies, and other effective methodologies in delivering career and academic advising; and,
6. develop understanding of equity and access issues for postsecondary/career planning, and how the role of school counselor impacts these issues within a school.

**Maintaining a Log** (Appendix BI)
It will be important for you to keep track of both direct contact and indirect contact hours in a quantitative and qualitative record (list), on a daily basis. It will include your activities and the time spent on each, throughout this internship. At the conclusion of internship, you will complete a log to summarize the various activities on your Internship Weekly Log. Specific directions will be discussed in class.

**Individual Supervision**
Individual supervision is one credit for the one hour per week of Supervised Field Supervision II. This supervision will be either individual supervision, or triadic (you and one other student). The purpose of this supervision is to provide guidance, teaching, and support for the professional functioning of your development, monitor the quality of services to the K-12 students you work with, and ensure your suitability to the school counseling profession. Your supervisor will be a UNF Counselor Education faculty or a practicing school counselor who has at least three years’ experience beyond the master’s level, and has either completed state approved training in supervision or course work in supervision.

**Consent to Record and Consult Form** (Appendix E)
Complete this form prior to any recording of students. All tapings done during internship with students will be kept in a safe location and will be destroyed during your last class of the semester.

**CONCLUSION OF SDS 6832 Internship Career Advising, Appraisal, Advocacy**
Prior to the internship grade being issued, each candidate must have submitted to the UNF Site Supervisor:

1. Internship Weekly Log (Appendix BI)
2. Any Consent to Record and Consult Forms (Appendix E)
3. Candidate Evaluation of Internship Site (Appendix KI)

**Site Supervisors (University Internship Instructors)** completed Site Supervisor’s Evaluation of School Counseling Practicum Candidate (Appendix JI) for the end of the term evaluation.
SDS 6830 INTERNSHIP COUNSELING/COORDINATION OF GUIDANCE SERVICES

This course provides field experiences for the school counseling program. Students work in an accredited school under the supervision of a site based, FLDOE certified School Counselor who has Clinical Educator Training (CET) and three years of experience as a school counselor. Students will meet in a seminar with the UNF instructor throughout the semester for group supervision and instruction in various topics related to the internship. The seminar includes but is not limited to discussions of cases; brief therapy solution focused and reality therapy counseling techniques, legal and ethical issues and school counselors; and the role of professional organizations in school counseling. Only students in good standing who have successfully completed all prior coursework will be allowed to participate in this final internship.

Process of Determining Site:

**Step 1.** Candidates will work with university faculty to determine sites for internship (SDS 6830). Additionally, the Director of Guidance for Duval County Public Schools provides guidance and approval for placements and site supervisors in Duval County. For sites and site supervisor in surrounding counties, the District Supervisor of Student Services, Building Administrator, or designee, will approve your placement.

**Step 2.** Once your site placement and site supervisor are approved, you will need to confirm and complete several forms to turn in to your UNF supervisor. These forms include:

- **a. Liability Insurance** (Appendix F)
  Confirm that a current insurance policy is on file in the SOAR Program Office

- **b. Security Clearance**
  If completing the internship in Duval County Public Schools, your clearance record is current. If completing the internship in another district, the candidate is responsible to adhere to the district policy for security clearance and provide proof that you have followed that district’s policy for clearance prior to beginning the internship.

- **c. Statement of Understanding** (Appendix A)
  This form is located with the Practicum appendices is a form you signed prior to beginning Practicum and applies throughout the program. It is a reminder that your supervisors are ultimately responsible for safeguarding your students and therefore have the option of making the changes necessary to ensure their safety.

- **d. Internship Information Sheet** (Appendix CI)
  This form includes information which your UNF supervisor and site supervisor will use to reach you both at home, work, and at your internship site.

- **e. Site Supervisor Agreement Form** (Appendix GI)
  This form includes the name and address of the school and requires the signatures of your site supervisor and building principal.

- **f. Learning Contract Form** (Appendix HI)
  This form describes projects to be completed during the internship and site supervisor’s feedback pertaining to these projects.
**Step 3.** Each intern meets with the approved site supervisor and reviews this handbook as well as assignments and requirements of the internship syllabus. The Site Supervisor Agreement Form (Appendix GI) and the Learning Contract Form (Appendix HI) should be reviewed and signed during this meeting. A copy of the form, Internship Information Sheet (Appendix CI) should be given for your site supervisor during this meeting.

**DURING SDS 6830 Internship Counseling/Coordination of Guidance Services**

**Group:** You will participate in group supervision, similar to traditional class meetings with your UNF university supervisor (instructor) and twelve interns. The purpose of these meetings is as follows:

1. share information among candidates regarding best practices and solutions to counseling and coordination of guidance services;
2. learn innovative ideas to deal with specific issues;
3. review legal and ethical issues that may arise at the site;
4. use technology, creative instructional and assessment strategies, and other effective methodologies in delivering a data driven comprehensive school counseling program; and,
5. recognize equity and access issues for students and how the role of school counselor impacts these issues within a school.

**Individual Supervision**
For individual supervision you will meet with your site supervisor one hour per week. The purpose of this supervision is to provide guidance, teaching, and support for the professional functioning of your development, monitor the quality of services to the K-12 students you work with, and ensure your suitability to the school counseling profession.

All tapes done with students will be kept in a safe location and will be destroyed at the end of the semester. Students should never be shown in a tape other than from the knees down to further protect confidentiality. Do not use your student’s name on the tape.

**Monthly Calendar Form** (Appendix II)
This form is to be completed during the Internship experience. The form must be filled out prior to each month in the field and must be signed by your site and UNF supervisor. You may make copies of this form for each month.
INTERNSHIP EXPERIENCE

Establish a Schedule
It is important that you work closely with your site supervisor to establish a reliable schedule. It is recommended that you plan to work at your site at least one full day per week and several partial days. Learn about your school meetings or other events that your supervisor thinks are important for you to attend and make special efforts to participate, even if they occur on a “non-internship” day. Stay with your schedule as closely as possible and always give advance notice if you have to rearrange it. Remember that your supervisor is volunteering to help you, so be dependable!

Maintaining a Log
It will be important for you to keep track of both direct contact and indirect contact hours in a quantitative and qualitative record (list), on a daily basis. It will include your activities and the time spent on each, throughout your practicum and internships. The daily record (list) will be helpful when you meet with your site or university supervisor to discuss your counseling cases and related activities. Additionally, at the conclusion of internship, you will complete a log to summarize the various activities on your Internship Weekly Log. (Appendix BI) Specific directions will be discussed in class.

Evaluation of Internship
Your site supervisor and your UNF instructor and supervisor are responsible for evaluating your performance, as discussed earlier. At the end of each semester, you will have an opportunity to evaluate your supervisors, as well. These forms are Appendices JI and KI.

Individual Counseling
Counseling with individuals in schools should follow specific models appropriate for schools such as brief solution focused therapy, reality therapy, and behavior management. It is strongly recommended that you seek parental permission (verbal or written) before you work individually with students.

Small Group Counseling
Small group counseling in schools requires that you follow the policy of the district you are working. Duval County Public Schools require parental permission (written permission) for student participation in small groups. If you are interning in another district follow the district policy in relation to facilitating small groups. If a district does not require written parental permission (verbal or written) before you work with students in groups, it is strongly recommended that you do seek parental written permission.

Taping
Audio/ video taping requires written parental permission. See Permission to Record and Consult (Appendix E). All audio and videotapes done during field experiences with students will be kept in a safe location and will be destroyed at the end of the semester. Students should never be shown in a counseling tape other than from the knees down to further protect confidentiality. Do not use your students name on the tape.

Pictures and Videos
Never take pictures or videos of students without expressed written parental permission and permission from the school administration. Never post on you tube, facebook or any other electronic medium pictures or videos of students without expressed written parental permission as to where these images will appear.
CONCLUSION OF SDS 6830 Internship Counseling/Coordination of Guidance Services

Prior to the internship grade being issued, each candidate must have submitted to the UNF Supervisor:

1. Internship Weekly Log (attach a copy of your time log) (Appendix BI)
2. Completed and signed Report of Time Distribution (Appendix DI)
3. The Permission to Record and Consult forms are submitted with audio/video tapes of counseling sessions. All tapings are submitted to your university faculty and destroyed at the end of the semester. (Appendix E)
4. Completed and signed Learning Contract (Appendix HI)
5. Site Supervisor’s Evaluation of School Guidance Internship Candidate, completed at the end of the semester (Appendix JI)
6. Candidate Evaluation of Internship Site (Appendix KI)
7. Certificate of Participation (Appendix LI)

8. **Proof that all Florida Department of Education required examinations have been passed. A Florida teaching certificate is acceptable in lieu of the general knowledge and professional practice test but not the subject area test.**
RESPONSIBILITIES OF INTERNSHIP SITE SUPERVISORS

Expectations for Site Supervisors
Site supervisors provide a tremendous service to the profession when they supervise a future colleague/intern. The work of the site supervisor allows the intern to practice coursework and to learn from a role model. Site supervision takes considerable commitment conducting weekly supervision away from distractions, reaching out to university contacts for support, teaching, counseling and consulting with their intern. Site supervisors have to be willing to customize their supervision based on the level of their intern. Site supervisors must be confident in their own skills and their ability to help students engage in direct and indirect activities to include involvement with groups, presentations to parents, classroom guidance, and individual counseling. It is important that site supervisors maintain on-going communication with the internship course professor and when concerns arise they inform both the intern and the internship course professor.

Qualifications
Site supervisors must have a master’s degree in counseling, at least three years’ experience beyond the master’s level, and have either completed state approved training in supervision or course work in supervision. For SDS 6830, supervisors must be guidance certified K-12 and have completed the Clinical Educator’s Training (CET) program provided by their school district (or another school district), and attend an orientation given by UNF Faculty.

Supervision
Site supervisors need to plan to meet regularly each week for one hour of supervision with interns. The purpose of supervision is to provide guidance, teaching, and support for the professional development of interns, and to have a qualified practicing school counselor monitor the quality of services to the K-12 students, as well as ensure suitability of the intern to the school counseling profession. This individual supervision is important not only for professional development of interns, but affords the opportunity to provide interns with positive and corrective feedback on the progress of professional knowledge, skills, and development.

Orientation & Training
This handbook serves as both an orientation to the expectations and requirements of supervision, and as a reference throughout the internship experience. The Site Supervisor’s Agreement (Appendix GI) further elaborates on the expectations, and roles and responsibilities of a site supervisor and intern student.

Prior to the beginning of internship, supervision training and orientation is held for site supervisors. This training consists of a review of the Practicum-Internship Handbook, models of supervision, review of the internship syllabus, and requirements of internship, as well as all forms necessary to be completed by the conclusion of internship, and the opportunity to exchange questions and answers. Orientation for site supervisors is a requirement to have an intern and orientation must be completed prior to the student logging hours.

At the end of the semester of internship, a final professional development meeting is held. At this meeting, site supervisors provide feedback on the effectiveness of assignments and potential future training topics, as well as showcasing interns’ accountability project completed during internship.
Facility Requirements
Site supervisors need to provide a space for the intern to meet the requirements of internship. This space should include a desk, computer, and telephone and an area for individual and small group counseling to be conducted to insure confidentiality.

Coordination with UNF Faculty & Site Visits
A UNF faculty who teach the internship course will visit at least once during the semester; more visits will occur if needed. The purpose of this site visit is to review the work and development of the intern. Site supervisors should also contact the UNF faculty who teach the internship course or the Program Director with any questions or concerns at any time during the internship whenever there is a need or issue occurring at the site.

Evaluations
Ongoing feedback and assessment are critical to the development of interns and the UNF internship experience. Site supervisors are requested to evaluate the performance of the intern in a written format to be submitted to the UNF supervisor at the end of the semester. (Site Supervisor's Evaluation of School Counseling Internship Candidate, Appendix JI).

To support the UNF faculty’s efforts to improve internship overall, site supervisors are requested to complete the Site Supervisor's Evaluation of UNF Training/Orientation, Faculty Support SDS 6832 Internship Assignments (Appendix MI)

Certificate of Participation
Site supervisors who opt to receive a certification for the waiver of articulation fees must submit The Certification of Participation (Appendix LI) at the conclusion of the supervision experience.
RESPONSIBILITIES OF UNF SUPERVISORS

Internship Meetings
During internships the UNF internship supervisor will meet weekly in small groups of no more than 12 interns. During these sessions, the focus will be on individual and group supervision of counseling skills, discussion of current topics in counseling, and developing skills in counseling-related areas. Interns will have opportunities to work with the supervisor or another faculty member on special activities such as supervision, research, training, writing, or making presentations at conferences and workshops.

On-Site Observations
The UNF internship supervisor will visit and observe interns at least once during the semester, and meet with the intern and intern’s site supervisor to review the work and development of the intern. Additional visits will occur if needed. Interns may also request that their UNF internship supervisor visit the internship site at a mutually agreed upon time.

Evaluation
The UNF instructor will evaluate the performance as shown in participation in group supervision and the seminar. Additionally, with recommendation from the site supervisor during the Final Evaluation, the UNF practicum instructor will assign your final grade.

FOR ALL FIELD EXPERIENCES – PRACTICUM AND INTERNSHIPS

Mandated Reporting Law
In October 2012, Florida passed what is being described as the most stringent mandatory reporting law in the nation. The new law states everyone is a mandated reporter, “Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected . . . shall report such knowledge or suspicion to the department.” The new law also makes reporting of child-on-child abuse mandatory for the first time. Children 12 and under who are deemed perpetrators will be referred for treatment and therapy, but those 13 and up will be referred to law enforcement (Fla. Stat. § 39.201-1a (2012).

WHAT DOES THIS LAW MEAN FOR YOU AS A SOAR STUDENT?
During supervision related to your field experiences and/or consulting with faculty about suspicion of a child being abused, abandoned, or neglected, the faculty member to whom you related this information will need to report this information to the UNF police and the UNF faculty member is required to call in a report to Child Protective Services, even if you have or intend to call in the report.

Even though the faculty member may not have ever met the student and are in a consulting role to you and receiving this information second hand or third hand, we are required to report – no exceptions. This message is NOT INTENDED TO keep you from reaching out to us to discuss these cases rather, it is simply to let you know the university is now under new laws and it is our mandated duty.

Professionalism
You are expected to conduct your work in an ethical, legal, and professional manner, adhering to the ACA Code of Ethics and Standards of Practice (American Counseling Association, 2005) and
Ethical Standards for School Counselors (American School Counseling Association, 2010). Not adhering to the ACA Code and Ethical Standards for School Counselors (ASCA) at all times jeopardizes your status and/or continuation in the program. In classes, we will also discuss “Best Practices” for presentations. You will develop an understanding of “professionalism” in your Legal, Ethical, and Professional Issues course that applies to all professional settings (e.g. class and field experiences).

**Professional Associations and Memberships**
If you have not done so already, you should plan to join local, state and national professional associations now. While you are in your practicum and internship you will have many opportunities to practice some of the suggestions offered by experienced professionals through newsletters, journals, workshops, and conferences. You will also notice that professional articles on serious topics take on new meaning when you are counseling people who have the same issues being addressed in the literature. Local counseling organizations are an excellent way to meet professional counselors, learn about job opportunities, and form lasting professional bonds. At the state and national level, you will have opportunities to become involved in issues that are important to the welfare of counselors and schools. Relevant organizations include the following:

- First Coast Counseling Association, 904-390-2090
  [https://sites.google.com/site/fccajax/home](https://sites.google.com/site/fccajax/home)
- Florida School Counselors Association, 888-785-8611
- Florida Counseling Association, 407-628-0793
  [www.flacounseling.org](http://www.flacounseling.org)
- American Counseling Association, 800-347-6647
  [www.counseling.org](http://www.counseling.org)
- American School Counselors Association, 703-683-2722
  [www.schoolcounselor.org](http://www.schoolcounselor.org);

**Professional Development Opportunities**
As you become more involved in your practicum or internships, you will become increasing aware that your professional education is just beginning, and that it is likely to continue. Luckily, every year, dozens of interesting and helpful workshops are presented in Jacksonville or the surrounding area. Community agencies also have opportunities that would be directly applicable to the school counselors’ work. Your supervisors will probably be familiar with many of the workshops and can advise you on training that will be particularly helpful in your present experience. You can usually get significant discounts on the registration fees while still in a student status. Participation in professional development activities can be included in your non-contact practicum or internship hours. SOAR students may attend any Guidance In-Service training program offered by the Duval County Public School.
PRACTICUM APPENDICES
Appendix A

Student Statement of Understanding

Due: Prior to beginning field work

We are delighted that you have chosen to pursue graduate study in the UNF SOAR School Counseling Program. It is our desire to identify outstanding students and to support them throughout their program of study.

For each cohort, SOAR candidates will be given an opportunity through this portfolio to present their personal qualifications. The SOAR Selection Team will nominate those candidates for admissions that we believe demonstrate the personal qualities needed to be an outstanding counselor and who have the best opportunity for success. All nominated students will be admitted on a trial basis with final admission coming at the close of the second semester with written feedback on a student’s progress at the close of the second semester. Beyond the second semester, the SOAR Faculty is ethically obligated to safeguard the school counseling profession by continuously monitoring student’s performance throughout his/her studies. Completion of the program is dependent not only upon academic performance but the demonstration of appropriate interpersonal skills, professional demeanor, and social and ethical judgment. Grades are only part of what is needed for a student to be successful in the SOAR Program. If concerns arise, students may be directed to do one of the following: participate in a writing and/or speech course, desist temporarily from course work, perform voluntary or paid work in a school, repeat courses, seek personal counseling, or withdraw from the program permanently. As a student, you have the right to appeal any grade or decision about your standing in the program.

The SOAR Program is designed to accommodate working students who have busy lives. However, it is impossible to complete all the requirements of this program without some day work, especially in the summers. We ask that you reserve your personal days during the next two years/ 6 semesters for day work in the schools. We also ask that you realize that some courses such as SDS 6831: Management of Resources, requires that you visit or attend presentations of approximately 18 community agencies which will require 2-4 days (make every effort to use Saturdays and evenings to limit work day visits). It is impossible to meet the demands of this program and fit neatly into everyone’s work schedule. A challenging, demanding two years will be required of each of you. Please carefully weigh the commitment of this program against your personal and professional demands. Attendance in each class is paramount and high quality work is a given.

This program relies on a continuation of skill building rather than discreet courses. It will be very difficult for you to sit out a semester or to take only a portion of the semester’s course work. Students who have emergencies will be accommodated to the extent possible, but please understand you may have to start the program over, retake certain courses, and/or sit out for as much as a year. Each situation will be addressed individually.

Active class participation is needed. All students are expected to challenge themselves to find their voice and contribute frequently in class discussions. All students are expected to monitor themselves so that they do not monopolize class discussions. Courses are designed for self-reflection and self-evaluation. Also, class discussions will be frank and open to cause you to become comfortable dealing with uncomfortable subjects such as the examination of “isms”,
e.g., racism, sexism, homophobia, etc. Each student is responsible for creating a safe and respectful classroom climate. Confidentiality, professionalism, sensitivity to others, willingness to be open and forthrightness are necessary.

I have carefully read the above statement and I agree to the terms as outlined. My signature also confirms that I read this handbook and fully understand the information, policies, and procedures described herein.

______________________________
Student’s Signature

______________________________
Program Sponsor’s Signature
# Appendix B

## SDS 6940 Practicum Weekly Log

**SOAR School Counseling, University of North Florida**

### Timeline

<table>
<thead>
<tr>
<th>Week #/ Date</th>
<th>Direct Client Contact Hours “DCC”</th>
<th>Indirect Contact Hours</th>
<th>Supervision</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Large Grp/ Classroom</td>
<td>Parent/Family</td>
<td>Other Duties (staff mtgs, in-service, session prep)</td>
</tr>
<tr>
<td>Week 1:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 2:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 3:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 4:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 5:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 6:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
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<tr>
<td>Week 7:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
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<tr>
<td>Week 8:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 9:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 10:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 11:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 12:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 13:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 14:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Week 15:</td>
<td>1</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SubTotals</th>
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<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>22.5</td>
<td>37.5</td>
<td></td>
</tr>
</tbody>
</table>

### Notes
- Direct Subtotal: 0
- Indirect Subtotal: 0
- Supervision Subtotal: 37.5
- TOTAL Internship Hours: 37.5

**University Signature:**

**Site Supervisor Signature:**

**Student Signature:**

---

*Internship students must earn a minimum of 100 internship hours, of which 40 must be Direct Client Contact.*

Updated 5/13
Appendix C

PRACTICUM CONTACT INFORMATION SHEET
Due: Beginning of Practicum
Please Print

Name: ________________________________
Date: ________________________________
Address: _____________________________________________________________
Home Phone: ___________ Work Phone: _____________________________
Cell Phone: _______________ Do you receive text messages? ______
Email: ____________________________

What is your preferred method for us to reach you in an emergency and we either reach you directly, or know you will receive our message within 10 minutes.
______________________________________________
Candidate Evaluation of Practicum Site  
Due at Completion of SDS 6940 Practicum

CRN/Section ____________________

Note to Student: The information you provide may be shared in general terms with the site supervisor.

Site/Agency/School Name:___________________________________ Date:______________
Address:__________________________________________________ Phone:___________

Student completing this evaluation: ________________________________

Directions: On the rating scale to the right of each item please circle the number which best describes your practicum/internship experience.

Please note: 1 = poor; 2 = adequate; 3 = good; 4 = very good, and 5 = superior.

I. Orientation:
Time provided for orientation 1  2  3  4  5
Comprehensiveness of orientation 1  2  3  4  5
Overall quality of orientation 1  2  3  4  5

Comments:

II. Supervision:
Supervision was regularly scheduled 1  2  3  4  5
Supervision was appropriate for my needs 1  2  3  4  5
Feedback from my supervisor was helpful 1  2  3  4  5
Supervisor was accessible (beyond regularly scheduled times) 1  2  3  4  5
Supportiveness of supervisor 1  2  3  4  5
Overall quality of supervision 1  2  3  4  5

Comments:

III. Learning Experiences:
Availability of clients 1  2  3  4  5
Appropriateness of clients 1  2  3  4  5
Suitability of tasks/duties 1  2  3  4  5
Number of tasks/duties 1  2  3  4  5
Overall quality of learning experiences 1  2  3  4  5

Comments:
IV. Professionalism

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment as a professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for input</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inclusion/reception by staff persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall sense of professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

V. Global Assessment of Practicum/Internship

VI. Would you recommend this site to others? _______yes _______no

Appendix E

Permission to Record and Consult

University of North Florida
College of Education and Human Services
Department of Leadership, School Counseling and Sport Management
Counselor Education Program
1 UNF Drive, Jacksonville, Florida 32224-2676
(904) 620-2838

I, the student (and parent or guardian), consent to the recording of my counseling sessions. The purpose of the recording is to improve my counseling effectiveness. This recording may be done by video and/or audio taping.

This consent is being given in regard to the professional services provided by the counselor named below. I understand that even if I sign this authorization, I may ask for the recording to be turned off or erased at any time during my sessions. All audio and videotapes will be kept in a safe location and will be destroyed at the end of the semester.

I further understand that to improve counseling techniques, my counselor may be consulting with the school counselor at this school as well as UNF faculty supervisors. She/He may also select a portion of the tape to be viewed by other counselor graduate trainees during group supervision. I therefore authorize any of the supervisors and graduate trainees to observe or have access to information relating to my counseling. It is understood that state laws and professional rules about client’s privacy bind these professionals and their students.

Signature___________________________Signature___________________________Date__________
(Student and parent/guardian)

Printed name__________________________________________________________Printed name__________________________________________________________

I, the counselor, have discussed the issues above with the student and his or her parent/guardian. My observations of this person’s behavior and responses give me reason to believe that this person is fully competent to give informed and willing consent.

Signature___________________________Date_________________
(Counselor)

__copy accepted by student/parent/guardian __copy accepted by counselor
__copy accepted by site supervisor __copy accepted by UNF supervisor
Counselor Education Program
PROOF OF LIABILITY INSURANCE

To show proof of liability insurance through ASCA, please print and submit both of these two documents:

1- Proof of Membership letter
2- Certificate of Insurance form

Here is how to access these documents:

1- Log in to your ASCA account at www.schoolcounselor.org. You need to establish membership first if you are not a member.
2- Click on “School Counselors and Members”.
3- Click “Member Benefits and Info”
4- Click “Liability Insurance”
5- Click “Print your proof of ASCA membership.” A personalized letter including your name, member number, and expiration date should appear.
6- Print this letter.
7- One the Liability Insurance page, click “Certificate of Insurance form”. This form will appear.
8- Fill in the form. Your member number and policy effective/expiration dates will be on your Proof of Membership letter. Be sure to include ALL of the information requested, including expiration date.
9- Print the completed form.
10- Submit both documents as instructed.
Appendix G

Site Supervisor’s Evaluation of School Counseling Practicum Candidate

Name of Candidate: _________________________________________________________

Name of Site: _________________________________________________________

Name of Supervisor: _________________________________________________________

Evaluation Date: _____________

Section I
Directions: This evaluation will be used by the faculty of the School Counseling Program in Counselor Education Program to provide an indication of the candidate’s performance during her/his practicum experience. Please circle the number to the right of each item which best describes your assessment of your supervisee. Please note:

0 = Not observed  1 = Unsatisfactory   2= Adequate  3 = Does well   4 = Outstanding

Competency 1: Demonstrates the ability to apply and adhere to ethical and legal standards in school counseling. SCB.1.

0  1  2  3  4

Comments: ____________________________________________________________

Competency 2: Demonstrates the ability to articulate, model, and advocate for an appropriate school counselor identity and program. SCB.2.

0  1  2  3  4

Comments: ____________________________________________________________

Competency 3: Demonstrates and understands self-awareness, sensitivity to others, and the skills needed to relate to diverse individuals, groups, and classrooms. SCD.1.

0  1  2  3  4

Comments: ____________________________________________________________

Competency 4: Provides individual and group counseling and classroom guidance to promote the academic, career, and personal/social development of students. SCD.2.

0  1  2  3  4

Comments: ____________________________________________________________
Competency 5: Designs and implements prevention and intervention plans related to the effects of (a) atypical growth and development, (b) health and wellness, (c) language, (d) ability level, (e) multicultural issues, and (f) factors of resiliency on student learning and development. SCD.3.

Comments: ____________________________________________________________

Competency 6: Demonstrates and understands the ability to use procedures for assessing and managing suicide risk. SCD.4.

Comments: ____________________________________________________________

Competency 7: Demonstrates and understands the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate. SCD.5.

Comments: ____________________________________________________________

Competency 8: Demonstrates and understands multicultural competencies in relation to diversity, equity, and opportunity in student learning and development. SCF.1.

Comments: ____________________________________________________________

Competency 9: Advocates for the learning and academic experiences necessary to promote the academic, career, and personal/social development of students. SCF.2.

Comments: ____________________________________________________________

Competency 10: Advocates for school policies, programs, and services that enhance a positive school climate and are equitable and responsive to multicultural student populations. SCF.3.

Comments: ____________________________________________________________

Competency 11: Engages parents, guardians, and families to promote the academic, career, and personal/social development of students. SCF.4.

Comments: ____________________________________________________________
Competency 12: Assesses and interprets students’ strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities. SCH.1.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 13: Selects appropriate assessment strategies that can be used to evaluate a student’s academic, career, and personal/social development. SCH.2.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 14: Analyzes assessment information in a manner that produces valid inferences when evaluating the needs of individual students and assessing the effectiveness of educational programs. SCH.3.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 15: Makes appropriate referrals to school and/or community resources. SCH.4.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 16: Assesses barriers that impede students’ academic, career, and personal/social development. SCH.5.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 17: Applies relevant research findings to inform the practice of school counseling. SCJ.1.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 18: Develops measurable outcomes for school counseling programs, activities, interventions, and experiences. SCJ.2.

0 1 2 3 4

Comments: ________________________________________________________________
Competency 19: Analyzes and uses data to enhance school counseling programs. SCJ.3.

0 1 2 3 4

Comments: ______________________________________________________________________

Competency 20: Conducts programs designed to enhance student academic development. SCL.1.

0 1 2 3 4

Comments: ______________________________________________________________________

Competency 21: Implements strategies and activities to prepare students for a full range of postsecondary options and opportunities. SCL.2.

0 1 2 3 4

Comments: ______________________________________________________________________

Competency 22: Implements differentiated instructional strategies that draw on subject matter and pedagogical content knowledge and skills to promote student achievement. SCL.3.

0 1 2 3 4

Comments: ______________________________________________________________________

Competency 23: Works with parents, guardians, and families to act on behalf of their children to address problems that affect student success in school. SCN.1.

0 1 2 3 4

Comments: ______________________________________________________________________

Competency 24: Locates resources in the community that can be used in the school to improve student achievement and success. SCN.2.

0 1 2 3 4

Comments: ______________________________________________________________________

Competency 25: Consults with teachers, staff, and community-based organizations to promote student academic, career, and personal/social development. SCN.3.

0 1 2 3 4

Comments: ______________________________________________________________________
Competency 26: Uses peer helping strategies in the school counseling program. SCN.4.

0 1 2 3 4

Comments: 

Competency 27: Uses referral procedures with helping agents in the community (e.g., mental health centers, businesses, service groups) to secure assistance for students and their families. SCN.5.

0 1 2 3 4

Comments: 

Competency 28: Participates in the design, implementation, management, and evaluation of a comprehensive developmental school counseling program.SCP.1.

0 1 2 3 4

Comments: 

Competency 29: Plans and presents school-counseling-related educational programs for use with parents and teachers (e.g., parent education programs, materials used in classroom guidance and advisor/advisee programs for teachers). SCP.2.

0 1 2 3 4

Comments: 

Note: The code at the end of each Competency refers to the CACREP 2009 standard to which the competency applies.

I. GLOBAL ASSESSMENT:

- Overall Assessment of his/her effectiveness as a counselor.

  0 1 2 3 4

- Potential for becoming an effective counselor.

  0 1 2 3 4
II. SUMMARY NOTES:

Candidate’s strong points:

Candidate’s needs for improvement:

Have you discussed this evaluation with the candidate?

Yes_______  No_______

(If no, please note this evaluation may be seen by candidate upon request as required by the Buckley Amendment).

Supervisor’s Signature ___________________________  Date _____

Student’s Signature _____________________________  Date ______

Evaluation modeled from the 2009 CACREP Standards
Welcome to___________! This observational experience will provide you with an opportunity to acquire more insight into the practices of professional school counseling. Please complete this evaluation form today as you observe the counselor(s) in action. This information will be shared with the school counselors and program faculty to help shape future experiences. Thank you in advance for your feedback.

Complete this section before you begin your observation experience

How well do you understand ASCA’s Comprehensive School Counseling Program (CSCP) Model?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No or very limited understanding</td>
<td>Excellent grasp of the model</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are some of your expectations for today?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

***************Complete this section during your observation experience***************

Thoughts/observations/comments about – (schedule may be listed here with individual school counselors at the school, or listed by events observed. Below is a sample only)

8:40-9:40 Student Appts. with

9:45-10:45 Drop-in Office Hours with

10:45-11:00 New Counselor Perspective with

11:55-12:40 Working with Seniors with
12:45-1:15 Partnership with

1:15 – 1:45 The Inside Scoop on Internship with

***************Complete this section after your observation experience***************

How well do you understand ASCA’s Comprehensive School Counseling Program (CSCP) Model?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No or very limited understanding</td>
<td>Excellent grasp of the model</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What part(s) of today were the most helpful? Why?
________________________________________________________
________________________________________________________
________________________________________________________

What part(s) of today were the least helpful? How could we improve today?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Did we meet or exceed your expectations for today?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Questions you would like to discuss during wrap-up…
________________________________________________________
________________________________________________________
________________________________________________________
PRACTICUM & INTERNSHIP APPENDIX

Appendix P-I

Updated 5/13
### Observations of School Counseling Candidate using the FLORIDA’S EDUCATOR ACCOMPLISHED PRACTICES 2010

<table>
<thead>
<tr>
<th>FEAPS</th>
<th>DOE Descriptor/COEHS INDICATORS</th>
<th>Demonstrated Mastery</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEAP 1:</strong> Instructional Design and Lesson Planning. Applying concepts from human development and learning theories, the effective educator consistently:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1a. Aligns instruction with state-adopted standards at the appropriate level of rigor;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1b. Sequences lessons and concepts to ensure coherence and required prior knowledge;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1c. Designs instruction for students to achieve mastery;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1d. Selects appropriate formative assessments to monitor learning;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1e. Uses diagnostic student data to plan lessons;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1f. Develops learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAPS</td>
<td>DOE Descriptor/COEHS INDICATORS</td>
<td>Demonstrated Mastery</td>
<td>Comments</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>experiences that require students to demonstrate a variety of applicable skills and competencies.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>FEAP 2:</td>
<td>To maintain a student-centered learning environment that is safe, organized, equitable, flexible, inclusive, and collaborative, the effective educator consistently:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2a. Organizes, allocates, and manages the resources of time, space, and attention;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2b. Manages individual and class behaviors through a well-planned management system;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2c. Conveys high expectations to all students;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2d. Respects students’ cultural linguistic and family background;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2e. Models clear, acceptable oral and written communication skills;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2f. Maintains a climate of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAPS</td>
<td>DOE Descriptor/COEHS INDICATORS</td>
<td>Demonstrated Mastery</td>
<td>Comments</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>openness, inquiry, fairness and support;</td>
<td>Yes/No/Not Observed = N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2g. Integrates current information and communication technologies;</td>
<td>Yes/No/Not Observed = N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2h. Adapts the learning environment to accommodate the differing needs and diversity of students; and</td>
<td>Yes/No/Not Observed = N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2i. Utilizes current and emerging assistive technologies that enable students to participate in high-quality communication interactions and achieve their educational goals.</td>
<td>Yes/No/Not Observed = N/O</td>
<td></td>
</tr>
<tr>
<td>FEAP 3: The effective educator consistently utilizes a deep and comprehensive knowledge of the subject taught to:</td>
<td>3a. Deliver engaging and challenging lessons;</td>
<td>Yes/No/Not Observed = N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3b. Deepen and enrich students’</td>
<td>Yes/No/Not Observed = N/O</td>
<td></td>
</tr>
<tr>
<td>FEAPS</td>
<td>DOE Descriptor/COEHS INDICATORS</td>
<td>Demonstrated Mastery</td>
<td>Comments</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>understanding through content area literacy strategies, verbalization of thought, and application of the subject matter;</td>
<td>Yes</td>
<td>3c. Identify gaps in students’ subject matter knowledge;</td>
</tr>
<tr>
<td></td>
<td>3c. Identify gaps in students’ subject matter knowledge;</td>
<td>No</td>
<td>3d. Modify instruction to respond to preconceptions or misconceptions;</td>
</tr>
<tr>
<td></td>
<td>3d. Modify instruction to respond to preconceptions or misconceptions;</td>
<td>Not Observed = N/O</td>
<td>3e. Relate and integrate the subject matter with other disciplines and life experiences;</td>
</tr>
<tr>
<td></td>
<td>3e. Relate and integrate the subject matter with other disciplines and life experiences;</td>
<td></td>
<td>3f. Employ higher-order questioning techniques;</td>
</tr>
<tr>
<td></td>
<td>3f. Employ higher-order questioning techniques;</td>
<td></td>
<td>3g. Apply varied instructional strategies and resources, including appropriate technology, to provide comprehensible instruction, and to teach for student understanding;</td>
</tr>
<tr>
<td></td>
<td>3g. Apply varied instructional strategies and resources, including appropriate technology, to provide comprehensible instruction, and to teach for student understanding;</td>
<td></td>
<td>3h. Differentiate instruction based on an assessment of student learning needs and recognition of</td>
</tr>
</tbody>
</table>

Updated 5/13
<table>
<thead>
<tr>
<th>FEAPS</th>
<th>DOE Descriptor/COEHS INDICATORS</th>
<th>Demonstrated Mastery</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>individual differences in students;</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3i. Support, encourage, and provide immediate and specific feedback to students to promote student achievement; and</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3j. Utilize student feedback to monitor instructional needs and to adjust instruction.</td>
<td>Not Observed</td>
<td></td>
</tr>
<tr>
<td>FEA4</td>
<td>Assessment. The effective educator consistently:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4a. Analyzes and applies data from multiple assessments and measures to diagnose students’ learning needs, informs instruction based on those needs, and drives the learning process;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4b. Designs and aligns formative and summative assessments that match learning objectives and lead to mastery;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4c. Uses a variety of assessment tools to monitor student progress, achievement and learning gains;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAPS</td>
<td>DOE Descriptor/COEHS INDICATORS</td>
<td>Demonstrated Mastery</td>
<td>Comments</td>
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<td>-------</td>
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</tr>
<tr>
<td></td>
<td>4d. Modifies assessments and testing conditions to accommodate learning styles and varying levels of knowledge;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4e. Shares the importance and outcomes of student assessment data with the student and the student's parent/caregiver(s); and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAP 5: Continuous Professional Improvement. The effective educator consistently:</td>
<td>5a. Designs purposeful professional goals to strengthen the effectiveness of instruction based on students’ needs;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5b. Examines and uses data-informed research to improve instruction and student achievement;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5c. Collaborates with the home, school and larger communities to foster communication and to support student learning and continuous improvement;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5d. Engages in targeted professional growth opportunities and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAPS</td>
<td>DOE Descriptor/COEHS INDICATORS</td>
<td>Demonstrated Mastery</td>
<td>Comments</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------</td>
<td>----------------------</td>
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</tr>
<tr>
<td></td>
<td>reflective practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5e. Uses a variety of data, independently, and in collaboration with colleagues, to evaluate learning outcomes, adjust planning and continuously improve the effectiveness of the lessons;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5f. Implements knowledge and skills learned in professional development in the teaching and learning process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAP 6: Professional Responsibility and Ethical Conduct.</td>
<td>6a. Understanding that educators are held to a high moral standard in the community;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6b. Adheres to the code of ethics and Principles of Professional Conduct of the Education Profession in Florida;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6c. Fulfills the expected obligations to students, the public and the education profession.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Updated 5/13
Candidates Name: ______________________________________________
Candidate's Signature:___________________________________________
Date:__________________________________________________________
Observer: _____________________________________________________
Observer's Signature:____________________________________________
Small Group or Classroom Guidance: ________________________________
INTERNSHIP APPENDICES
## Internship Weekly Log

SOAR School Counseling, University of North Florida

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Internship/Term /Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site/School/Agency:</td>
<td>Supervisor:</td>
</tr>
</tbody>
</table>

### Timeline

<table>
<thead>
<tr>
<th>Week #/ Date</th>
<th>Direct Client Contact Hours &quot;DCC&quot;</th>
<th>Indirect Contact Hours</th>
<th>Supervision</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indv.</td>
<td>Sm. Grp</td>
<td>Large Grp/Classroom Guidance</td>
<td>Teacher, Administrator, Parent/Family Consulations</td>
</tr>
<tr>
<td>Week 1:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 2:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 3:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 4:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 5:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 6:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 7:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 8:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 9:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 10:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 11:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 12:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 13:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 14:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Week 15:</td>
<td>1</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>SubTotals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| Direct Subtotal | 0 |
| Indirect Subtotal | 0 |
| Supervision Subtotal | 37.5 |

**TOTAL Internship Hours**: 37.5

<table>
<thead>
<tr>
<th>University Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Supervisor Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Student Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
INTERNERSHIP INFORMATION SHEET

Name: __________________________________________________

Date: ______________________

Address: ______________________________________________________________________

Home Phone: _________________  Work Phone: ________________________________

Cell Phone: _________________  Email: __________________________________________

Do you receive text messages ______

Internship Information:

Name of School: ____________________________________________

Address: ______________________________________________________________________

Phone: ______________________

Site Supervisor: ___________________ Phone: ______________________

Email: _______________________

Days and times at Internship site:

Monday ________________________________

Tuesday ________________________________

Wednesday ____________________________

Thursday ______________________________

Friday _________________________________

Weekend _____________________________

A COPY SHOULD BE PROVIDED TO YOUR SITE SUPERVISOR

UNIVERSITY OF NORTH FLORIDA
1 UNF Drive, Jacksonville, Florida 32224-2676
(904) 620-2838 College of Education and Human Services, LSCSM Department
Appendix DI

SDS 6830 INTERNSHIP
REPORT OF TIME DISTRIBUTION

UNIVERSITY OF NORTH FLORIDA
College of Education and Human Services
Department of Leadership, School Counseling and Sport Management
Counselor Education Program  (904) 620 - 2990
1 UNF Drive, Jacksonville, Florida 32224-2676

Internship _________  Semester/ Year __________

An exact report of the number of hours the candidate spent in his or her Counseling Internship
experience is required for the candidate’s record as well as for the site supervisor’s record. Site
supervisors can request a certificate for a waiver of matriculation fees for a minimum of 6 hours
in one semester for each 300 hours of supervision per semester. The site supervisor has 2 years
from the semester of supervision to request a certificate.

*Candidates are to return the original of this report at the close of the Internship to the UNF
Supervisor.

Name of Candidate ____________________________________________

Site ___________________________________________________________________

Number of Hours Spent by the Candidate in:

<table>
<thead>
<tr>
<th>Direct Services</th>
<th>Indirect Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling:</td>
<td>Describe or List Activities:</td>
</tr>
<tr>
<td>Group Counseling:</td>
<td></td>
</tr>
<tr>
<td>Classroom Guidance:</td>
<td></td>
</tr>
<tr>
<td>Consultation:</td>
<td></td>
</tr>
<tr>
<td>Total Direct Services:</td>
<td>Total Indirect Services:</td>
</tr>
</tbody>
</table>

Total Hours: _______________ From: _______________ To: _______________

Printed name of Faculty Supervisor ___________________________ Signature of Faculty Supervisor ___________________________ Date _______________

Printed name of Site Supervisor ___________________________ Signature of Site Supervisor ___________________________ Date _______________

Site Supervisor Degree or Certification ___________________________

Site Supervisor Phone ___________________________ Site Supervisor E-mail Address ___________________________

Date signed _______________ CET Trained YES_____ NO_______

*A Social Security Number may be requested in order for the Site Supervisor to obtain a certificate of waiver for matriculation fees.
Appendix E

Permission to Record and Consult

University of North Florida
College of Education and Human Services
Department of Leadership, School Counseling and Sport Management
Counselor Education Program
1 UNF Drive, Jacksonville, Florida 32224-2676
(904) 620-2838

I, the student (and parent or guardian), consent to the recording of my counseling sessions. The purpose of the recording is to improve my counseling effectiveness. This recording may be done by video and/or audio taping.

This consent is being given in regard to the professional services provided by the counselor named below. I understand that even if I sign this authorization, I may ask for the recording to be turned off or erased at any time during my sessions. All audio and videotapes will be kept in a safe location and will be destroyed at the end of the semester.

I further understand that to improve counseling techniques, my counselor may be consulting with the school counselor at this school as well as UNF faculty supervisors. She/He may also select a portion of the tape to be viewed by other counselor graduate trainees during group supervision. I therefore authorize any of the supervisors and graduate trainees to observe or have access to information relating to my counseling. It is understood that state laws and professional rules about client’s privacy bind these professionals and their students.

Signature________________________Signature_______________________   Date__________
( Student and parent/guardian)

Printed name__________________________Printed name____________________________

I, the counselor, have discussed the issues above with the student and his or her parent/guardian. My observations of this person’s behavior and responses give me reason to believe that this person is fully competent to give informed and willing consent

Signature________________________Signature_______________________   Date__________
(Counselor)

_copy accepted by student/parent/guardian  _copy accepted by counselor
_copy accepted by site supervisor       copy accepted by UNF supervisor

Counselor Education Program

Updated 5/13
PROOF OF LIABILITY INSURANCE

To show proof of liability insurance through ASCA, please print and submit both of these two documents:

1- Proof of Membership letter
2- Certificate of Insurance form

Here is how to access these documents:

1- Log in to your ASCA account at www.schoolcounselor.org. You need to establish membership first if you are not a member.

2- Click on “School Counselors and Members”.

3- Click “Member Benefits and Info”

4- Click “Liability Insurance”

5- Click “Print your proof of ASCA membership.” A personalized letter including your name, member number, and expiration date should appear.

6- Print this letter.

7- On the Liability Insurance page, click “Certificate of Insurance form”. This form will appear.

8- Fill in the form. Your member number and policy effective/expiration dates will be on your Proof of Membership letter. Be sure to include ALL of the information requested, including expiration date.

9- Print the completed form.

10- Submit both documents as instructed.
Site Supervisor's Agreement

We are grateful for the enormous contribution you are about to make to the field of school counseling and to the University of North Florida (UNF). The University of North Florida is in your debt for agreeing to help our interns become professional school counselors. We recognize this is above and beyond what you already are responsible and do daily. This is the second and final of their two internships. This 300 clock hour internship is required for Florida licensure and by CACREP, our primary accrediting body of our four accrediting bodies (NCATE, FDOE, SACS).

__________________________ is requesting to intern with you. Your signature below indicates that you agree to have this candidate intern with you and your signature affirms that you have read the expectations, roles and responsibilities of the site supervisor in the Practicum & Internship Handbook for SOAR Students and Site Supervisors, have an understanding of the experiences in which the candidate will participate.

The intern is expected to behave in a professional manner at all times, adhere to the profession’s ethical standards, and, respect the school and district policies and procedures. The intern also commits to reading, and abiding by all the requirements set forth in the practicum and internship manual.

Please contact Dr. Carolyn Stone, course faculty, or Dr. Rebecca Schumacher, program leader, at 904 620-1826, or by email cstone@unf.edu, or Rebecca.schumacher@unf.edu for any questions or concerns that you may have. Thank you for your support of our students.

Attached you will find the interns agreement as to their roles and responsibilities. Below is a partial listing of the roles and responsibilities of the site supervisor. The complete listing with explanations is in the Practicum & Internship Handbook for SOAR Students and Site Supervisors.

The purpose of the supervision is to:

- support the intern with a place to connect their coursework with their experience and discuss their successes and challenges,
- help the interns process their development,
- conduct a regular weekly supervision with the intern that last one hour,
- provide the intern with affirming and corrective feedback,
- discuss and apply the ASCA and ACA ethical and legal codes to daily practice,
- provide a place that allows the intern to complete the course assignments,
facilitate the intern’s readiness for their future role as a professional school counselor,

utilize a supervision approaches and techniques tailored to the needs of the intern,

complete a comprehensive written evaluation with the intern at the middle and at the end of their internship experience,

provide a positive role model of school counseling in the field,

share your expertise,

encourage your intern to work independently,

introduce your intern to the school community,

maintain on-going communication with the internship course professor as to gaps, growth needs, successes,

provide a supportive and trustful supervisory relationship, and

provide candid feedback on any critical issues that impact the suitability of the intern to the profession of school counseling.

I agree, to the best of my ability, to uphold the guidelines specified in this agreement and to conduct the supervisory relationship according to the ethical principles and the code of ASCA and ACA.

Site Supervisor's Name____________________________________

School: ___________________

Signature: ________________________________ Date: _____________________

Degree/ Certification# /CET Trained Yes_____ No _____

Fall/Spring Semester (circle) ____________ ____________

Year CRN #

Student Name (printed) ___________________________________________________

Internship Setting Phone

Location (mailing address) Dates of Internship (beginning and ending dates)

Signature of Candidate____________________________________________________

Date

Principal (signature) ____________________________________ Date
District Supervisor (signature) (if applicable)* _________________________________ Date

NOTE TO CANDIDATE: AT THIS POINT, PLEASE RETURN AGREEMENT FORM TO COUNSELOR EDUCATION OFFICE.
FOR UNIVERSITY USE ONLY - DO NOT WRITE BELOW THIS LINE

University Supervisor (signature)_____________________________________________

Program Director, School Counseling (signature)____________________________________

* District Supervisor signature not required for Duval County Public Schools
Appendix HI

**SDS 6830 Internship Learning Contract**

Intern Name: __________________________ Site Supervisor’s Name: __________________________ School Name: __________________________

**Directions:** Candidates, in consultation with site and/or UNF supervisors, will identify six projects or activities to complete during practicum or internship to improve specific skills. Candidates fill in the type of program or activity, the skill to be addressed, and indicators (project #6 is the candidate’s choice). The site supervisor will describe the Degree of accomplishment of the objective, will sign below, and return this form to the UNF supervisor at the conclusion of the internship with the candidate’s final evaluation.

<table>
<thead>
<tr>
<th>Service Delivery Method and Program/Activity</th>
<th>Objective or skill intern is working on</th>
<th>Indicators objective has been mastered</th>
<th>Observation Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Guidance Curriculum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Individual Student Planning</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Responsive Services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. System Support</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. MEASURE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________                ____________  
Candidate Signature                       Initial Review Date                    Site

________________________                ____________  
Supervisor’s Signature                   Initial Review Date                    Site

________________________                ____________  
Candidate Signature                       Final Review Date                     Site

________________________                ____________  
Supervisor’s Signature                   Final Review Date                     Site
Appendix II

Monthly Schedule

*Note to Candidate: Create a monthly schedule that will notify your Site Supervisor the days and times you plan to be at your site. Use this calendar to enter any outside activities you plan to participate in (BEACON, Financial Aid Nights, etc...). This calendar must be given to your Site Supervisor at the beginning of each month. A copy must also be provided to your UNF Site Supervisor.*

Month: __________________

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Week 2</td>
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<td>Week 3</td>
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<tr>
<td>Week 4</td>
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<tr>
<td>Week 5</td>
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</tr>
</tbody>
</table>

Site Supervisor Signature: ____________________________ Date: ______

Internship Candidate Signature: ____________________________ Date: ______
Site Supervisor’s Evaluation of School Counseling Internship Candidate  
Circle one:  SDS 6830   SDS 6832  

Name of Candidate: _________________________________________________________  
Name of Internship Site: _________________________________________________________  
Name of Supervisor: _________________________________________________________  
Supervisor’s Title: _________________________________________________________  
Evaluation Date: ______________________  

Section I  
Directions: This evaluation will be used by the faculty of the School Counseling Program in  
Counselor Education Program to provide an indication of the candidate’s performance during  
her/his practicum/internship experience. Please circle the number to the right of each item which  
best describes your assessment of your supervisee. Please note:  

0 = Not observed   1 = Unsatisfactory   2= Adequate  3 = Does well  4 = Outstanding  

Competency 1: Demonstrates the ability to apply and adhere to ethical and legal standards in  
school counseling. SCB.1.  

0  1  2  3  4  

Comments: ____________________________________________________________  

Competency 2: Demonstrates the ability to articulate, model, and advocate for an appropriate  
school counselor identity and program. SCB.2.  

0  1  2  3  4  

Comments: ____________________________________________________________  

Competency 3: Demonstrates and understands self-awareness, sensitivity to others, and the skills  
needed to relate to diverse individuals, groups, and classrooms. SCD.1.  

0  1  2  3  4  

Comments: ____________________________________________________________
Competency 4: Provides individual and group counseling and classroom guidance to promote the academic, career, and personal/social development of students. SCD.2.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 5: Designs and implements prevention and intervention plans related to the effects of (a) atypical growth and development, (b) health and wellness, (c) language, (d) ability level, (e) multicultural issues, and (f) factors of resiliency on student learning and development. SCD.3.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 6: Demonstrates and understands the ability to use procedures for assessing and managing suicide risk. SCD.4.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 7: Demonstrates and understands the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate. SCD.5.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 8: Demonstrates and understands multicultural competencies in relation to diversity, equity, and opportunity in student learning and development. SCF.1.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 9: Advocates for the learning and academic experiences necessary to promote the academic, career, and personal/social development of students. SCF.2.

0 1 2 3 4

Comments: ____________________________________________________________
Competency 10: Advocates for school policies, programs, and services that enhance a positive school climate and are equitable and responsive to multicultural student populations. SCF.3.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 11: Engages parents, guardians, and families to promote the academic, career, and personal/social development of students. SCF.4.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 12: Assesses and interprets students’ strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities. SCH.1.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 13: Selects appropriate assessment strategies that can be used to evaluate a student’s academic, career, and personal/social development. SCH.2.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 14: Analyzes assessment information in a manner that produces valid inferences when evaluating the needs of individual students and assessing the effectiveness of educational programs. SCH.3.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 15: Makes appropriate referrals to school and/or community resources. SCH.4.

0 1 2 3 4

Comments: ____________________________________________________________

Competency 16: Assesses barriers that impede students’ academic, career, and personal/social development. SCH.5.

0 1 2 3 4

Comments: ____________________________________________________________
Competency 17: Applies relevant research findings to inform the practice of school counseling. SCJ.1.

Comments: ____________________________________________________________

Competency 18: Develops measurable outcomes for school counseling programs, activities, interventions, and experiences. SCJ.2.

Comments: ____________________________________________________________

Competency 19: Analyzes and uses data to enhance school counseling programs. SCJ.3.

Comments: ____________________________________________________________

Competency 20: Conducts programs designed to enhance student academic development. SCL.1.

Comments: ____________________________________________________________

Competency 21: Implements strategies and activities to prepare students for a full range of postsecondary options and opportunities. SCL.2.

Comments: ____________________________________________________________

Competency 22: Implements differentiated instructional strategies that draw on subject matter and pedagogical content knowledge and skills to promote student achievement. SCL.3.

Comments: ____________________________________________________________

Competency 23: Works with parents, guardians, and families to act on behalf of their children to address problems that affect student success in school. SCN.1.

Comments: ____________________________________________________________
Competency 24: Locates resources in the community that can be used in the school to improve student achievement and success. SCN.2.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 25: Consults with teachers, staff, and community-based organizations to promote student academic, career, and personal/social development. SCN.3.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 26: Uses peer helping strategies in the school counseling program. SCN.4.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 27: Uses referral procedures with helping agents in the community (e.g., mental health centers, businesses, service groups) to secure assistance for students and their families. SCN.5.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 28: Participates in the design, implementation, management, and evaluation of a comprehensive developmental school counseling program. SCP.1.

0 1 2 3 4

Comments: ________________________________________________________________

Competency 29: Plans and presents school-counseling-related educational programs for use with parents and teachers (e.g., parent education programs, materials used in classroom guidance and advisor/advisee programs for teachers). SCP.2.

0 1 2 3 4

Comments: ________________________________________________________________

Note: The code at the end of each Competency refers to the CACREP 2009 standard to which the competency applies.
I. GLOBAL ASSESSMENT:

- Overall Assessment of his/her effectiveness as a counselor.
  0  1  2  3  4

- Potential for becoming an effective counselor.
  0  1  2  3  4

II. SUMMARY NOTES:

Candidate’s strong points:

Candidate’s needs for improvement:

Have you discussed this evaluation with the candidate?

Yes_______ No_______

(If no, please note this evaluation may be seen by candidate upon request as required by the Buckley Amendment).

Based upon the preceding information, I would recommend a letter grade of _________ for the candidate’s performance in the Internship.

Supervisor’s Signature_____________________________ Date ______

Evaluation modeled from the 2009 CACREP Standards
Due at Completion of SDS 6830/SDS 6832 Internship

Candidate Evaluation of Internship Site

CRN Section __________

Note to Student: The information you provide may be shared in general terms with the site supervisor.

Site/Agency/School
Name:_________________________________________ Date:______________
Address:_________________________________________ Phone:___________

Student completing this evaluation: _________________________________

Directions: On the rating scale to the right of each item please circle the number which best describes your practicum/internship experience.

Please note: 1 = poor; 2 = adequate; 3 = good; 4 = very good, and 5 = superior.

Orientation:
Time provided for orientation 1 2 3 4 5
Comprehensiveness of orientation 1 2 3 4 5
Overall quality of orientation 1 2 3 4 5

Comments:

II. Supervision:
Supervision was regularly scheduled 1 2 3 4 5
Supervision was appropriate for my needs 1 2 3 4 5
Feedback from my supervisor was helpful 1 2 3 4 5
Supervisor was accessible (beyond regularly scheduled times) 1 2 3 4 5
Supportiveness of supervisor 1 2 3 4 5
Overall quality of supervisor 1 2 3 4 5

Comments:

III. Learning Experiences:
Availability of clients 1 2 3 4 5
Appropriateness of clients 1 2 3 4 5
Suitability of tasks/duties 1 2 3 4 5
Number of tasks/duties 1 2 3 4 5
Overall quality of learning experiences 1 2 3 4 5

Comments:
IV. **Professionalism**

<table>
<thead>
<tr>
<th>Treatment as a professional</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities for input</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Inclusion/reception by staff persons</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall sense of professionalism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments:

V. **Global Assessment of Practicum/Internship**

VI. **Would you recommend this site to others?**

[ ] yes  [ ] no

Appendix LI

Certificate of Participation

An exact report of the number of hours the candidate spent in the internship experience is required for issuance of a certificate for the waiver of matriculation fees. Supervisors should keep a copy of this form. To request a certificate, please email Kate Worsowicz at k.worsowicz@unf.edu or call the LSC&SM office at 620-2990 within 2 years of the supervision semester. At the close of the internship experience, please return this original form to: your UNF supervisor.

I hereby certify that I served as a field site supervisor and supervised an intern candidate as follows:

Name of Intern___________________________________________________________

Field Site and Address____________________________________________________

Course Number/CRN_______________________________________________________

Term/Dates of Supervision__________________________________________________

Total Hours Candidate was Supervised: Direct______ Indirect______ Total______

(These totals should match the totals on Appendix DI, Report of Time Distribution)

__________________________________________________________

Signature of Field Site Supervisor Date

Field Site Supervisor’s (Preceptor’s) Name [please print]______________________

Business Address______________________________ Zip____________

Business Phone_________ Fax_______________

E-mail________________________

Home Address______________________________ Zip____________

Home Phone________________________

(The certificate cannot be issued without the home address. It cannot be sent to a business. UNF may also request your social security number in order to issue your certificate.)

__________________________________________________________

Signature of Field Site Supervisor Date

__________________________________________________________

Signature of Program Director Date
Appendix M1

Site Supervisor's Evaluation of UNF Training/Orientation, Faculty Support
SDS 6832 Internship Assignments

Term: ______ Turn in at the Exit Meeting on ____________

Anonymous (no identifying information please)

Directions: On the rating scale to the right of each item please circle the number which best describes your experience with the faculty supervisor of your intern.

Please note: 1 = poor; 2 = adequate; 3 = good; 4 = very good, and 5 = superior.

I. Training/Orientation Enabled me to Understand:
   My Supervisory Duties 1 2 3 4 5
   Model of Supervision 1 2 3 4 5
   The Weekly Supervision Required 1 2 3 4 5
   The Accountability Assignment (MEASURE) 1 2 3 4 5
   The Expectations of Interns Professionalism 1 2 3 4 5
   The Interns Required Assignments 1 2 3 4 5
   Overall quality of training/orientation 1 2 3 4 5
   Comments:

II. The Assignments Were Relevant and Quality:
   MEASURE 1 2 3 4 5
   Small Group Lessons 1 2 3 4 5
   Classroom Guidance 1 2 3 4 5
   Overall quality of Assignments 1 2 3 4 5
   Comments:

III. Site Visit:
   Faculty Visited our School Site at least once 1 2 3 4 5
   Faculty asked for Feedback 1 2 3 4 5
   Faculty was Accessible when Needed 1 2 3 4 5
   An Exit Meeting was Provided 1 2 3 4 5
   Comments:

IV. Overall Support of UNF Faculty 1 2 3 4 5

V. I would recommend to other Counselors to take a UNF Intern
   _______yes _______no
CHECKLIST FOR SUBMITTED MATERIALS

Student Name __________________________________

Date Submitted:

Practicum Materials

_______  Student Statement of Understanding – Appendix A
_______  Practicum Weekly Log – Appendix B
_______  Practicum Contact Information Sheet – Appendix C
_______  Candidate Evaluation of Practicum Site – Appendix D
_______  Permission to Record and Consult – Appendix E
_______  Proof of Liability Insurance – Appendix F
_______  Site Supervisor’s Evaluation of School Counseling
_______  Practicum Candidate – Appendix G
_______  Student Counselor Observation Evaluation Form – Appendix H

Practicum-Internship Observations

_______  Observations for FEAPs 2010-Appendix P-I

Internship Materials

_______  Internship Weekly Log – Appendix BI
_______  Internship Information Sheet – Appendix CI
_______  Internship Report of Time Distribution – Appendix DI
_______  Permission to Record and Consult – Appendix E
_______  Proof of Liability Insurance – Appendix F
_______  Site Supervisor Agreement – Appendix GI
_______  Internship Learning Contact – Appendix HI
_______  Monthly Schedule – Appendix II
_______  Site Supervisor’s Evaluation of School Counseling Internship Candidate – Appendix JI
_______  Candidate Evaluation of Internship Site – Appendix KI
_______  Certificate of Participation – Appendix LI
_______  Site Supervisor's Evaluation of UNF Training, Faculty Support & Intern Assignments – Appendix MI

Notes: