RHB 8650
GRADUATE PRACTICUM MANUAL
Masters of Rehabilitation Counseling
Chemical Dependency
Severe Disabilities

Department of Human Services
College of Education and Human Services
Wright State University
108 Allyn Hall
3640 Colonel Glenn Highway
Dayton OH 45435
(937) 775-2075
TDD (937) 775-3153

Prepared by
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Revised Summer 2013
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INTRODUCTION

This manual's aim is to provide students with detailed information and procedures for applying for and participating in their rehabilitation counseling practicum experience. Information is provided for applying for practicum, locating a practicum site, expected competencies, practicum requirements, and copies of required forms. Please read this manual carefully as it should answer most of your questions.

The rehabilitation counseling faculty of the Department of Human Services believes that practicum and internship are among the most important experiences in our graduate programs. Every effort will be made to enable students to have a range of experiences that will enhance their personal and career development.

PURPOSE OF THE PRACTICUM EXPERIENCE

The practicum requires the student to utilize the skills and techniques learned in previous coursework. The program coordinator, the specialty field supervisor, and the student will cooperatively determine the exact nature of the practicum experience, depending on the learning needs and interests of the student. The practicum experience allows the student to elect to work with various disability groups, which may include persons with physical impairments, sensory impairments, mental retardation, emotional disturbances, chemical dependencies, terminal illnesses, and others.

Students beginning the practicum must be able to demonstrate the following competencies:

1. basic listening skills;
2. an understanding of professional ethics and legal parameters of the rehabilitation process;
3. read medical and psychological and psychiatric reports and interpret the findings to a consumer;
4. an awareness of his/her interpersonal influence on the rehabilitation process;
5. advocacy skills for the population with which they are working;
6. an understanding of the multidisciplinary team as part of the rehabilitation process;
7. identify problems, design and assist in the implementation of rehabilitation planning;
8. locate and utilize community informational resources;
9. utilize supervision positively;
10. understanding of a variety of interview techniques and major individual counseling theories and techniques;
11. understanding the process of psychological adjustment to major disabling conditions;
12. understand the behavior assessment process.
REQUIREMENTS FOR ELIGIBILITY

The student must meet the following requirements in order to be eligible for the internship experience:

- student has a program of study on file in the Department of Human Services
- student has completed a minimum of half of their required coursework
- student has a GPA of 3.0 or above

All Rehabilitation, Clinical Mental Health, Marriage & Family, and School Counseling majors are required to have completed the following courses:

RHB 701 (CNL 6010)  CNL 973 (CNL 7290)  EDL 751 (CNL 6030)
CNL 863 (CNL 6020)*

*CNL 863 (CNL 6020) Techniques of Counseling, must be completed no earlier than two terms prior to the beginning of practicum.

The following core courses must be completed with a grade of B or better prior to beginning practicum:

RHB 701 (CNL 6010)  CNL 863 (CNL 6020)*  EDL 751 (CNL 6030)
RHB 700 (RHB 7000)  RHB 704 (RHB 7040)  RHB 711 (CNL 7110)
RHB 720 (RHB 7200)  RHB 702 (RHB 7020)(SD) or 707 (RHB 7070) (CD)  CNL 972 (CNL 7280)
CNL 667 (6220) or 767 (7220)  CNL 705 (CNL 7230)

The following courses must be completed for Chemical Dependency majors only:

RHB 730 (RHB 7300)  RHB 731 (RHB 7310)

Please note, if there is only one rehabilitation course not yet taken, students will be allowed to take this course concurrent with their practicum.

*CNL 863 (CNL 6020) Techniques of Counseling must be taken within the 2 terms before the student enrolls in practicum.

REQUIREMENTS DURING SEMESTER REGISTERED

The following indicates the minimum requirements for counseling practicum placements (based on a 15-week semester).

On-Site Requirements
Individual and Group Practicum (CNL 8650): The student is required to spend a minimum of 7 hours per week* (for a minimum total of 100 hours per semester) at his/her site; however, a site

Revised Spring 2014
may require additional hours. Of the 100 hours, a minimum total of 40 hours must involve direct client contact. Of these 40 hours, at least 25 percent (10 hours) must be of individual counseling and at least 25 percent (10 hours) must be of group counseling. The remaining 50 percent (20 hours) may be any combination of direct hours. In addition, 1 hour per week must be direct supervision of the practicum student by the site supervisor. For purposes of critique and evaluation, a minimum of one audio or video taped individual per week is required. Intake interviews alone will not fulfill these requirements. Students have the responsibility for following site procedures, both for securing permission to tape and insuring the confidentiality of the obtained tape. Students are strongly encouraged to exceed the minimum number of required counseling hours per week.

*Wright State University’s summer sessions are 12-week semesters. Students registered for Practicum during a summer semester will be required to spend a minimum of 9 hours per week at his/her site, in order to obtain the minimum 100 hours required for practicum.

Students must have a CRC faculty supervisor, a CRC site supervisor or a CCDC III site supervisor for Chemical Dependency internships. Students who plan to pursue a PCC must have site supervision by a PCC with supervision designation.
PROCEDURES FOR REGISTERING FOR RHB 8650

Application Guidelines

Students must apply for practicum (Appendix 1) by the following deadlines:

**Summer Semester and Fall Semester – February 15**  
**Spring Semester - October 10**

The entire application package consists of:
- Resume
- Verification of Professional Liability Insurance (photocopy of the insurance application and check will fulfill this requirement)
- Copy of academic advising report from Wings Express.
- Verification of membership in rehabilitation professional organization (ARCA or NARCA)
- Application form (Appendix 1)

This information must be submitted to the Graduate Assistant for Practicum and Internship. The student must apply the semester before they wish to take practicum. For those taking practicum during fall semester, the application is due spring semester.

After the above information is received, you will be notified of your conditional acceptance and you will have approximately two weeks to submit the following to the Graduate Assistant for Practicum and Internship:
- Placement Contract (Appendix 2)
- Site Supervisor Information Form (Appendix 3)
- Copy of the Supervisor’s License
- Site Information Sheet (Appendix 4)
- Copies of Trainee Supervision Agreement which you will submit to the CSWMFT board for counselor trainee status (only if you are working toward the PC/PCC licensure)
- Proposal of Practicum Objectives (this should be submitted to your university supervisor)

Once the practicum has been completed the following must be submitted to the university supervisor:
- Site Supervisor Evaluation for Practicum Students (Appendix 5)
- Student’s Practicum Placement Evaluation (Appendix 6)
- Time Log (Appendix 7)

If you have counselor trainee status, your hours must be reported to the CSWMFT board within 30 days of completing practicum, using the Practicum Report Form which can be downloaded from the board’s website (www.cswmft.ohio.gov/forms.stm). Copies of this do not need to be submitted to the Graduate Assistant for Practicum and Internship.
SELECTING A PRACTICUM SITE

NOTE: Students and the Faculty Supervisor will discuss possible practicum sites. However, students are responsible for securing placement.

To procure a practicum site the student should begin by arranging an on-site interview with the potential practicum supervisor. The student should provide a personal resume to the agency. This interview provides an opportunity for both the students and the agency to clearly delineate their expectations for the practicum experience. If the agency representative believes that the student's and the agency's particular experiences or expectations are mismatched, the placement may be refused. When this occurs the student must seek another placement site.

CRITERIA FOR SELECTING PRACTICUM SITE

Agency Selection

• Agencies should be selected that have a primary function of serving people with disabilities, this may also include agencies that serve the socially disadvantaged.
• Agencies should have a broad variety of rehabilitation services, which are designed to serve persons with disabilities.
• Agencies should be recognized in the community as a viable agency with appropriate accreditation (if it exists for that agency). Affiliation with appropriate funding agencies will be considered in lieu of accreditation.
• Agencies should be able to provide assurances that they can give adequate and appropriate opportunities for the intern to work with people with physical, mental, psychological, chemical dependency, and social disabilities.

QUALIFICATIONS OF SITE SUPERVISOR

The agency supervisor needs to be a CRC (certified rehabilitation counselor) or CCDC III (certified chemical dependency counselor III) and if you are interested in being a licensed counselor in the state of Ohio they should also be a (L)PC (professional counselor) or (L)PCC (professional clinical counseling). All supervisors must have Supervisor Counseling Status with the Ohio CSWMT Board.

Other supervisor qualifications include:

• appropriate academic training at the Master's or Doctorate level.
• work experience that will provide the intern with a proper orientation to the field of rehabilitation.
• an interest and willingness to become a part of an academic training program.
• flexibility of schedule that allows the necessary time required for training and supervising interns as part of the supervisor's daily activities.
• sufficient experience and/or education in area of counseling or interpersonal relationships to provide interns with supervision in interviewing and/or counseling techniques.
• familiarity with the working relationship with other community agencies.
RESPONSIBILITY FOR PRACTICUM STUDENT, SITE SUPERVISOR, AND UNIVERSITY SUPERVISOR

Student Responsibilities:

1. Maintain a regular attendance schedule and complete all assignments.
2. Conform to agency rules, regulations, and standards.
3. Demonstrate an awareness of personal skills and limitations by taking initiative when appropriate, yet seeking assistance when necessary.
4. Keep a log of all activities and reactions. The log should include:
   a) date and number of hours spent at the internship.
   b) description of activities (interviewing, personal or vocational counseling, interaction with staff and other professionals, planning, in service training, utilization of community resources, placement activities, attendance at conferences, workshops, and any other job duties performed).
   c) weekly personal reaction to activities performed.
5. Establish personal objectives to be met during the internship.
7. Abide by the NRCA, CRCC, and ACA/ARCA Code of Ethics.

Site Supervisor Responsibilities:

Agencies should assign one staff member to supervise the intern. (However, if no one at the agency has both a CRC and (L)PC or CCDC III and (L)PC you will need two supervisors.) This supervisor may assign the intern to other professional staff in the agency but is responsible for making sure the intern's supervision and assignments best meet the needs of the intern and the agency. The practicum site supervisor is responsible for planning, assigning practicum duties, observing and monitoring the interns work performance as well as setting up priorities in terms of work tasks.

On-site supervision includes:
1. Assign work assignments according to the student's level of competence based upon the student's education and experience level.
2. Schedule weekly conferences to review the work of the intern, to monitor work performance, and to establish goals for the next week or two weeks. This enables both the intern and supervisor to modify the practicum experience to meet the needs of both parties.
3. Communicate with University Supervisor if any problems arise and to give feedback regarding the intern’s quality of work.
4. Abide by the ethical standards of the rehabilitation counseling profession and/or the ethical standards of the primary professional organization of the agency supervisor.
5. Completion of final evaluation of intern's work.

University Supervisor Responsibilities:

1. Review progress of the practicum students on a regular basis.
2. Contact practicum Site Supervisor at least twice within the semester.
3. Reserves the right of final retention or dismissal of the student, and agrees to withdraw the student from the practicum site when the student's practice and/or behavior does not meet minimum standards of the Agency and is so requested by the Agency Supervisor.
EVALUATION PROCESS

The student's performance, during the practicum is evaluated by the site supervisor. After the practicum objectives have been delineated, the student will then be evaluated at mid-term and the end of the semester in a joint conference with the University Supervisor, the field supervisor and the student him or herself. Other scheduled evaluations may be performed by request of any of the three parties.

The field supervisor will be asked to utilize the following system for each listed objective.

**Principles of Evaluation**

The following principles should be observed:

1. the underlying philosophy and approach of evaluation should be directed constructively toward strengthening the student both personally and professionally.
2. evaluation should be conducted and reviewed with the intern.
3. evaluation should be regarded as a continuing process, not as a single event in time.
4. in its most helpful form, the evaluation will also provide an opportunity to evaluate objectively the clinical practice supervision and setting as well as intern's progress from this experience.

The field supervisor will be asked to utilize the following system for each listed objective.

Please indicate the degree each competency has been demonstrated using the following scale:

- 5 - Indicates a frequently demonstrated very high degree of competence.
- 4 - Indicates a frequently demonstrated high degree of competence.
- 3 - Indicates an adequate degree of competence.
- 2 - Indicates a relatively low level of competence.
- 1 - Indicates extremely low level of competence.

**PROFESSIONAL CERTIFICATION AND LICENSURE**

Upon graduation students should pursue both licensure and rehabilitation certification. Most students will pursue the CRC (certified rehabilitation counselor) or CIRS (certified insurance rehabilitation specialist) or CCDC (certified chemical dependency counselor). Other certifications include CVE (certified vocational evaluator), CWA (certified work adjuster), and CCM (certified case manager). Students planning on staying in Ohio should consider getting their PC (professional counselor) or PCC (professional clinical counselor).
For information about CRC, CIRS, CVE, CWA, and CCM certification contact:

Commission on Rehabilitation Counselor Certification  
Certified Insurance Rehabilitation Specialist Commission  
1835 Rohlwing Road Suite E  
Rolling Meadows, IL 60008  
(708) 394-2104

Students in a CORE accredited program are allowed to sit for the CRC exam following completion of 75% of their coursework.

For information regarding the CCDC certification contact:

Ohio Credentialing Board  
740 Lakeview Plaza Blvd.  
Worthington, Ohio 43085-4784  
614-847-0330

For information regarding PC and PCC licensure contact:

Ohio Counselor, Social Worker, Marriage and Family Therapy Board  
50 West Broad Street, Suite 1075  
Columbus, OH 43215-5919  
614-466-6462  
www.cswmft.ohio.gov
APPENDIX 1
Wright State University
College Of Education And Human Services
Department Of Human Services
108 Allyn Hall
Dayton, OH 45435
(937) 775-2075

Application For Practicum - RHB 8650

Deadlines for Application: Summer & Fall - February 15        Spring - October 10

Name ________________________________
Address ________________________________
City __________________ State _______ Zip ________
Phone ___________________ (home) ___________________ (work)
Email ________________________________
University ID Number ________________________________

Rehabilitation Counseling Major:

_____ Chemical Dependency          _____ Severe Disabilities

Application for: ___Spring   ___ Summer   ___ Fall   Year:____________________

Core Courses: (please write in grade received)

_____ RHB 701 (CNL 6010) _____ CNL 863 (CNL 6020) _____ EDL 751 (CNL 6030)
_____ CNL 973 (CNL 7290)

Rehabilitation Courses Completed: (please write in grade received)

_____ RHB 700 (RHB 7000) _____ RHB 704 (RHB 7040) _____ RHB 705 (CNL 7230)
_____ RHB 711 (RHB 7110) _____ RHB 720 (RHB 7200) _____ RHB 8650
_____ CNL 972 (CNL 7280) _____ CNL 667 (6220) or CNL 767 (7220)
_____ RHB 702 (RHB 7020)(SD) or 707 (RHB 7070) (CD)*

*can be taken concurrently with RHB 8650

Chemical Dependency majors only:

_____ RHB 730 (RHB 7300)          _____ RHB 731 (RHB 7310)
Application for Practicum (continued)

Student Name _____________________ Date _____________

Courses which you are presently taking this semester:

<table>
<thead>
<tr>
<th>Course</th>
<th>Anticipated Grade</th>
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List courses that may be taken simultaneously with Practicum.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Verification of liability insurance must be attached to this application. A photocopy of the application and check to the insurance company will meet this requirement. No student will be permitted to enroll in practicum without such documentation.

A copy of your academic advising report from Wings Express must be attached to this application.

List previous experiences at human service agencies:

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Dates</th>
<th>Responsibilities</th>
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Number of program hours completed: _______

GPA _________________________

Anticipated date of graduation: ___________

Are you a full or part-time student? __________

Attach a signed copy of the program of study? __________

Are you on an approved for limited leave of absence or sabbatical? _____ Yes _____ No

If yes, attach appropriate documentation from your employer.
Registration Commitment:
By signing for this class: (RHB 8650)

1) I acknowledge the commitment of the Department of Human Services to hold a place for me until the mass registration date for this term, as class size allows.

2) I certify that I will have completed all prescribed course work and that I am eligible to take the course designated.

3) I accept the responsibility for registering as indicated. I realize that failure to do so on my part deprives another student of the opportunity and leaves the Department with partially filled classes, and that my slot may be given to a student on the waiting list.

4) If conditions arise so that registration is not possible, I will notify the Graduate Assistant for Practicum and Internship.

5) I understand that failure to register and/or failure to provide notification will result in my being denied the opportunity to take this course for the next term.

Signature ________________________________ Date ____________
Counseling Practicum Contract / Memo of Understanding - RHB 8650

*Please submit 2 copies

Student's Name ________________________________

Phone ___________________________ (home) ___________________________ (work)

Semester: Fall _____ Spring _____ Summer _____ Year: ___________

Site Name ________________________________

Site Address ________________________________

City ___________________________ State _______ Zip ___________

Phone ________________________________

This memo of understanding is entered into between

_________________________ site supervisor for

(Site Supervisor's Name)

_________________________, a practicum student from Wright State

(Student's Name)

University, College of Education and Human Services, Rehabilitation Counseling Program

as represented by ________________________________.

(University Supervisor's Name)

The site supervisor agrees to assume responsibility for assisting the student in conducting activities related to his/her practicum experience. These activities are here defined between the student and the College of Education and Human Services and are agreed to by the site
Counseling Practicum Contract / Memo of Understanding (continued)

Student Name __________________________________ Date __________________

supervisor. The university supervisor agrees to be available for consultation with the site
supervisor either personally or by phone and to make on-site visits.

Student Responsibilities:

1) Behave according to the NRA/NRCA and ACA/ARCA Code of Ethics and meet the standards
for quality service as specified by the practicum site.
2) Be responsible for ______ hours at the practicum site and maintain the mutually agreed upon
time schedule. (Minimum of 7 hours per week (Fall & Spring semesters), or 9 hours per week
(Summer semester) for a minimum total 100 hours per semester)
3) Comply with the rules and regulations of the practicum site and support the philosophy and
objectives of the Agency and the department in which the experience is being obtained.
4) Be responsible for video taping two counseling sessions (no more than one may be an intake
interview) following proper confidentiality procedures and submit tape and C²SMF
form.
5) Be responsible for submitting daily/weekly log of practicum experiences at the end of week 3,
week 6 and week 9 and final submission of logs and evaluation forms by the Tuesday of finals
week by 4 p.m.
6) Have written objectives and guidelines for the clinical experiences desired.

Site supervisor responsibilities:

1) Provide the student with an orientation to the agency, and establish goals and experiences for
the student's internship.
2) Provide the student with opportunities to engage in a variety of rehabilitation counseling
activities under supervision such as (client contacts, attend staff meetings, make contacts with
other cooperating agencies, record case notes, contact employers, and have involvement with
all aspects of rehabilitation services).
3) Hold weekly conferences with the student to review progress, provide supervision, and
establish continuing goals for the internship.
4) Complete the Evaluation Form and review with the student intern as a final feedback on the
progress of the student.
5) Provide the student with adequate physical facilities in which to work.
6) Be available for conferences with the University Supervisor as scheduled.
7) Consult with the University Supervisor if there is a problem with the student. The Agency
Supervisor may refuse to continue the clinical experience when a student's practice and/or
behavior does not meet the minimum standards of the Agency.
Counseling Practicum Contract / Memo of Understanding (continued)

University Supervisor responsibilities:

1) Review progress of the practicum students on a regular basis.
2) Contact practicum Site Supervisor at least twice within the semester.
3) Reserves the right of final retention or dismissal of the student, and agrees to withdraw the student from the practicum site when the student's practice and/or behavior does not meet minimum standards of the Agency and is requested by the Agency Supervisor.

________________________________________
Site Supervisor's signature and date

________________________________________
University Supervisor’s signature and date

________________________________________
Student's signature and date

* Please obtain the Site Supervisor’s signature and sign and date above before handing in to Graduate Assistant for Practicum and Internship.
Site Supervisor Information Sheet - RHB 8650

* Please attach most recent copy of license

<table>
<thead>
<tr>
<th>Name</th>
<th>__________________________________________________________________________</th>
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<tbody>
<tr>
<td>Site Address</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>City</td>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>State</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Zip</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Phone</td>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>Preferred Email</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Present Position Title</td>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>Have you supervised WSU rehabilitation counseling students in the past?</td>
<td>Yes</td>
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<tr>
<td>If yes, when?</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Who was your university contact?</td>
<td>________________________________________________________________________</td>
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**Education:** (Begin with the most recent)

<table>
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<tr>
<th>Institution</th>
<th>__________________________________________________________________________</th>
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<tbody>
<tr>
<td>Degree/Year</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Institution</td>
<td>__________________________________________________________________________</td>
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<td>Degree/Year</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Institution</td>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>Degree/Year</td>
<td>__________________________________________________________________________</td>
</tr>
</tbody>
</table>

**Certification:** (CRC/CIRS or CCDC required and (L)PC preferred)

<table>
<thead>
<tr>
<th>License Number</th>
<th>__________________________________________________________________________</th>
<th>Expiration Date</th>
<th>__________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have supervisor counselor status with the Ohio CSWMFT Board?</td>
<td>______________</td>
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</tr>
</tbody>
</table>

**Other Related Educational Experiences:** (Begin with most recent)

1) __________________________________________________________________________

2) __________________________________________________________________________
Site Supervisor Information Sheet (continued)

Student Name ___________________________ Date __________________

**Professional Experience:** (Begin with the most recent)

Employer ________________________________
Employer Address ____________________________
Dates of Employment __________________________
Job Title ________________________________
Please describe duties __________________________

Employer ________________________________
Employer Address ____________________________
Dates of Employment __________________________
Job Title ________________________________
Please describe duties __________________________

Employer ________________________________
Employer Address ____________________________
Dates of Employment __________________________
Job Title ________________________________
Please describe duties __________________________

**Professional Affiliations:**

1) ________________________________ 2) ________________________________

3) ________________________________ 4) ________________________________

Supervisor Signature: ___________________________ Date: __________
For your assistance with the education and training of Wright State University students, we would like to show our appreciation with a $100 stipend, which is to be distributed the following semester. If the student has two supervisors, the stipend will be split between the two. If you are able to receive this stipend, please complete one of the following sections:

I would like to have the check made out to my agency or school.

Site ______________________________________

Site Address ______________________________________

___________________________________________

Tax ID # ______________________________________

I would like to have the check made out to myself.

Name ______________________________________

(as it appears on your social security card)

Home Address ______________________________________

___________________________________________

Social Security # ______________________________________

*If you would like to have the check made out to yourself please complete the OPERS Independent Contractor Acknowledgement Form found on the following page. In Step 2, please leave the Employer Contact and Employer Code areas blank.

I and/or my site are unable to accept the stipend.

If you have questions or concerns regarding the stipend, please direct them towards:

The Graduate Assistant for Practicum and Internship
108 Allyn Hall
937.775.4208

Or

The Chair of the Department of Human Services
Stephen B. Fortson, Ed.D., LPCC
108 Allyn Hall 937.775.2075
INDEPENDENT CONTRACTOR
ACKNOWLEDGMENT

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name                          MI       Last Name

STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name                          MI       Last Name

Employer Code                      Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month  Day  Year

End Date of Service

Month  Day  Year

PEDACKN (Revised 12/2012)
STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer’s classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board’s satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer’s classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer’s failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature ____________________________  Today’s Date __/__/____

Do not print or type name
Site Information Sheet - RHB 865

Counseling Concentration ______________________________________________________

Site Supervisor _____________________________________________________________

Site Name _________________________________________________________________

Site Address _______________________________________________________________

City _____________________________ State _______ Zip __________

Site Phone _______________________________________________________________

Directions to site ___________________________________________________________

________________________________________________________________________

________________________________________________________________________

Clientele at site _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

Job Description / Special Requirements _______________________________________

________________________________________________________________________
Site Supervisor Evaluation for Practicum Students - RHB 8650

<table>
<thead>
<tr>
<th>Semester / Year</th>
<th>Name of Student</th>
<th>Practicum Site</th>
<th>Site Supervisor</th>
<th>Phone</th>
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**Directions:** Please indicate the degree each competency has been demonstrated using the following scale:

- **5** - Indicates a frequently demonstrated *very high* degree of competence.
- **4** - Indicates a frequently demonstrated *high* degree of competence.
- **3** - Indicates an *adequate* degree of competence.
- **2** - Indicates a *relatively low* level of competence.
- **1** - Indicates *extremely low* level of competence.

1. Developed valid treatment plans consistent with the counselor’s theoretical framework which includes short and long-term goals.
2. Taught skills to help clients handle their problems, e.g., relaxation, assertion.
3. Developed an awareness of the areas and degree of their own competencies.
4. Demonstrated an appropriate knowledge of the process of referral, follow-up and utilization of community resources.
5. Assisted in the transfer of client learning from counseling session to other situations.
6. Described how own value structure may affect counseling situations.
7. Alleviated the specific symptoms.
8. Conceptualized factors in own personality that influence counseling style.
9. Took pertinent histories and recorded progress notes adequately.
10. Described the dynamics of assigned cases.
11. Adhered to the legal standards applicable to the counseling profession.
12. Diagnosed and evaluated appropriately.
13. Described the current medical status of the client and the effects of the status on client's behavior.
14. Adhered to standards of ethical and professional conduct in relationship to clients, practicum sites and other professionals.
15. Terminated counseling relationships in a therapeutic fashion.

16. Demonstrated focusing of group attention by:
   a. keeping attention upon member dealing with an issue.
   b. intervening to focus on a topic in the event of diversionary statements and tactics.

17. Demonstrated modeling by:
   a. soliciting feedback regarding the effectiveness of own behavior.
   b. giving feedback in a manner conducive to member growth.
   c. sharing personal feelings when appropriate for demonstrating desired group behavior.
   d. using verbal and nonverbal means to encourage facilitative behaviors on the part of other group members.
   e. recognizing and responding to verbal and nonverbal behaviors facilitating personal-affective involvement.
   f. challenging self-defeating behaviors of group members.

18. Demonstrated strategies for dealing with:
   a. problem group members.
   b. destructive interaction patterns, i.e., high-threat, game-playing.
   c. anti-therapeutic norms.

19. Demonstrated interpreting:
   a. transactions between group members.
   b. group stages and development.
   c. differences between cognitive-intellectual and affective-personal communication.
20. Demonstrated structuring:
   
   _____ a. emphasizing individual member responsibilities for self-expression and 
          for facilitating the self-expression of others.
   _____ b. pre-established norms clearly and explicitly.
   _____ c. exercises appropriate to group situations and stages.

21. Demonstrated self-development by:
   
   _____ a. critiquing own behaviors for strengths and weaknesses and describe viable 
          alternatives.
   _____ b. developing and implementing methods of change in group process, member 
          behavior.
   _____ c. describing interaction-communication patterns in a manner consistent with 
          own theory of group process.

22. In your overall judgment do you believe this student has the potential to be 
    an effective counselor? Please explain.

23. Would you recommend this student for a counseling position in your 
    agency? Please explain.

24. Add any information which may clarify above responses or provide insight 
    into this student's qualifications.

   ________________________________  ________________________________
   (Name of Site Supervisor)        (Site Supervisor's Signature & Date)

   ________________________________
   (Student's Signature & Date)

*Please return to the university supervisor.
APPENDIX 6
Wright State University
College Of Education And Human Services
Department Of Human Services
108 Allyn Hall
Dayton, OH 45435
(937) 775-2075

Student's Practicum Placement Evaluation - RHB 8650

Student’s Name ____________________________ Semester ________ Year ______

Placement Site __________________________________________________________

Site Address _______________________________ City ______________

Site Phone _______________________________ Site Supervisor __________________

Type of Clientele ________________________________________________________

University Supervisor __________________________________________________

A. Please rate your site on the following areas from 1 (very poor) to 5 (very good). Please note: this evaluation will be accessible to future students in the department in order to assist them in locating practicum/internship sites.

1. Adequate assistance in meeting university requirements. 1 2 3 4 5

2. Staff acceptance of you as a counselor trainee. 1 2 3 4 5

3. Support and cooperation of the administrative staff. 1 2 3 4 5

4. Physical facilities (space to work in, phone...). 1 2 3 4 5

5. Flexibility of site in meeting student’s and client’s needs. 1 2 3 4 5

6. Site requirements were reasonable. 1 2 3 4 5

B. Please rate your Site Supervisor on the following areas from 1 (infrequently) to 5 (frequently).

1. He/she offered constructive criticism. 1 2 3 4 5

2. He/she provided support when needed. 1 2 3 4 5

3. He/she provided assistance or referred you to someone who could. 1 2 3 4 5

Revised Spring 2014
4. He/she allowed adequate time for individual supervision.  
5. He/she helped me integrate theory and practice.  
6. Over-all evaluation of supervision.

C. 1. What did you especially like or dislike about the site or supervision?

2. Please describe how the practicum was a learning experience for you?

3. What kind of supervision did you have? (e.g., listening to tapes, direct observation, group supervision, other).

4. Number of hours required by the site each week.

5. How would you characterize your Site Supervisor’s style of supervision? (e.g., positive reinforcement, concentration on counselor dynamics, criticism, no criticism, other).

6. Other comments:

* Please return one copy to the university supervisor
Student Name __________________________ Date __________

APPENDIX 7  
Wright State University  
College Of Education And Human Services  
Department Of Human Services  
108 Allyn Hall  
Dayton, OH  45435  
(937) 775-2075

Time Log - RHB 8650

<table>
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<tr>
<th>DATE</th>
<th>HOURS WORKED (e.g., 3-5 p.m.)</th>
<th>TOTAL HOURS (e.g., 2 hours)</th>
<th>CUMULATIVE HOURS</th>
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TOTAL HOURS _____

Supervisor's Signature __________________________ Date __________

*Please return to the university supervisor.
For student’s working toward the PC or PCC license or completing your experience at a community mental health center, please Note:

Counselor Training Supervision Agreement forms must be filed with the Counselor, Social Worker, Marriage and Family Therapy Licensure Board before beginning your supervised experience. It is the student's responsibility to file this form with the Board.

Counselor, Social Worker, Marriage and Family Therapy Licensure Board
50 West Broad Street, Suite 1075
Columbus, OH 43215-5919
Phone (614) 466-6462

These forms can be retrieved from the board's website at http://www.cswmft.ohio.gov/forms.stm

The form to obtain status as a counselor trainee is to be submitted at the beginning of the practicum and again for the 1st semester of internship: Trainee Supervision Agreement. (For the following semesters of internship, the board only requires the student to send a copy of their class schedule, informing them of enrollment in the course and the need to renew CT status.)

The form to be submitted within 30 days of completing the experience is
For practicum: Practicum Report Form
For internship: Internship Supervision Evaluation

Copies of the Trainee Supervision Agreement need to be submitted to the graduate assistant for practicum and internship when you submit appendix 2,3, and 4 at the beginning of practicum and the 1st semester of internship.

It is highly recommended each student obtain a copy of the Rules and Regulations for Licensure from the State Board. This document contains information vital to your future as a counselor!
Policy on Conducting your Practicum/Internship at your Place of Employment

If you plan on doing your practicum or internship at your current place of employment, you must submit a letter, signed by you, your site supervisor, and (when applicable) the Executive Director/CEO of the organization stating that your employer has agreed to allow you to complete your clinical practicum/internship at your employment site. The letter must specifically state that you have negotiated with your supervisors/place of employment to ensure that no conflicts or ethical concerns exist in regards to you logging hours toward your class, participating in weekly clinical supervision, and having access to 1:1 counseling sessions with actual clients. Any arrangements that need to be made in order to accommodate you conducting your practicum/internship at your place of employment must be described in the letter (i.e., additional duties/experiences, logging class hours/supervision hours outside of times when “on the clock”, etc.). The original signed letter must be submitted, along with all practicum/internship application materials by the posted due date to the GA assigned to clinical placements.