RHB 8670
GRADUATE INTERNSHIP MANUAL

Masters of Rehabilitation Counseling
Chemical Dependency
Severe Disabilities

Department of Human Services
College of Education and Human Services
Wright State University
M052 Creative Arts Center
3640 Colonel Glenn Highway
Dayton OH 45435
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Revised Summer 2013
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INTRODUCTION

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

PURPOSE OF THE INTERNSHIP EXPERIENCE

The internship 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 internship experience, depending on the learning needs and interests of the student. The internship 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 internship 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 interdisciplinary 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)*

The following core courses must be completed with a grade of B or better:

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

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

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

Portfolio Requirement

Rehabilitation Counseling Programs:
Severe Disabilities
Chemical Dependency

All Rehabilitation Counseling students are required to submit artifacts that will be used to make up their academic portfolio. These artifacts represent the six strands of the College of Education and Human Services Conceptual Framework. The strands of the Conceptual Framework include:

1. Pedagogical Content Knowledge
2. Technology
3. Emotional Intelligence
4. Professionalism
5. Diversity
6. Content Knowledge

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Components of the Conceptual Framework

Content Knowledge (Strand 1)

*Counselor Education candidates are knowledgeable in their chosen fields.*

This strand represents our commitment to assuring professional counselors are knowledgeable in their chosen fields and can impart this knowledge to help all clients learn, achieve goals, or change behaviors. This knowledge is not limited to known and existing information, but includes the ability to generate and understand innovations in the field, and the possession of the skills and dispositions necessary to remain current in the field. Content Knowledge includes a broad general foundation in the arts and sciences, as well as a depth of knowledge appropriate for each level of expertise in a specific field. Content Knowledge is essential for critical thinking and problem solving in a professional role. Content Knowledge interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Content Knowledge is necessary to make appropriate clinical decisions based upon one’s knowledge of diverse groups, of technological applications to support learning, of emotional intelligence to establish rapport and communicate effectively, and of the qualities and dispositions of a professional counselor.

Pedagogical Content Knowledge (Strand 2) *Counselor candidates demonstrate appropriate pedagogical content knowledge to help all clients achieve their stated goals.*

This strand represents our commitment to assuring professional counselors are knowledgeable and able to integrate knowledge of human development, behavior and learning, counseling theories and techniques, and content-appropriate strategies to provide effective intervention and assessment for all clients. Pedagogical Content Knowledge is the ability to contextualize clinical practice based upon knowledge of how people learn/change in a particular content area and how that learning or change can best be facilitated. Professional counselors should be able to demonstrate pedagogical content knowledge by anticipating and recognizing common misconceptions, typical misunderstandings, and developmentally appropriate responses to instruction and assessment for the content area.

Pedagogical Content Knowledge interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Pedagogical Content Knowledge is necessary to make appropriate pedagogical decisions based upon complex interconnections with the other strands. Pedagogical Content Knowledge interacts with pedagogical knowledge to develop content appropriate intervention and assessment in the context of understanding the diversity of clients' backgrounds, experiences, motivations, goals, abilities and interests. Other interactions include the potential for technology to broaden the scope of readily accessible knowledge and enhance instruction, behavior change, the impact of emotional intelligence on knowledge acquisition, and the professional qualities and dispositions of the counselor.

Diversity (Strand 3) *Counselor candidates are knowledgeable, competent, and sensitive in working with diverse populations and in diverse settings.*

This strand represents our commitment to assuring counselors are knowledgeable, competent, and sensitive in working with diverse populations and in diverse settings. This strand includes valuing diversity as socially and culturally beneficial, appreciating the contributions of diverse populations, understanding how to adapt personal responses and professional practices in different contexts, and supporting equitable access and outcomes for all populations.
Diversity interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Diversity is an important component in framing content knowledge, delivering services to meet individual, family and community needs, making pedagogical decisions and applying technology to facilitate learning/change. Diversity is fused with the development of Emotional Intelligence and Professionalism to facilitate sensitive, respectful and effective communication in all settings.

**Technology (Strand 4)** Counselor candidates apply appropriate technology to add value to the counseling process.

The technology strand represents the program’s commitment to assuring counselors are knowledgeable and able to make thoughtful, appropriate applications of technology to add value to the counseling process, to determine the essential conditions for effective use, and to understand its powerful role in shaping individual lives and society.

Technology interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Technology is an important component in making appropriate content and pedagogy decisions related to appropriate assessment and intervention, research requirements, and information technology literacy requirements. Technology can support the application of emotional intelligence to enhance client outcomes for diverse populations through innovative options for intervention and assessment. Technology can also support professionalism by facilitating productivity, planning, and clinical and administrative functions.

**Professionalism (Strand 5)** Counselor candidates understand and demonstrate the qualities and dispositions of professionals.

This strand represents our commitment to assuring counselors and candidates demonstrate the qualities and dispositions of professionals. Professionalism is demonstrated through communication and collaboration skills evidenced in interactions with other professionals, community members, clients, and families. Team building and the principles of lifelong learning are included in the shared values of human services professions.

Professionalism interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Professionalism is an important component in guiding content knowledge applications and therapeutic decisions, communicating effectively with technology, appropriately demonstrating the five emotional intelligence attributes (as listed below), and in engaging in relationships with diverse populations or in diverse settings.

**Emotional Intelligence (Strand 6)** Counselor candidates develop Emotional Intelligence and are cognizant of its significance as a positive disposition in counseling, therapy, and practice.

Faculty identified Emotional Intelligence as a critical disposition in the development of candidates. This strand represents a commitment to assuring professional counselors develop Emotional Intelligence and are cognizant of the significant role Emotional Intelligence plays in effective counseling, learning, and development. Emotional Intelligence includes:

1) an awareness of one’s own emotions and the emotions of others (competence)
2) Constructively expressing and controlling feelings (self-regulation)
3) A recognition that life is full of choices and each person is responsible for his or her decisions’ and actions (motivation)
4) The ability to take the perspective of others (empathy) listening to others, understanding others, interpreting guidelines for social relationships, and cooperating as a team member (social skills)

Emotional Intelligence interweaves with the other five strands in the Conceptual Framework to develop the art and science of teaching/leadership/counseling. Emotional Intelligence is an important component in learning and guides professional practice in selecting content, pedagogy/techniques, and technology to facilitate learning and/or behavior change/growth for diverse populations.

Submission Requirements:

Practicum Application must include:

**Diversity Strand**: CNL 973 (CNL 7290) graded Reflection Paper (i.e., Life History, Reaction Paper, Cultural Visit Paper)

**Technology Strand**: PowerPoint, Excel, Pilot, or Elluminate Live (Blackboard Collaborate) graded assignment.

**Professionalism Strand**: Professional Resume completed in RHB 711 (RHB 7110)

**Emotional Intelligence Strand**: RHB 705 emotional intelligence assessment (results)

Last semester of enrollment students must submit the following artifacts:

**Content Knowledge Strand**: CRC or department comprehensive exam results

**Pedagogical Content Knowledge Strand**: RHB 865 and 801 Site Supervisor Practicum and Internship Evaluation. Completed Impact on client Needs forms that show successful intervention(s).

Note: All portfolio artifacts will be housed in student’s department folder.

**REQUIREMENTS DURING SEMESTER REGISTERED**

The following are minimum internship requirements. Students must spend 100 hours on site for each credit registered per semester. Students are required to complete a total of 600 clock hours of experience in a rehabilitation agency, or a human services agency that works with people with disabilities. Students must spend a minimum of 240 hours in direct service to people with disabilities. Students in the chemical dependency program are required to complete a total of 600 clock hours of experience in a rehabilitation agency, or a human services agency that works with people who are chemically dependent or people with a dual-diagnosis of chemical dependency and another disability. Students must spend at least 240 hours indirect service to people with chemical dependency.

The student is required to complete a total of 6 credits of RHB 8670 for a minimum of 600 hours at his/her internship site. Two hundred and forty hours of the required 600 hours must be in direct service to clientele of agency. Credit hours may be divided over desired number of semesters with the following requirements:

- 1 hour per week minimum of direct supervision with the Site Supervisor per week.
- 1.5 hours per week minimum of group supervision with the University Faculty Supervisor.

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Students are also required to complete a log for the time spent at the internship site identifying tasks performed. At the end of the week a personal reaction summary should be written regarding the students experience at the internship site. These logs must be typed and submitted every three weeks or on the due dates specified in the syllabus.

All logs and evaluation forms MUST be submitted by the Tuesday of Finals Week by 4 p.m. to the university supervisor. It is the student's responsibility to make sure all forms and assignments have been submitted on time in order to receive their grade. Students who do not turn in required documentation by the deadline will receive an unsatisfactory grade.

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 status.

PROCEDURES FOR REGISTERING FOR RHB 8670

Application Guidelines

Students must apply for internship 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. Each semester the student wishes to take internship they MUST reapply.

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 licensure & if this is your 1st semester of internship)
- Proposal of Internship Objectives (this should be submitted to your university supervisor)
Once the internship has been completed the following must be submitted to the university supervisor:

- Site Supervisor Evaluation for Internship Students (Appendix 5)
- Student’s Internship 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 your 600 hours, using the Internship Supervision Evaluation 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 AN INTERNSHIP SITE**

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

To procure an internship site the student should begin by arranging an on-site interview with the potential internship supervisor. The intern 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 internship 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 INTERNSHIP 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 that 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). In addition, if you will be doing diagnosis or treatment plans at the site, your supervisor must be an **(L)PCC**. **All** supervisors must have Supervisor Counseling Status with the Ohio CSWMFT 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 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.

Internship 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)PPC 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 internship site supervisor is responsible for planning, assigning internship 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 internship 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 internship students on a regular basis.
2. Contact internship 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 internship site when the student's practice and/or behavior does not meet minimum standards of the Agency and is so requested by the Site Supervisor.

EVALUATION PROCESS

The site supervisor evaluates the intern's performance during the internship. After the internship 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 Site Supervisor and the intern. 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.

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<thead>
<tr>
<th>CODE</th>
<th>EXPLANATION</th>
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<tr>
<td>NA</td>
<td>No opportunity to demonstrate objective.</td>
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<tr>
<td>1</td>
<td>Unsatisfactory Progress: The student has not performed the objective at the expected level for an individual with his/her training or experience.</td>
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<tr>
<td>2</td>
<td>Satisfactory Progress: The student has performed the objective at the expected level for an individual with his/her training or experience. Student will accomplish this objective by the end of the internship.</td>
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<tr>
<td>3</td>
<td>Competency: The student can now satisfactorily perform the stated objective at the master’s level of competency.</td>
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<tr>
<td>4</td>
<td>Superior Competency: The student has accomplished the objective on a number of occasions with a high level of performance and is capable of training and/or supervising others related to this objective.</td>
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The system described above would be utilized where a particular body of knowledge is required for the student, or where specific skills or attitudes need to be performed and observed. Another category of ratings would be marked ~C~ (completed) which would indicate that a particular
experience (e.g. attendance at a workshop; observing a clinical progress; visiting a facility) has been accomplished.

**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 adjustor), and CCM (certified case manager). Students planning on staying in Ohio should consider getting their (L)PC (professional counselor) or (L)PCC (professional clinical counseling).

For information about CRCC, 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
Application For Internship - RHB 8670

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: Fall ____ Spring ____ Summer ____ Year:__________________________

Number of credit hours desired: (Please check one)

Fall & Spring semesters (15 weeks):

___ 2 credit hours (min. 14 hours per week at site)
___ 3 credit hours (min. 20 hours per week at site)
___ 4 credit hours (min. 27 hours per week at site)
___ 5 credit hours (min. 34 hours per week at site)
___ 6 credit hours (min. 40 hours per week at site)

Summer semester (12 weeks):

___ 2 credit hours (min. 17 hours per week at site)
___ 3 credit hours (min. 25 hours per week at site)
___ 4 credit hours (min. 34 hours per week at site)
___ 5 credit hours (min. 40 hours per week at site)

Core Courses (please write in grade received):

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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 865 (RHB 8650)  RHB 702 (RHB 7020) (SD) or 707 (RHB 7070) (CD)

Chemical Dependency majors only
RHB 730 (RHB 7300)  RHB 731 (RHB 7310)

Rehabilitation courses, which you are presently taking this semester:

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<th>Course</th>
<th>Anticipated Grade</th>
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Verification of liability insurance must be attached to this application. No student will be permitted to enroll in internship without such documentation.

Copy of Academic Advising Report from Wings Express must be attached to this application. No student will be permitted to enroll in internship without such documentation.

List of 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? ________
Approximate number of internship credit hours completed to date __________
Are you on an approved, limited leave of absence or sabbatical? ______ Yes ______ No
If yes, please attach appropriate documentation from your employer.
Registration Commitment:
By signing for this class, RHB 8670:

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 Internship Contract / Memo of Understanding - RHB 8670

*Please submit 2 copies

Student's Name ________________________________________________________________

Phone ___________________________ Home ___________________________ Work

Semester: Fall ____ Spring ____ Summer ____ Credit Hours _____________

Site ________________________________________________________________

Site Address ____________________________________________________________

City __________________ State _____ Zip __________

Phone ___________________________

This memo of understanding is entered into between

__________________________________________________________ site supervisor for

(site supervisor's name)

__________________________________________________________, an internship student from Wright

(student's name)

State 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 internship experience. These activities are here defined between the
student and the College of Education and Human Services and are agreed to by the site
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.

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Student Responsibilities:
1) Behave according to the NRCA, ACA/ARCA, and CRCC Code of Ethics and meet the standards for quality service as specified by the internship site.
2) Be responsible for _______ hours at the internship site and maintain the mutually agreed upon time schedule.
3) Comply with the rules and regulations of the internship site and support the philosophy and objectives of the Agency and the department in which the experience is being obtained.
4) Be responsible for videotaping two counseling sessions (no more than one may be an intake interview) following proper confidentiality procedures and submit tape and C^2SMF counseling form.
5) Be responsible for submitting daily/weekly log of internship experiences at the end of each week, 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 direct 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.

University Supervisor responsibilities:
1) Review progress of the internship students on a regular basis.
2) Contact internship 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 internship 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 Supervisors Signature and date, and your own, before submitting.

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APPENDIX 3
Wright State University
College of Education and Human Services
Department of Human Services
M052 Creative Arts Center
Dayton, OH 45435
(937) 775-2075

Site Supervisor Information Sheet - RHB 8670
*Please attach copy of most recent license
*Please submit 2 copies

Name __________________________

Site Name __________________________

Site Address __________________________

City __________________________ State ________ Zip ________

Phone __________________________ Home __________________________ Work __________________________

Present Position Title __________________________

Have you supervised WSU counseling students in the past? _____ Yes _____ No

If yes, when? __________________________

Who was your university contact? __________________________

Education: (Begin with the most recent)

Institution __________________________

Degree/Year __________________________

Institution __________________________

Degree/Year __________________________

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

License Number __________________________ Renewal Date ________

Do you have supervisor counseling status with Ohio CSWMFT Board ________

Revised Summer 2013
Site Supervisor Information Sheet (continued)

Student Name _______________________________ Date ____________

Other Related Educational Experiences: (Begin with most recent)

1) ______________________________________________________________________

2) ______________________________________________________________________

3) ______________________________________________________________________

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 ______________________________________________________

________________________________________________________________________
Site Supervisor Information Sheet (continued)

Student Name ________________________________ Date __________

Professional Affiliations:

1) ____________________________________________
2) ____________________________________________
3) ____________________________________________
4) ____________________________________________

Site 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
M052 Creative Arts Center
937.775.4208

Or

The Chair of the Department of Human Services
Stephen B. Fortson, Ed.D., LPCC
M052 Creative Arts Center 937.775.2075

Revised Summer 2013
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)  Page 1
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 8670
*Please submit 2 copies

Student ________________________________

Address _______________________________

City ___________________ State _______ Zip ________

Phone ___________________ Home ___________________ Work

Counseling Concentration _______________________________________________________________________

**Site Supervisor** (including degrees) _______________________________________________________________________

Site Name _______________________________

Address _______________________________

City ___________________ State _______ Zip ________

Site Phone _______________________________

**Directions to site** (including approximate mileage and time from WSU) _________________

____________________________________________________________________________________

____________________________________________________________________________________

**Clientele at Site** __________________________________________________________

____________________________________________________________________________________

**Job Description / Special Requirements** ____________________________________________

____________________________________________________________________________________

Revised Summer 2013
Site Supervisor Evaluation for Internship Students - RHB 8670

Student ___________________________ Semester ______ Year _____
Internship Site ____________________________
Site Supervisor ___________________________ Phone __________________
University Supervisor ____________________________

Please rate the student according to the following:

<table>
<thead>
<tr>
<th>CODE</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>No opportunity to demonstrate objective.</td>
</tr>
<tr>
<td>1</td>
<td>Unsatisfactory Progress: The student has not performed the objective at the expected level for an individual with his/her training or experience.</td>
</tr>
<tr>
<td>2</td>
<td>Satisfactory Progress: The student has performed the objective at the expected level for an individual with his/her training or experience. Student will accomplish this objective by the end of the internship.</td>
</tr>
<tr>
<td>3</td>
<td>Competency: The student can now satisfactorily perform the stated objective at the master’s level of competency.</td>
</tr>
<tr>
<td>4</td>
<td>Superior Competency: The student has accomplished the objective on a number of occasions with a high level of performance and is capable of training and/or supervising others related to this objective.</td>
</tr>
</tbody>
</table>

INTERVIEWING SKILLS

_____ 1. Quickly establishes rapport with clients/consumers and representatives from other disciplines.

_____ 2. Creates positive and optimistic attitudes through tact rather than power or coercion.

_____ 3. Creates a favorable impression of the agency.
Site Supervisor Evaluation for Internship Students (continued)

KNOWLEDGE OF DISABILITIES

_____ 4. Displays knowledge of disabilities, particularly their causes, symptoms, and resulting limitations.

_____ 5. Accurately interprets medical and psychological reports as they relate to vocational planning.

KNOWLEDGE OF REHABILITATION PROGRAMS


_____ 7. Demonstrates acceptable knowledge and awareness of community resources of potential benefit to clients/consumers.

BASIC KNOWLEDGE OF PSYCHOLOGY AND SOCIAL WORK

_____ 8. Demonstrates an adequate understanding of psychological factors relevant to rehabilitation.

_____ 9. Interacts knowledgeably with psychological and social work personnel.

COUNSELING SKILLS

_____ 10. Demonstrates ability to gain client trust and acceptance of the rehabilitation program.

_____ 11. Demonstrates ability in eliciting the rehabilitation goals of clients/consumers.

_____ 12. Consistent in his/her judgments when advising clients/consumers.

_____ 13. Uses tact and diplomacy in his/her dealings with clients/consumers.

_____ 14. Shares information with clients/consumers in a sensitive manner.

_____ 15. Builds client esteem and motivation toward rehabilitation.

_____ 16. Anticipates client needs and foresees possible hidden consequences of rehabilitation recommendations.

_____ 17. Communicates confidential information to authorized individuals with a legitimate need to know.
Site Supervisor Evaluation for Internship Students (continued)

18. Shows potential to see through facades presented by clients/consumers and grasp the truth of the matter.

19. Formulates case plans that take into account the needs and wishes of the clients/consumers.

20. Monitors one's own feelings and does not permit prejudices to interfere with one's work.

21. Empathizes with clients/consumers while still holding the client responsible for personal behavior.

22. Practices professional ethics in all relationships.

REPORT WRITING SKILLS

23. Writes clear and effective memos and correspondence.

24. Consistently records and documents decisions made on individual rehabilitation cases.

25. Composes, writes and/or dictates quickly and consistently.

INTERPERSONAL SKILLS

26. Understands and takes proper action with respect to oral and written communications received.

27. Communicates information effectively to co-workers, supervisors, clients/consumers and the general public.

28. Flexible, adjusts satisfactorily to new work surroundings, new procedures, new co-workers, and new supervisors.

29. Is conscientious in observing office rules and procedures.

30. Freely admits one's own mistakes rather than passing the buck (i.e. remains honest about one's failures).

31. Participates freely in individual and staff conferences.
Site Supervisor Evaluation for Internship Students (continued)

____ 32. Works harmoniously with co-workers.
____ 33. Neat and posed in appearance, makes a good impression on the public.
____ 34. Shows courtesy, respect and consideration for others encountered on the job.
____ 35. Follows through on promises made to consumers.

KNOWLEDGE OF LABOR MARKET ISSUES

____ 36. Displays the necessary skills to provide vocational guidance, assessment and job placement.
____ 37. Displays the necessary skills to provide vocational guidance, assessment and homemaker training.
____ 38. Familiar with job market trends and the need of area employers.
____ 39. Demonstrates a working knowledge of vocational guidance resources such as the Dictionary of Occupational Titles (DOT), the Occupational Outlook handbook, and other resources.
____ 40. Has a firm understanding of the requirements for jobs that rehabilitation clients/consumers may be assuming.

COMMITMENT TO REHABILITATION WORK

____ 41. Displays high work standards (i.e., strives to do an excellent job).

Site Supervisor Evaluation for Internship Students (continued)

____ 42. Is receptive to constructive analysis and guidance aimed at bettering competence (i.e., reacts to supervision in a positive and constructive manner).
____ 43. Identifies with the goals and missions of the organization.
____ 44. Demonstrates authentic enthusiasm and imagination in conducting rehabilitation activities.
Site Supervisor Evaluation for Internship Students (continued)

_____ 45. Maintains the quality and quantity of one's work in spite of the emotional pressures encountered on the job (i.e. crisis situations, verbal abuse from clients/consumers).

CASE MANAGEMENT SKILLS

_____ 46. Completes forms and performs computations correctly.

_____ 47. Copes effectively with multiple, often conflicting demands on time.

_____ 48. Maintains a good attendance record.

_____ 49. Conforms to scheduled working hours.

_____ 50. Reports absences and tardiness in advance.

_____ 51. Distributes work to secretaries in a timely and orderly manner.

_____ 52. Asks for help where appropriate, but not to excess.

_____ 53. Establishes levels of priority and shifts priorities when necessary.

PRAGMATISM

_____ 54. Copes effectively and appropriately with problems.

_____ 55. Consults with higher levels of authority where appropriate before making commitments to clients/consumers.

_____ 56. Recognizes and resolves real and/or anticipated barriers to achieving planned rehabilitation accomplishments.

_____ 57. Understands operating efficiency and cost cutting measures (i.e. - use of similar benefits, supplies, equipment, and travel).

CREATIVE PROBLEM SOLVING

_____ 58. Comprehends and applies new approaches and ideas in carrying out the job.

_____ 59. Seeks out and considers pertinent data to logically reach workable solutions in new situations.
Site Supervisor Evaluation for Internship Students (continued)

____ 60. Innovative and creative in handling new situations appropriately.

____ 61. Demonstrates the necessary insight to systematically formulate rehabilitation programs from diagnosis to placement.

INITIATIVE ON THE JOB

____ 62. Makes an effort to check one's own work.

____ 63. Demonstrates a willingness to go out of the way to help clients/consumers/consumers.

____ 64. Implements effective techniques for maintaining case records.

____ 65. Is attentive to details.

____ 66. Can be relied upon to perform assigned tasks satisfactorily and to completion.

____ 67. Completes necessary tasks successfully with minimal supervision.

____ 68. Keeps supervisor informed of important developments.

____ 69. Demonstrates a willingness to make necessary decisions.

____ 70. Seeks to attain goals and improve his/her job performance.

A. Students overall performance:

Unsatisfactory  Fair  Good  Very Good  Excellent

B. Has the student adjusted well to the internship site:

Unsatisfactory  Fair  Good  Very Good  Excellent

C. Are there any deficiencies in the student's preparation?

a) Knowledge of disabilities

b) Counseling skills

Site Supervisor Evaluation for Internship Students (continued)

c) Knowledge of careers and vocational information

Revised Summer 2013
d) Vocational assessment

e) Case management skills

D. What are the student's strengths?

E. What are the student's weakness (need to improve)?

F. Additional comments?

Discussion with student on __________ by ___________________________

Student's comments on this evaluation ____________________________

________________________________________________________________

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________________________________________
Student Signature and Date

________________________________________
Site Supervisor Signature and Date

*Please submit to the university supervisor.
APPENDIX 6
Wright State University
College of Education and Human Services
Department of Human Services
M052 Creative Arts Center
Dayton, OH 45435
(937) 775-2075

Student's Internship Placement Evaluation - RHB 8670

Student’s Name ________________________________ Semester ______ Year ______

Placement Site ____________________________________________

Site Address ________________________________ City __________________

Site Phone ________________________ Site Supervisor ________________________

Site accessibility for individuals with disabilities: Yes or No

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 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

Revised Summer 2013
2. He/she provided support when needed.  1  2  3  4  5

**Student's Internship Placement Evaluation (continued)**

3. He/she provided assistance or referred you to someone who could.  1  2  3  4  5
4. He/she allowed adequate time for individual supervision.  1  2  3  4  5
5. He/she helped me integrate theory and practice.  1  2  3  4  5
6. Over-all evaluation of supervision.  1  2  3  4  5

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

2. Please describe how the internship 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 submit one copy to university supervisor.*
## Time Log - RHB 8670

<table>
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<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 submit to the university supervisor*
Appendix 8
Wright State University
College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

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 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!
Wright State University  
College of Education and Human Services 
Impact on Student Learning/Client Needs

Candidate Name ____________________________________________ School/Placement 
__________________________________________________________

Mentor/Cooperating Teacher/Supervisor ___________________________ Date ______________________

Candidate Program: _______________________________________________________________________

Identify three students/clients (by an alias) whose performance you will document

<table>
<thead>
<tr>
<th>Student/Client 1</th>
<th>Student/Client 2</th>
<th>Student/Client 3</th>
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</table>

Please indicate whether this is an academic or behavioral event. Then check the nature of the event.

<table>
<thead>
<tr>
<th>Academic:</th>
<th>Academic:</th>
<th>Academic:</th>
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</thead>
<tbody>
<tr>
<td>___ Reading, literacy, lang. arts</td>
<td>___ Reading, literacy, lang. arts</td>
<td>___ Reading, literacy, lang. arts</td>
</tr>
<tr>
<td>___ Math</td>
<td>___ Math</td>
<td>___ Math</td>
</tr>
<tr>
<td>___ Science</td>
<td>___ Science</td>
<td>___ Science</td>
</tr>
<tr>
<td>___ Social Studies</td>
<td>___ Social Studies</td>
<td>___ Social Studies</td>
</tr>
<tr>
<td>___ Art/Music</td>
<td>___ Art/Music</td>
<td>___ Art/Music</td>
</tr>
<tr>
<td>___ Other</td>
<td>___ Other</td>
<td>___ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counseling:</th>
<th>Counseling:</th>
<th>Counseling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Personal/Social</td>
<td>___ Personal/Social</td>
<td>___ Personal/Social</td>
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<tr>
<td>___ Career</td>
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<tr>
<td>___ Crisis</td>
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<td>___ Other:</td>
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</tbody>
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OR

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<tr>
<th>Behavioral</th>
<th>Behavioral</th>
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<tbody>
<tr>
<td>___ Increase/Decrease production</td>
<td>___ Increase/Decrease production</td>
<td>___ Increase/Decrease production</td>
</tr>
<tr>
<td>___ Increasing engagement</td>
<td>___ Increasing engagement</td>
<td>___ Increasing engagement</td>
</tr>
</tbody>
</table>

OR

Write your goal for the student/client in regards to your instruction or actions. Cite specific standards for your goals.

<p>| | | |</p>
<table>
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</table>
Identify outcomes for each student/client, beginning with the most likely outcome. This would be the outcome expected to occur at the end of the instructional period. Next, describe two higher levels of success, which would be more than expected (+1) and much more than expected (+2). Do the same for the lower levels of progress as well, including less than the expected outcome (-1) and much less than expected (-2). Identify the date on which you will review the students’ progress and who will rate the student (you, a mentor or cooperating teacher, assistant).

<table>
<thead>
<tr>
<th>Level of Expected Outcome</th>
<th>Student/Client 1</th>
<th>Student/Client 2</th>
<th>Student/Client 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Date</td>
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<tr>
<td>Reviewer</td>
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<tr>
<td>Much more than expected (+2)</td>
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<tr>
<td>More than expected (+1)</td>
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<tr>
<td>Most likely outcome</td>
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<tr>
<td>Less than expected (-1)</td>
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<tr>
<td>Much less than expected (-2)</td>
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</tbody>
</table>

1. Identify the major ways you evaluated the outcomes for each of these students/clients. Specifically, what methods and steps did you used to evaluate them (observation, test, rubric, questions, participation in a lesson/activity, task completion, etc.).

What was the decision-making process utilized for evaluating these particular outcomes?

2. Estimate the degree to which your plan was carried out as intended:

   ____ As planned
   ____ Almost as planned
   ____ With a moderate amount of change
   ____ With many changes

Rate each student/client’s outcome on the review date and report both the goal attainment scale and the reviewer/rater below:
<table>
<thead>
<tr>
<th>Student/Client</th>
<th>Date</th>
<th>Goal Attainment Rating (-2, -1, 0, +1, +2)</th>
<th>Reviewer/Rater (self, cooperating teacher etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Client 1</td>
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<tr>
<td>Student/Client 2</td>
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<tr>
<td>Student/Client 3</td>
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</tbody>
</table>

3. If you had another individual rate the goal attainment, what was the agreement of your ratings? For example, Student 1 ~ my rating was 1 and my cooperating teacher’s rating was -1.
Impact on Student Learning/Client Needs

Directions for Implementation:

1. CEHS candidate chooses three students/clients to facilitate the use of the goal attainment task, after consultation with the cooperating educator and support from their supervisor.

2. At least two members of the team mentioned above should rate the degree of attained progress of the goal for the same three students/clients to triangulate the evidence. Therefore, the GAS needs to be completed during an observation when at least two of the three parties are present.

3. The assessment should be collected during the same field or clinical experience for all candidates within the program, preferably collected the semester of the candidate’s last field or clinical experience (during gate/decision point #3).

4. Completion of the task is designed for on-line submission electronically. Aggregated data per program area would be submitted to the data manager by the end of the semester.
**This is a supplement to the NCE/NCMHCE Combo Candidate Handbook. You can download the handbook from the NBCC Web site at www.nbcc.org/stateboardmap.**

CONTACT INFORMATION

All questions and requests for information about Ohio licensure should be directed to:
Ohio Counselor, Social Worker, and Marriage Family Therapist Board
50 W. Broad Street, Suite 1075
Columbus, OH 43215-5919
Phone: 614-466-6462
Fax: 614-728-7790
Web site: http://cswmft.ohio.gov

All questions and requests for information about the Ohio licensure examination program should be directed to:
NBCC Assessment Dept.
3 Terrace Way
Greensboro, NC 27403
Phone: 336-547-0607
Web site: www.nbcc.org/stateboardmap

ELIGIBILITY REQUIREMENTS

Candidates must receive approval from the Ohio Counselor, Social Worker, and Marriage Family Therapist Board before testing. Once approved, candidates will receive a Licensure Examination Registration Form and eligibility letter from the Ohio Board. The Registration Form should be completed with **original ink signature** and sent by U.S. postal mail to NBCC with the examination fee and a copy of their eligibility letter ($165 for the NCE or $145 for the NCMHCE). **(Fees are subject to change.)**
REGISTRATION DEADLINES
Candidates will need to allow approximately 4 weeks processing time once their payment and materials are received by the NBCC Assessment Dept. Candidates must sit for the examination before their eligibility letter submitted with the registration form expires. Candidates can submit registration materials described above at any time after being approved by the Ohio Board but be aware that space is limited.

TESTING SCHEDULE
Testing is normally the first full week of each month, Monday thru Saturday at 9:00am and 1:30pm, with four hours allowed for the exam. However, only certain sites offer Saturday testing; candidates should contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are four testing locations in Ohio, however, candidates are able to test at any of the over 150 AMP assessment centers across the U.S. The four sites in Ohio are Cincinnati, Cleveland (Brook Park), Columbus, and Toledo.

Exam dates should be scheduled by the candidate through AMP’s Web site or by calling AMP’s toll-free customer service line after receiving confirmation from NBCC.
AMP Phone number: 888-519-9901
AMP Web site: www.goAMP.com

RE-REGISTRATION
Candidates who fail the exam must wait at least 3 months from their test date before they can retest. The actual retest date will depend on the monthly testing schedule and site availability. Candidates will need to send a new registration form and examination fee. They will need to contact the Ohio Board for another registration form.

SPECIAL ACCOMMODATIONS
Candidates who need special accommodations should contact the Ohio Board for approval. NBCC must receive approval confirmation from the Ohio Board before notifying AMP of the accommodations. Special accommodation approvals are good for one year. After
one year, candidates will need to contact the Ohio Board for another approval. Candidates testing with approved special accommodations should schedule their test via the toll-free number to ensure their accommodations are confirmed.

AFTER PASSING THE EXAM
Once a candidate has successfully passed the NCE or NCMHCE, the candidate must contact the Ohio Counselor, Social Worker, and Marriage Family Therapist Board for further information. All questions about the Ohio licensure process should be addressed to the Ohio Counselor, Social Worker, and Marriage Family Therapist Board office.
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.