

APPENDIX 2

Name _____ Date _____

Appendix 2

Wright State University

College of Education and Human Services, Department of Human Services 108 Allyn
Hall, 3640 Colonel Glenn Highway, Dayton, OH 45435

Phone: 937.775.2075 Fax: 937.775.2042

*Please submit 2 copies

Program of Study: Clinical Mental Health Counseling CNL 8650 _____
Organizational Counseling CNL 8640 _____
Rehabilitation Counseling RHB 8650 _____
School Counseling CNL 8650 _____

Semester: Fall _____ Spring _____ Summer _____ Year: _____

Major:

Student's Name _____ Phone _____

Site Name

Site Address _____ City _____ State _____ Zip _____

Site phone _____

This Contract/Memo of Understanding is entered into by:

_____ for practicum student from Wright
State

(site supervisor's name)

University, _____ College of Education and
Human

(student's name)

Services, Counselor Education Program as represented by

_____.

(university supervisor's

name)

The site supervisor agrees to assume responsibility for assisting the practicum 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 supervisor. The university supervisor agrees to be available for consultation with the site supervisor.

The university supervisor agrees to:

- (1) Availability for consultation with site supervisor during the semester.
- (2) Provide 1.5 hours minimum per week of group supervision and review student work on a weekly basis.
- (3) Collecting and verifying student logs, site supervisor evaluation, and student site evaluation and assigning student grade.
- (4) Complete University supervisory form and returning all the above paperwork for filing in student folder no later than one week following finals week.

The site supervisor agrees to:

- (1) Provide the CNL 8650 student with a minimum of 40 direct client contact hours over the semester and a minimum total of 100 clock hours over the semester. Of the 40 direct client contact hours, 25 percent (10 hours) must be individual counseling, and 25 percent (10 hours) must be group counseling. The remaining 50 percent (20 hours) may be a combination of counseling individuals, groups, families, couples, students, assessment, etc.

- (2) Provide a minimum of one (1) hour of individual supervision per week with the student.
- (3) Complete the Student Evaluation Form and working in conjunction with university supervisor, communicate the evaluation as final feedback on the student's progress.
- (4) Be available for consultation with university supervisor.
- (5) Permit a minimum of one (1) hour of audio taping or video taping per week.
- (6) Provide the student with adequate physical facilities in which to work.
- (7) Inform student of legal and ethical considerations and other rules that affect the practice of counseling at the site.

Please note: The student's start and end dates of practicum corresponds with the Wright State University academic calendar. In other words, a student begins practicum the first day of classes and terminates the last day of the finals week. However, it is understood that the practicum student may be required to complete orientation/training at his/her site prior to the first week of practicum.

The student agrees to:

- (1) Act in a manner consistent with ACA, ASCA, NBCC, AMHCA, IAMFC, OCSWMFT board, as appropriate to the site.
- (2) Be responsible for a minimum of 40 direct client hours (at least 10 individual hours and 10 group hours) and a minimum total of 100 clock hours over the semester.
- (3) Be responsible for being available to the site supervisor for conferences (e.g. staff meetings, consultation, etc.).
- (4) Be responsible for a minimum of one (1) hour of audiotaping or videotaping per week.
- (5) Be responsible for meeting with site supervisor for one hour per week outside of group supervision.

- (6) Comply with the rules and regulations of site (e.g. report writing, in-service training, etc.).
- (7) Complete practicum/internship hours in a different area than that in which they are employed and supervised by someone other than regular supervisor if practicum/internship site is also place of employment.

Check here if practicum/internship site is also place of employment _____ . If the above statement is applicable, provide the following information:

Name of Work Supervisor: _____

Department: _____

(8) Other: _____

(9) If student is required to have counselor trainee status at their site, please check here _____

(If checked, student is required to attach a copy of the Counselor Trainee application)

*** Please obtain site supervisor's signature and date, as well as your own, before handing in to the Graduate Assistant (108 ALLYN HALL)

Site supervisor's signature, License/Certification and Date

University supervisor's signature and Date

Practicum Student's signature and Date

