

Counselor Education Program
Department of Leadership and Counselor Education

Masters of Education
School Counseling
Clinical Mental Health Counseling
Practicum and Internship Manual



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COUNSELOR EDUCATION PROGRAM

PRACTICUM and INTERNSHIP INTRODUCTION

The Counselor Education Program at the University of Mississippi is accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) for the School Counseling, Clinical Mental Health Counseling, and Counselor Education Ph.D. programs. All of the requirements for practicum and internship are based on CACREP standards. This manual contains critical information for students completing the clinical sequence (Practicum and Internship) and is the central information source for students, doctoral student supervisors, program faculty, and site supervisors regarding the clinical sequence. All forms to be used by students and their supervisors can be found in this handbook.

The practicum and internship experiences are an important part of counselor training. These experiences are critical because they provide a means for students to apply their knowledge and counseling skills to the professional practice of counseling. Practicum is the first experience, where graduate students are placed in a school or community site with supervision and have an opportunity to continue development of counseling skills and learn other professional responsibilities and skills. Internship is the last phase of training and is a transitional phase leading to the professional world. These two field experiences provide students with an opportunity to work in an appropriate site as a counseling professional while being supervised.

During the practicum and internship experiences, it is important that students select sites that are appropriate to their career goals. Students will work closely with the department practicum/internship coordinators to choose a site. The sites utilized by our program are chosen for the service they give to their consumers and for the learning opportunities they provide to our students. When sites agree to allow students to train with them, they do so realizing their responsibility to promote the educational and developmental process of counseling students. The program realizes that these training experiences have a dual role, and the program works diligently to insure that the needs of the agency and students are both met during the practicum and internship experiences.

Program Faculty

The counselor education program faculty includes individuals who have a continuing commitment to their students, the program, the profession, and their own professional development. Faculty members are involved in professional activities at the state and national levels, including research and publication, conference presentations, and holding offices in professional organizations.

Faculty offices are located on the first floor of Guyton Hall. The telephone number for the department office is 662-915-7069. Each faculty member can also be reached by telephone or email directly

Mandy L. Perryman, Ph. D., LPC, NCC

Associate Professor of Counselor Education

Program Coordinator

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Education:

B.A., Louisiana Tech University

M.A., Nicholls State University

Ph.D., University of New Mexico

Dr. Perryman has been a counselor educator for nearly 15 years, with an emphasis on teaching multicultural counseling, theories of counseling, and counseling skills. Her clinical experience includes providing play therapy to children, as well as counseling adolescents and adults. Her research interests include eating disorders/disordered eating and wellness.

Alexandria K. Kerwin, Ph. D., LPC- S, NCC

Associate Professor of Counselor

Education

Clinic Coordinator of COPE

Practicum and Internship Coordinator

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Education:

B.A., The University of Southern Mississippi

M.S., The University of Southern Mississippi

Ph.D., Idaho State University

Dr. Kerwin has experience as a mental health counselor in a K-12 school-based setting, adolescent offenders program, and in university counseling centers. She also has worked as a community-based advocate for refugees. Courses you are likely to take from Dr. Kerwin are Foundations of Clinical Mental Health Counseling, Family Counseling, and Practicum. Her research interests include professional identity, social justice, and counselor education.

Amanda M. Winburn, Ph. D.

Assistant Professor of Counselor Education

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Education:

B.S., Kentucky Wesleyan College
M.Ed., Indiana University
Ed.S., The University of Mississippi
Ph.D., The University of Mississippi

Dr. Winburn has over a decade of experience working with children in various settings and is a licensed educator, school counselor, and school administrator. She primarily teaches courses within the School Counseling and Play Therapy specialty areas. Dr. Winburn has a strong interest in School Based Play Therapy and serves as the Ed.S. in Play Therapy Program Coordinator. Over the last 8 years, she has been actively involved in play therapy at the University of Mississippi both at the clinical setting as well as actively conducting research within the field. Other research interests include school counseling advocacy, leadership and anti-bullying policies and procedure.

Rick Balkin, Ph. D., LPC, NCC

**Professor of Counselor Education Doctoral
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Education:

B.S.Ed., The University of Missouri
M.Ed., The University of Missouri
Ph.D., The University of Arkansas

Dr. Balkin has worked as a counselor educator since 2003, with an emphasis on teaching research methods and statistic across the college of education, preparing doctoral students in counseling for academic careers, and master's level counselors to work in community and school settings. His clinical experiences include working with adolescents, adults and geriatric clients in an acute care, inpatient, psychiatric hospital; community, engagement and private practice; and initial training as a school counselor. He is a Fellow of the American Counseling Association (ACA), a past-president of the Association for Assessment and Research in Counseling, and a past-editor for the *Journal of Counseling & Development* ACA's flagship journal.

Kenya G. Bledsoe, Ph.D., NCC, NCSC, LPC-S (AL)

Assistant Professor

Contact Information:

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Dr. Bledsoe is a Ph.D. graduate from The University of Alabama. Her doctoral training was supported by a NBCC Minority Fellowship and Chi Sigma Iota International Fellowship. Her research interests include clinical supervision, school counseling, and college access for underrepresented student groups. She worked as a school counselor for 15 years. Dr. Bledsoe is a member of the American Counseling Association and American School Counseling Association, and she serves on the executive counsel for the Alabama Counseling Association

A. Stephen Lenz, Ph.D., LPC, NCC

Associate Professor

Contact Information:

Office Location: 145 Guyton

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Dr. Lenz has worked with youth, adults, and families as an LPC in community-based and private practice counseling settings since 2008 where he developed specializations in crisis intervention, trauma, and supervision that supports counselor wellness. His scholarly activities include community-based strategies for mental health systems change, program evaluation, counseling outcome research, development/evaluation of psychological assessments, and meta-analysis.

Stephanie L. Lusk, Ph.D., CRC

Associate Professor

Contact Information:

Office Location: 106 Guyton

Telephone: 662-915-2167

Email: slusk@olemiss.edu

Dr. Lusk received a doctorate from the University of Arkansas in Rehabilitation Education and Research. Her research interest include medicinal marijuana for the treatment of chronic health conditions and the treatment of opioid use disorders.

Diana Camilo, Ed.D., LPC, NCC

Clinical Assistant Professor

Contact Information:

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Dr. Camilo has fifteen years of experience serving families and children in school based and clinical settings. As an administrator, she provided district-wide planning, management and the evaluation of interventions and policies to support and sustain the implementation of school counseling programs within school districts. Dr. Camilo served as the founder and chair of the Supporting Access to Higher Education for Immigrant and Undocumented Students conference and is a member of the UndocuResearch Collaborative. Her teaching and research interests include, culturally responsive practices and supervision, college and career readiness of minoritized populations, and stress-management and experienced secondary traumatic stress disorder.

Overview of the Practicum and Internship Manual

This manual is designed to be the central source for information concerning the practicum and internship experiences in the counseling program at The University of Mississippi. All users of the manual are encouraged to read the entire manual so that each may possess a thorough understanding of the entire practicum and internship process.

General Guidelines

1. Approval of practicum and internship sites is coordinated by the Practicum/Internship Coordinators in collaboration with faculty advisors.
2. Practicum applications must be submitted to the CMHC or School Counseling Practicum Coordinator by mid-term of the semester prior to beginning practicum. The coordinators will advise applicants regarding their eligibility for Practicum.
3. After eligibility has been approved, practicum applicants will meet with the appropriate Practicum Coordinator to discuss placement availability and appropriateness for candidate, agency, and program needs. Faculty advisors may also provide input in this process.
4. Applicants will then schedule an interview with the recommended site and supervisor, and meet with the site supervisor and other appropriate individuals. During the interview, candidates will provide a resume and a copy of the Practicum/Internship contract. If the site supervisor, principal/director, and candidate are in agreement with the terms of the contract, the agreement should be signed and returned to the appropriate Practicum Coordinator.
5. All contracts and placements should be secured and on file by the end of the semester.
6. All practicum and internship hours accrue only during The University of Mississippi academic calendar dates, unless prior written agreement has been made.
7. All practicum and internship students are required to obtain and provide proof of liability insurance prior to beginning practicum and/or internship. Insurance must remain active during the entire period of practicum and internship. Liability insurance is available free to students with paid membership to the American School Counselor Association as well as the American Counseling Association. In addition, teacher associations and other professional groups provide group liability insurance. A background check must be submitted prior to the beginning of the semester.
8. Candidates may change sites only after consultation and with approval of the appropriate Practicum/Internship Coordinator.
9. Successful completion of COUN 662 is required to enroll in COUN 664.

Practicum/Internship Student Professional Role and Responsibilities

1. Adhere to the ethical guidelines of the American Counseling Association, American Mental Health Counselors Association, and/or the American School Counselor Association at all times.
2. Follow all protocols, rules, and policies of the site.
3. Consult with site supervisor and/or university supervisors as needed.
4. Actively participate in weekly supervision with site supervisors, doctoral student supervisors, and the group supervision class.
5. Adhere to the hourly guidelines stated in the contract.
6. Complete necessary evaluations and weekly counseling logs.
7. Maintain active professional liability insurance.
8. A background check must be submitted.

Doctoral Student Supervisor Responsibilities

1. Meet all doctoral program requirements for eligibility to provide supervision to master's students.
2. Provide weekly individual and/or triadic supervision with assigned students.
3. Participate in mid-term and final evaluations of students, completing appropriate evaluation forms for submission to the assigned Practicum/Internship instructor.
4. View video recordings of supervisee work.
5. Meet weekly with the appropriate Practicum/Internship instructor.
6. Follow through with supervisory recommendations and guidelines.

Hours Requirements

Practicum students are required to complete a minimum of 100 clock hours during the practicum experience. Of the 100 hours, a minimum of 40 hours must be direct contact with clients. Direct service hours may include individual, group, couples, and family counseling as well as presentation of classroom guidance lessons. Indirect service hours may include treatment planning and documentation, supervision, outreach, training, and administrative duties.

The time commitment for practicum is approximately 12 to 20 hours per week, and time on site will be scheduled in collaboration with the site supervisor. From time to time, students may be asked to provide additional hours on site for special events or situations.

Internship Hours Requirements

Internship students are required to complete a minimum of 600 clock hours during the internship experience, of the 600 hours; a minimum of 240 must be direct contact with clients. Direct service hours may include individual, group, couples, and family counseling as well as presentation of classroom guidance lessons. Indirect service hours may include treatment planning and documentation, supervision, outreach, training, and administrative duties.

The time commitment for Internship is approximately 20 to 40 hours per week and time on site will be scheduled in collaboration with the site supervisor. From time to time, internship students may be asked to provide additional hours on site for special events or situations.

Practicum Application Instructions

The Practicum Application Form is to be completed by the candidate and submitted to the Practicum Coordinator by mid-term of the semester prior to beginning practicum.

The Practicum Site and Supervisor Sheet is to be completed by the candidate and submitted to the Practicum Coordinator by the end of the semester prior to beginning practicum.

Professional liability insurance is required for all candidates. Proof of insurance must be submitted to the Practicum Coordinator before any candidate may begin practicum. A background check is required.

Failure to complete and/or submit the forms on time will delay the candidate's progress and may delay the candidate one (1) year in beginning practicum.

Impairment in Internship

Some of your internship experiences may trigger emotional and/or behavioral responses outside of your everyday experiences. At times you may feel some deeper emotional experiences that interfere with your ability to be an effective counselor and which may benefit from counseling or other therapeutic interventions. Internship is not an appropriate forum to share these experiences. Should you have these types of emotional experiences you are expected to seek professional services (i.e., University Counseling Center or private services). In the event that your instructors believe that you are having these types of experiences during internship in ways that interfere with your ability to be an effective counselor, we are ethically and legally bound to take steps to protect you and possibly make disclosures

of your situation to faculty, site supervisors, and/or administration. In addition, we may initiate student retention and remediation procedures should we deem the experiences to be impeding your performance as an internship student.

Some definitions of impairment:

- Overholser and Fine (1993). Impairment may include a serious deficit(s) in any of the following:
 1. factual knowledge
 2. generic clinical skills
 3. orientation-specific technical skills
 4. clinical judgment
 5. interpersonal attributes

- Frame and Steven-Smith (1995). Impairment may include:
 1. not being open, flexible, positive, and cooperative
 2. not willing to accept and use feedback
 3. not aware of impact on others
 4. not demonstrating an ability to deal with conflict, accept personal responsibility, and express feelings effectively and appropriately

Practicum and Internship Forms

The following are a checklist and required forms to be completed and submitted to your practicum/internship instructor. Practicum/internship instructors will forward the completed forms to the appropriate Practicum/Internship Coordinator for review and placement in your permanent student file.

Checklist for CMHC Practicum & Internship

Student Name: _____ ID#: _____

	Date Complete
Pre-Practicum	
Background Check (renew yearly)	
Proof of Liability Insurance (renew yearly)	
HIPAA training certificate of completion (renew yearly)	
Acknowledgement of Practicum/Internship Manual	
COVID-19 Internship waiver	
Practicum	
Practicum Application	
Site Supervisor Information Sheet & Resume	
Supervision Agreement	
Site Agreement	
Group Counseling Verification *	
Site Supervisor Completion of Online Training Module	Site supervisor
Site Visit Verification	Practicum instructor
Midterm Evaluation by Site Supervisor	Site supervisor
Midterm Evaluation by Practicum/Internship Course Instructor	Practicum instructor
Final Evaluation by Site Supervisor	Site supervisor
Final Evaluation by Practicum/Internship Course Instructor	Practicum instructor
Signed Final Log Sheet (all hours accrued during practicum)	
Evaluation of site supervisor	
Internship	
Internship Application	
Site Supervisor Information Sheet & Resume	
Supervision Agreement	
Site Agreement	
Group Counseling Verification *	
Site Supervisor Completion of Online Training Module	Site supervisor
Site Visitation Verification Form	Internship instructor
Midterm Evaluation by Site Supervisor*	Site supervisor
Midterm Evaluation by Practicum/Internship Course Instructor	Internship instructor
Final Evaluation by Site Supervisor	Site supervisor
Final Evaluation by Practicum/Internship Course Instructor	Internship instructor
Signed Final Log Sheet (all hours accrued during internship)	
Evaluation of site supervisor	

*During *either* the practicum or internship, students must lead or co-lead a counseling or psycho-educational group (CACREP Section 3).

Application for Practicum & Internship

Student Information:

Applying for (check one): _____ Practicum

_____ Internship

Name: _____

ID#: _____ Date: _____

Address: _____

Email: _____

Phone: (Cell) _____

(Work) _____

Professional Memberships(s): _____

Professional Insurance C. Name & Policy #: _____

Academic Program Status

Completion of all listed coursework with a grade of B- or higher is required to begin the practicum/internship experience.

Course Number	Course Name
COUN 672	Issues and Ethics in Counseling
COUN 670	Multicultural Counseling
COUN 643	Group Procedures
COUN 683	Counseling Theory I
COUN 630/612	Foundations of School/CMHC
COUN 690	Counseling Skills

**The University of Mississippi
Counselor Education Program
Practicum & Internship Site Agreement**

This document constitutes an agreement between the University of Mississippi Counselor Education Program and an agency, which will serve as a clinical training site for our students. The terms of this agreement are derived from the Council for Accreditation of Counseling & Related Educational Programs (CACREP) 2016 Standards. Each member involved in this agreement, including a site supervisor, agency director, a counseling master's or Ed.S. student, and a university faculty member will sign the agreement after having read it in its entirety.

Description of entry-level professional practice:

Practicum and Internship students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship. Students should have the opportunity to become familiar with a variety of professional activities and resources, including technological resources. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psycho-educational group.

Description of hours for practicum:

In accordance with the Council for Accreditation of Counseling and Related Education Programs' (CACREP), students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term. Practicum students complete at least 40 clock hours of direct service with actual clients that contribute to the development of counseling skills.

Description of hours for internship:

After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area. Internship students complete at least 240 clock hours of direct service.

Supervision requirements for practicum and internship:

Practicum and internship students should have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement. Practicum students participate in an average of 1.5 hours per week of group supervision on a regular schedule throughout the practicum. A counselor education program faculty member or student supervisor who is under the supervision of a counselor education program faculty member must provide group supervision.

Description of taping requirement for practicum:

The University of Mississippi Counselor Education Program requires student to video (or audio with faculty approval) tape sessions with clients. Videotaping provides the highest level of supervision and assists students in their development as professional counselors. Included in the Site Supervisor Orientation module on Blackboard, the assessment system and documentation of hours will be reviewed.

Starting/Ending dates for practicum:

Per CACPEP standards, students must receive weekly group supervision from a site supervisor or a doctoral supervisor-in-training under the direct supervision of a faculty member. Therefore, practicum will begin on the first day of classes and end the last day of classes of the academic semester. Please refer to the Academic Calendar and Syllabi for current semester mid-term and end-of-semester dates. Should students wish to work at a site during times when the university is not in session, they will need to obtain written permission from the Agency Director and site supervisor by having them sign the Site Agreement Addendum.

During practicum, the practicum/internship course instructor agrees to:

1. Provide 1.5 hours of weekly group supervision during the course of the semester and to assign a grade for the course.
2. Notify the student that he or she must adhere to the administrative policies, rules, standards, schedules, and practices of the site
3. Notify the student that he or she must adhere to the ethical codes of the American Counseling Association.
4. Facilitate communication between university and site
5. Be available for consultation with both site supervisor and student

During practicum and internship, the site agrees to:

1. Assign a site supervisor who (1) has a master’s degree in an appropriate mental health area, has 2 years post master’s degree experience, and who holds appropriate licensure (2) has time for an interest in the training of a counseling student (3) will regularly review student tapes (4) will provide one hour of weekly individual supervision and (5) will complete the on-line Site Supervisor Orientation on Blackboard
2. Provide opportunities for the student to engage in a variety of counseling activities under supervision (see related counseling activities listed below)
3. Provide the student with adequate confidential work space, telephone, office supplies, and support to conduct professional activities
4. Complete the appropriate evaluation forms in accordance with guidelines provided in the on-line Site Supervisor Orientation on Blackboard.
5. Contact the counselor education program practicum/internship course instructor immediately if any problem should arise with the student’s performance.

**Activities on Site
(Check all that apply)**

- | | |
|--|--|
| <input type="radio"/> Individual Counseling | <input type="radio"/> Staff Meetings |
| <input type="radio"/> Group Counseling | <input type="radio"/> Individual/Group Supervision |
| <input type="radio"/> Couples/Family Counseling | <input type="radio"/> Outreach Activities |
| <input type="radio"/> Intake Interviewing | <input type="radio"/> Data Collection |
| <input type="radio"/> Psychoeducational Activities | <input type="radio"/> Others (Please list below) |
| <input type="radio"/> Case Documentation | <input type="radio"/> |
| <input type="radio"/> Consultation | <input type="radio"/> |
| <input type="radio"/> Assessment | <input type="radio"/> |
| <input type="radio"/> Case Staffing | <input type="radio"/> |

After having read this agreement, all involved parties demonstrate their willingness to adhere to this agreement by signing below. Please keep a copy of this contract for your records.

Site Supervisor: Printed Name: _____
Signature: _____
Date: _____
Phone: _____
Email: _____

Agency
Director/Prinipal: Printed Name: _____
Signature: _____
Date: _____
Phone: _____
Email: _____

Practicum/Internship
Course Instructor: Printed Name: _____
Signature: _____
Date: _____
Phone: _____
Email: _____

Student: Printed Name: _____
Enrolled in _____ Practicum *or* _____ Internship
Signature: _____
Date: _____
Phone: _____
Email: _____

Practicum/Internship Agreement Addendum

During time periods in the academic year when The University of Mississippi is not in session, students may work at their sites and accrue hours if the following conditions are agreed upon:

1. The site agrees to provide sole supervision during these times.
2. The university agrees to provide back-up consultation as needed.
3. The site understands that, during these times, students are not under the jurisdiction of The University of Mississippi and the university assumes no responsibility to students including supervision, liability, and so forth, except as outlined above.
4. Students may accrue practicum/internship hours only if the above criteria have been met and written agreement has been documented below.

After having read this contract addendum, all involved parties demonstrate their agreement to adhere to this contract by signing below. Please keep a copy of this contract for your records.

Site Supervisor: Printed Name: _____
Signature: _____
Date: _____
Phone: _____
Email: _____

Agency Printed Name: _____
Director/Prinipal: Signature: _____
Date: _____
Phone: _____
Email: _____

Practicum/Internship Printed Name: _____
Coordinator: Signature: _____
Date: _____
Phone: _____

Email: _____

Student:

Printed Name: _____

Enrolled in _____ Practicum *or* _____ Internship

Signature: _____

Date: _____

Phone: _____

Email: _____



GROUP COUNSELING VERIFICATION

DEPARTMENT OF LEADERSHIP AND COUNSELOR EDUCATION
THE UNIVERSITY OF MISSISSIPPI

COUNSELOR-IN-TRAINING (CIT) _____ SEMESTER: _____

GROUP SITE: _____ K-12 SCHOOL _____ COMMUNITY/AGENCY _____ COLLEGE/UNIVERSITY

SITE NAME: _____

ADDRESS: _____ CITY: _____

PHONE: _____ FAX: _____

BRIEF DESCRIPTION OF GROUP(S): _____

FREQUENCY AND DURATION OF GROUP MEETINGS: _____

GENERAL DEMOGRAPHICS OF GROUP MEMBERS: _____

NAME OF PERSON PROVIDING ON SITE SUPERVISION: _____

PHONE: _____ EMAIL: _____

DEGREE/CERTIFICATIONS/LICENSE: _____

DAYS/TIMES THAT SUPERVISION BE PROVIDED EACH WEEK: _____

“I agree to co-facilitate the above group(s) for _____ sessions from _____ (date of 1st session)
to _____ (date of last session).”

COUNSELOR-IN-TRAINING SIGNATURE

DATE

The following on-site supervisor has contracted with me to provide my supervision by signing below:

“I agree to supervise _____ for the required group counseling experience.”

ON SITE SUPERVISOR'S SIGNATURE

DATE

FACULTY SUPERVISOR'S SIGNATURE

DATE

Site Visit Verification

Site Name: _____ Date: _____

Student Name: _____ Student ID: _____

Course: ___ COUN 693 ___ COUN 695 Semester: ___ Fall ___ Spring ___ Summer

Site Supervisor: _____

Does the supervisor do the following?

Conduct weekly supervision sessions with intern	Yes	No	Comments:
---	-----	----	-----------

View video recordings of sessions	Yes	No	Comments
-----------------------------------	-----	----	----------

Complete written evaluations	Yes	No	Comments:
------------------------------	-----	----	-----------

Provide adequate space for counseling	Yes	No	Comments:
---------------------------------------	-----	----	-----------

Allow student to accrue direct counseling hours	Yes	No	Comments
---	-----	----	----------

Other: _____	Yes	No	Comments:
--------------	-----	----	-----------

The supervisor recommends the following:

The supervisor would like assistance with:

Site Supervisor

Date

Practicum/Internship Instructor

Date

Practicum Internship Skills Survey

This tool is used to evaluate counseling students' development throughout the program.

1 – Below expectations

2 – Meets expectations

3 – Exceeds expectations

- ✓ Attending Skills
 - Body language and appearance
 - Eye contact
 - Use of encouragers
 - Vocal tone
 - Verbal tracking
- ✓ Basic Listening
 - Paraphrasing
 - Empathy
 - Summarizing
 - Attentive to relevant content
- ✓ Relationship
 - Immediacy
 - Confrontation
 - Intentionality
 - Self-disclosure
- ✓ Therapeutic environment
 - Expresses care/concern
 - Demonstrates respect for the client
 - Addresses clients problems
 - Demonstrates presence
 - Collaborative relationship for goals and tasks
- ✓ Professional disposition
 - Ethics
 - Professional behavior
 - Boundaries
 - Professional responsibilities
 - Multicultural competence
 - Personal wellness
 - Maturity
 - Respect for learning environment
- ✓ Use of Supervision
 - Open to accepting feedback
 - Willing to provide feedback
 - Engages in professional development
 - Demonstrates counselor identity
- ✓ Skills: School Counseling (Practicum and Internship only)
 - Implementation of guidance activities/curriculum planning
 - Provides guidance to students for educational planning
 - Engages students in college and career readiness
 - Supports accountability efforts in the educational environment
 - Engages in system support at an appropriate level
 - Advocates for the role of professional school counselors
- ✓ Skills: Clinical Mental Health Counseling (Practicum and Internship only)
 - Diagnosis
 - Treatment planning
 - Utilization of treatment modalities
 - Case management
- ✓ Skills: Counselor Education (Adv. Practicum and Internship only)
 - Open to accepting feedback
 - Willing to provide feedback
 - Engages in professional development
 - Demonstrates counselor identity
 - Implementation of guidance activities/curriculum planning
 - Provides guidance to students for educational planning
 - Engages students in college and career readiness
 - Supports accountability efforts in the educational environment
 - Engages in system support at an appropriate level
 - Advocates for the role of professional school counselors
 - Implementation of academic, social, and career programs for higher education
 - Engages in mental health practices specific to higher education
 - Supports efforts for addiction prevention and intervention
 - Advocates for violence prevention

**Evaluation of Practicum/Internship Site Supervisor
The University of Mississippi
Counselor Education**

Student's Name: _____ ID #: _____
 Track: CMHC School Course: Practicum Internship
 Site: _____ Location: _____
 Site Supervisor: _____ Faculty Liaison: _____
 Dates of Evaluation Period: From _____ to _____

Rate all experiences you had with your site supervisor:
 0 = *Unsatisfactory* 1 = *Satisfactory* 2 = *Exemplary*

	0	1	2
Gives time and energy in observing, video processing, and case conceptualization			
Demonstrates respect for me as a counselor-in-training			
Recognizes and encourages further development of my strengths and capabilities			
Provides useful feedback			
Provides me the freedom to develop flexible and effective counseling skills			
Encourages and listens to my ideas and suggestions for developing my counseling skills			
Provides suggestions for developing my counseling skills			
Helps me to understand the implications and dynamics of various counseling approaches			
Helps me to define and achieve specific goals during my training experience			
Gives me useful feedback when I do something wrong			
Allows me to discuss problems I encounter in my setting			
Provides an adequate amount of attention to both me and my clients			
Helps me define and maintain ethical behavior in counseling and case management			
Demonstrates ethical and professional behavior			
Maintains confidentiality in material discussed in supervisory sessions			
Helps me organize relevant case data in planning goals and strategies with my clients			
Helps me to formulate a theoretically sound rationale to use with my clients			
Encourages me to evaluate myself			
Explains his/her criteria for evaluation clearly and in behavioral terms			
Applies his/her criteria fairly in evaluating my counseling skills			
Other:			

 Student's signature

 Date



Rev. 5/17/2020

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY BEFORE YOU SIGN IT. IT AFFECTS YOUR LEGAL RIGHTS.

I, _____ [print student's name], agree to act in a responsible and safe manner when I participate in the _____ [insert internship/practicum]. I acknowledge and agree that during my internship/practicum, I must continue to comply with the University's student conduct policies, including policies on academic integrity. I understand that the University could impose sanctions for my non-compliance, including suspension or expulsion.

I acknowledge and agree that the University has no control over the employees, operations, or premises of the sponsoring organization where my internship/practicum will occur, and that I will be under the supervision of a representative of that organization. I understand that my participation in my internship/practicum is voluntary, and I may be exposed to risks and hazards that could result in serious illness, bodily injury, disability, or death. These risks and hazards may include, but are not limited to: (i) vehicular, pedestrian, or other accidents, (ii) storms, floods, fires, earthquakes, and other natural disasters, (iii) infectious diseases or viruses, including but not limited to COVID-19, (iv) limited or inadequate medical care, (v) inadequate design, safety, and maintenance of buildings and public places, (vi) terrorist activities, and (vii) allergic reactions to food, insects, or other allergens. I acknowledge and agree that the University of Mississippi (including its faculty, employees, and representatives) and the Board of Trustees for State Institutions of Higher Learning (collectively "UM") cannot forecast or foresee all potential risk.

I knowingly and voluntarily assume all risks associated with my participation in my internship/practicum, including any related travel to and from any internship/practicum destination, events, or activities. In consideration for me being allowed to participate in the internship/practicum, I knowingly and voluntarily waive and release UM from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by me and arising out of my internship/practicum. I agree to indemnify, hold harmless, and covenant not to sue UM for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees, or any other loss of any kind arising out of my internship/practicum. I acknowledge and agree that: (i) this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY is intended to be as broad and inclusive as authorized under law, and (2) if any part of this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY is deemed by a court to be invalid, the remaining provisions will continue in full force and effect.

I acknowledge that I will or have consulted with a physician regarding my health or medical needs, if any. I am aware of no health condition that precludes or restricts my travel and/or participation in my internship/practicum. I understand that UM will not arrange for physicians or medical care at the site of my internship/practicum, does not provide medical or professional liability insurance for me, and has advised me to obtain such insurance at my expense. If the circumstance presents, I authorize UM to seek emergency medical, rescue, or evacuation services for me should I become injured, ill, or incapacitated and lack the ability to make such decisions for myself. I understand

that I am financially responsible for any medical or other expenses incurred because of my illness, injury, or incapacitation. I agree to reimburse UM for any such expenses incurred on my behalf. I further agree to release, hold harmless, and covenant not to sue UM for any damages, injury, loss, expenses, disability, or death arising out of any emergency medical, rescue, or evacuation services that I receive.

I understand that UM will not provide me transportation in connection with my internship/practicum. I acknowledge and agree that I am expected to obtain automobile insurance at my own expense, to the extent that such becomes necessary.

Please Check the Applicable Certification:

___ I certify that I am at least eighteen (18) years old. I have read and understand this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY and agree to its terms. I further understand that this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY shall be legally binding upon me, my family, estate, representatives, heirs or assigns.

___ I certify that I am under eighteen (18) years old. I understand that my parent or legal guardian must consent to and execute this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY on my behalf.

Student's Name _____ Date _____
Signature _____ Date of Birth _____ Student ID# _____
Local Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

The student's parent or legal guardian must complete and sign this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY if the student is not eighteen (18) years old.

I certify that I am _____'s [print student's name] parent or legal guardian. I have read, understand and agree with the terms of this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY and execute it on the student's behalf. I further understand that this ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY shall be legally binding upon the student, me and our family, estates, representatives, heirs, or assigns.

Parent or Guardian Name _____ Date _____
Signature _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Acknowledgement of Practicum/Internship Manual

DEPARTMENT OF LEADERSHIP AND COUNSELOR
EDUCATION

I understand that I am responsible for the information presented in the M.Ed. Program Practicum and Internship Manual.

I have reviewed these materials carefully. In particular, I reviewed information about:

- General Guidelines
- Student roles and responsibilities
- Practicum/Internship Hours Requirements
- Practicum/Internship Application Instructions

I understand that if I have questions concerning these materials and the statement below, it is my responsibility to ask my advisor for clarification.

I have carefully reviewed the M.Ed. Program Practicum and Internship Manual and the statements made on this page. I understand that I am responsible for the information presented therein and that my signed form will be filed in my permanent academic record.

Printed Name

Signature

Date