

Date_____

APPENDIX 1
Business and Organizational Management Counseling
Wright State University
Department of Human Services
M052 Creative Arts Center
Dayton OH 45435
(937) 775-2075

Application For Practicum - CNL 864

1. Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Home _____ Work _____

University ID_____

2. Pursuing second master's degree _____ Yes ____ No

Deadline for application: April 15 *only Summer Practicum offered

3. Please indicate when you completed (or that you are currently completing) the following prerequisites.
Please attach a copy of your academic advising report from Wings Express.
Also provide the grade received or expected:

Prerequisites to CNL 864:

RHB 701 _____ EDL 751_____ CNL 863_____ CNL 972_____

4. List courses in which you are presently enrolled.

<u>Course Number</u>	<u>Instructor</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Approximate number of hours completed to date_____

6. Date of graduation_____

Full-time or part-time student_____

7. Program of study must be on file before applying for Practicum. Have you submitted a formal program of study for your file? _____ Yes _____ No

8. Are you on an approved, limited leave of absence or sabbatical?
_____ Yes _____ No **If yes, please attach appropriate documentation from your employer.**

Application for Practicum CNL 864 (continued)

9. Proof of **Liability Insurance MUST be included** with this application. A copy of the insurance application and check will meet this requirement.
10. Registration Commitment
- (1) I acknowledge the Human Services Department's commitment to hold a place for me until the mass registration date for this term.
 - (2) I accept the responsibility for registering as indicated. I realize that failure to do so on my part deprives some other student of the opportunity and leaves the Department with partially filled classes.
 - (3) If conditions arise so that registration is not possible, I will notify the Practicum/Internship Graduate Assistant before the mass registration date for the term.
 - (4) I certify that I will have completed all prescribed course work and I am eligible to take the course designated.
 - (5) I will purchase professional liability insurance and provide documentation with this application. (A copy of the insurance application and check will be sufficient.)
 - (6) I understand that failure to register and/or failure to provide notification may result in my being denied the opportunity to take this class for the next term offered.
11. Comments:

Signature_____

Date_____

FOR OFFICE USE ONLY

_____GPA

_____Program of Study

_____Total Hours

_____Prerequisites

_____Leave of Absence

_____Liability Insurance

(Please submit original and one copy)

APPENDIX 2
Business and Organizational Management Counseling
Wright State University
Department of Human Services
M052 Creative Arts Center
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Counseling Practicum Contract / Memo of Understanding - CNL 864

Student Name: _____

Phone: _____ Home _____ Work _____

Quarter: Summer Year: _____

Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Site Phone(s): _____

This Memo of Understanding is entered into by: _____
Site Supervisor's Name

for practicum student _____
Student's Name

from Wright State University, Department of Human Services, College of Education and Human
Services 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.

Site Supervisor agrees to:

- (1) Provide the student with _____ hours of appropriate experiences per week as summarized below. (A minimum of 4 hours per week must be in direct service.)
- (2) Provide one hour of individual supervision per week with the student.
- (3) Complete the Student Evaluation Form and communicate same to student as final feedback on the progress of the student. (Not later than the ninth week of the quarter).
- (4) Be available for conferences with the student and/or university supervisor as needed.
- (5) Permit _____ hours of taping per week (when appropriate).
- (6) Provide the student with adequate physical facilities in which to work.

Counseling Practicum Contract/Memo of Understanding (continued)

(7) Other:

Summary of practicum experiences: _____

Student agrees to:

- (1) Be responsible for providing _____ hours of appropriate experiences per week (see Summary of Experiences). (A minimum of 4 hours per week must be in direct service.)
- (2) Act in a manner consistent with ACA Code of Ethics.
- (3) Be responsible for being available to the site supervisor for conferences (e.g. staffing, consultation, etc.) as needed.
- (4) Be responsible for _____ hours of taping per week (when appropriate).
- (5) Comply with the rules and regulations of site (e.g. report writing, in-service training, etc.).
- (6) Other:

Site Supervisor's signature and date _____

University Supervisor's signature and date _____

Student's signature and date _____

** Please obtain the Site Supervisor's signature and sign and date above **before** submission to the Graduate Assistant for Practicum & Internship.*

Date: _____

APPENDIX 3
Business and Organizational Management Counseling
Wright State University
Department of Human Services
M052 Creative Arts Center
Dayton OH 45435
(937) 775-2075

Site Supervisor Information Sheet - CNL 864

Name _____

Site _____

Site Address _____

City _____ State _____ Zip _____

Site Phone _____

Present Position Title _____

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

If yes, when? _____ Who was your university contact? _____

Name of WSU student presently being supervised _____

Professional Licensure _____

License No. _____ Expiration Date _____

Please fill in the following information or attach a current resume.

Education: (Begin with most recent)

Institution _____

Degree/Year _____

Institution _____

Degree/Year _____

Institution _____

Degree/Year _____

Institution _____

Degree/Year _____

Other Related Educational Experiences: (Begin with most recent)

1) _____

2) _____

3) _____

4) _____

Site Supervisor Information Sheet (continued)

Professional Experience: (Begin with most recent)

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Please describe duties _____

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Please describe duties _____

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Please describe duties _____

Professional Affiliations:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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 quarter. 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.

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 # _____

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

University Supervisor _____ Date _____

APPENDIX 4
Business and Organizational Management Counseling
Wright State University
Department of Human Services
M052 Creative Arts Center
Dayton OH 45435
(937) 775-2075

Practicum Site Information Sheet - CNL 864

Student's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home _____ Work _____

Practicum Site _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Satellite (if applicable) _____

Hours required of the practicum student per week _____

Director's Name _____ Site Supervisor's Name _____

Other potential supervisors _____

Clientele at site _____

Directions to site _____

Approximate miles from WSU _____ (one way)

Approximate time to travel from WSU _____ (one way)

APPENDIX 5
Business and Organizational Management Counseling
Wright State University
Department of Human Services
M052 Creative Arts Center
Dayton OH 45435
(937) 775-2075

Supervisor's Evaluation of Practicum Student - CNL 864

- I. Quarter/Year _____
University Supervisor _____
- II. Identifying Information (Student) _____
Name _____
Address _____
- III. Identifying Information (Site Supervisor)
Name _____
Site _____
Site Address _____
Site Phone _____
- IV. Directions: Please indicate the degree to which each competency below has been demonstrated using the following scale:
5 - This is frequently demonstrated with a very high degree of competence.
4 - This is frequently demonstrated with a high degree of competence.
3 - This is demonstrated sometimes with an adequate degree of competence.
2 - This is occasionally demonstrated with a relatively low level of competence.
1 - This is rarely demonstrated or with an extremely low level of competence.
N/A - Not applicable to this setting.

The practicum student:

- _____ 1. Demonstrates effective professional relationship behaviors with employees (clientele) and supervisor.
- _____ 2. Adapts to changing circumstances.
- _____ 3. Demonstrates initiative and self-direction.
- _____ 4. Cooperates within the organizational structure.
- _____ 5. Acquires increased knowledge and skills related to practicum site.
- _____ 6. Implements tasks as specified by individual contract.
- _____ 7. Develops a consultation model appropriate to the practicum site.

- _____ 8. Conceptualizes multicultural/pluralistic factors which might influence clientele and professionals.
- _____ 9. Demonstrates awareness of areas and degrees of professional competence.
- _____ 10. Accepts feedback and recognizes constructive criticism during supervisory sessions.
- _____ 11. Commits to act on feedback and recommendations offered during supervisory sessions.
- _____ 12. Shows evidence of appropriate response to supervisor's recommendations.
- _____ 13. Performs in a professional manner.
- _____ 14. Maintains appropriate professional boundaries.
- _____ 15. Takes responsibility for growth and learning.
- _____ 16. Demonstrates appropriate oral and written communication skills.
- _____ 17. Demonstrates respect for others.
- _____ 18. Completes paper work in a timely fashion.
- _____ 19. Demonstrates appropriate organizational and time management skills.
- _____ 20. Demonstrates punctuality and excellent attendance.
- _____ 21. Attires in appropriate dress.
- _____ 22. Practices according to legal, professional, and ethical standards.
- _____ 23. Adheres to organizational policies.
- _____ 24. Communicates respectfully, authentically, and articulately.
- _____ 25. Demonstrates emotional intelligence.
- _____ 26. Evaluates outcomes of interventions utilized at practicum site.

_____ Sum total of ratings _____ number of responses (out of possible 26)

_____ Overall mean rating (sum total of ratings divided by number of responses)

- V. 1) In your overall judgment do you feel this person has the potential to be an effective counselor or human service professional? Please explain

- 2) Would you recommend this student for a counseling and/or human service position in your setting?
Please explain.

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

Name of Site Supervisor (please print)

(Supervisor's Signature)

(Date)

Name of Student (please print)

(Student's Signature)

(Date)

Please Return to:

**University Supervisor
Wright State University
Department of Human Services
M052 Creative Arts Center
3640 Colonel Glenn Highway
Dayton, OH 45435**

APPENDIX 6
Business and Organizational Management Counseling
Wright State University
Department of Human Services
M052 Creative Arts Center
Dayton, OH 45435
(937) 775-2075

Practicum Placement Evaluation - CNL 864

Student's Name: _____ Quarter: _____ Year: _____

Placement Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Site Phone No.: _____ 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).

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

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

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

4. Multicultural sensitivity. 1 2 3 4 5

5. Physical facilities. 1 2 3 4 5

6. Flexibility of site in meeting student's and clientele's needs. 1 2 3 4 5

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

8. Site and/or supervisor provided orientation regarding laws, regulations that govern the organization. 1 2 3 4 5 policies, and

9. Over-all evaluation of site. 1 2 3 4 5

B. Please rate your site supervisor on the following areas from 1 (seldom) to 5 (often).

1. Supervisor offered constructive criticism. 1 2 3 4 5

2. Supervisor provided support when needed. 1 2 3 4 5

3. Supervisor demonstrated multicultural sensitivity. 1 2 3 4 5

4. Supervisor provided assistance or referred you to someone who could. 1 2 3 4 5
5. Supervisor allowed adequate time for individual supervision. 1 2 3 4 5
6. Supervisor helped me to integrate theory and practice. 1 2 3 4 5
7. Supervisor coordinated my assignments. 1 2 3 4 5
8. Over-all evaluation of supervision. 1 2 3 4 5
- C. 1. Is there anything not previously mentioned that you especially liked or disliked about the site or the supervision. Please explain.

2. Was the practicum a learning experience for you? Please explain.

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

4. Number of hours required per week by site? _____

5. Other comments:

Student's signature _____ Date _____

**Please Return to: Practicum/Internship Program
 Wright State University
 Department of Human Services
 M052 Creative Arts Center
 3640 Colonel Glenn Highway
 Dayton, OH 45345**

Please include two copies of Appendix 6: one for the University Supervisor and one for the Graduate Assistant.

