

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

Marriage and Family Counseling Application For Internship - CNL 867

1. Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Home _____ Work _____
University ID Number _____

2. Application for: (please check appropriately) Year _____
_____ Summer _____ Winter _____ Fall _____ Spring

Deadlines For Application:

Summer & Fall - April 15, Winter - October 10, Spring - January 25

3. Will this be your first quarter of CNL 867? _____ yes _____ no

4. Please indicate grade received and date completed for the following prerequisites:

RHB 701 _____

CNL 863 _____

EDL 751 _____

CNL 779 _____

CNL 780 _____

CNL 781 _____

CNL 782* _____

RHB 705 _____

CNL 972 _____

CNL 767 or 667 _____

** May be taken concurrently.*

Application for Internship (continued)

5. List courses in which you are presently enrolled.

Course No.

Instructor

6. **Verification of liability insurance must be attached to this application.** No student shall be admitted to internship without such documentation.

7. **A copy of your academic advising report from Wings Express must be attached to this application.** No student shall be admitted to internship without such documentation.

8. Approximate number of credit hours completed to date _____

9. Anticipated date of graduation _____

10. _____ Full-time student _____ Part-time student

11. Number of **credit hours desired:** (Please check one)

Community Counseling, Marriage and Family, Mental Health Counseling, or School Counseling Majors

_____ 3 credit hours (min. 15 hours per week at site)

_____ 4 credit hours (min. 20 hours per week at site)

_____ 6 credit hours (min. 30 hours per week at site)

12. Are you on an approved, limited leave of absence or sabbatical?

_____ Yes

_____ No

If yes, please attach appropriate documentation from employer.

13. Registration Commitment:

By signing below for this class, CNL 867:

(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 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.

(3) If conditions arise so that registration is not possible, I will notify the Graduate Assistant for Practicum and Internship before the mass registration date for the term.

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

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

14. Comments:

Signature _____

Date _____

(Submit the original and one copy)

APPENDIX 2
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QUARTER: Fall _____ YEAR: _____
 Winter _____
 Spring _____
 Summer _____

Marriage and Family Counseling Internship Contract / Memo Of Understanding - CNL 867

Student: _____
Site: _____
Site Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

This Memo of Understanding is entered into between

Dr./Mrs./Mr./Ms. _____
(Site Supervisor's name)

site supervisor for _____ an internship student from
(Student's name)

Wright State University, College of Education and Human Services, Counselor Education
Program as represented by _____.
(University Supervisor's name)

The site supervisor agrees to assume responsibility for assisting the internship student in conducting counseling 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 personally and by phone and to make at least one on-site visit to monitor student progress.

Counseling Internship Contract / Memo Of Understanding (continued)

CREDIT HOURS OPTION SELECTED (check one):

1) 3 credit hours per quarter for 4 quarters:

- a. 15 hours minimum per week at the site (150 hours minimum per quarter)
- b. 75 direct client contact hours minimum per quarter
- c. 1 hour per week minimum of direct supervision with the Site Supervisor
- d. 1.5 hours per week minimum of group supervision with the University Faculty Supervisor
- e. The Intern must complete 35 hours of leading or co-leading a group. The group hours can take place over 4 quarters.

2) 4 credits per quarter for 3 quarters:

- a. 20 hours minimum per week at the site (200 hours minimum per quarter).
- b. 100 direct client contact hours minimum per quarter
- c. 1 hour minimum per week of direct supervision with the Site Supervisor
- d. 1.5 hours minimum per week of group supervision with the University Faculty Supervisor
- e. The Intern must complete 35 hours of leading or co-leading a group. The group hours can take place over 3 quarters.

3) 6 credit hours per quarter for 2 quarters:

- a. 30 hours minimum per week at the site (300 hours minimum per quarter)
- b. 150 direct client contact hours minimum per quarter
- c. 1.5 hours minimum per week of direct supervision with the Site Supervisor
- d. 1.5 hours minimum per week of group supervision with the University Faculty Supervisor
- e. The Intern must complete 35 hours of leading or co-leading a group. The group hours can take place over 2 quarters.

Site Supervisor agrees to:

- (1) Provide the student with the direct client contact hours per quarter as indicated above.
- (2) Provide the number of hour(s) of supervision per week with the student as indicated above.
- (3) Complete the Student Evaluation Form and communicate same to student as a final feedback on the progress of the student.
- (4) Be available for conferences with the student and/or University Supervisor as needed.
- (5) Permit a minimum of 1 hour for audio or 1 hour of video (preferred) tapings or observation per week and periodically review these.
- (6) Provide the student with adequate physical facilities in which to work.

Student agrees to:

- (1) Act in a manner consistent with ACA, NBCC, ASCA, IAMFT, and/or AAMFT Code of Ethics.
- (2) Be responsible for the number of hours at the internship site as indicated above.
- (3) Be responsible for being available to the site supervisor for conferences (e.g., staffings, consultation, etc.) as required by the site.

Marriage and Family Counseling Internship Contract/Memo Of Understanding (continued)

- (4) Be responsible for a minimum of 1 hour audio or 1 hour video (preferred) tapings per week.
- (5) Be responsible for counseling (direct client contact) for the number of hours per quarter as indicated above.
- (6) Comply with the rules and regulations of site (e.g. report writing, inservice training, etc.)
- (7) Maintain professional liability insurance.

University Supervisor agrees to:

- (1) make contacts with internship Site Supervisor at least 3 times within the quarter
 - a) One of these should be a site visitation (if the site is within a 50 mile radius of the University).
 - b) A phone contact should be made within the first 2 weeks of the quarter.
 - c) A phone contact should be made within the last 2 weeks of the quarter.
- (2) provide 1.5 hours minimum per week of group supervision and review students' work on a weekly basis.
- (3) review a minimum of 2 tapes (audio or video) with the student.
- (4) be responsible for collecting and verifying the student logs, Site Supervision Evaluation, and Student Site Evaluation and assigning the Student grade.
- (5) be responsible for completing University Supervisory form and returning **all** the above paperwork for filing in Student Folder no later than 1 week following finals week.

Site Supervisor's signature and date

University Supervisor's signature and date

Student signature and date

Please obtain **all above signatures **before** turning in to the Graduate Assistant for Practicum and Internship.*

Student's Name _____ Date _____

APPENDIX 3
Wright State University
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Marriage and Family Site Supervisor Information Sheet - CNL 867

*** Please attach the most recent copy of renewal license card*

Dr., Mrs., Mr., Ms. _____

Site Address _____

City _____ State _____ Zip _____

Site Phone _____

Present Position Title _____

Professional Certification/License(s) _____

Lic. No. _____ Exp. Date _____

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

If yes, when? _____

Who was your university contact? _____

Do you have supervising counselor status with OCSWMFTB? _____

Education: (Begin with most recent.)

Institution _____

Degree/Year _____

Institution _____

Degree/Year _____

Institution _____

Degree/Year _____

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

1) _____

2) _____

3) _____

Site Supervisor Information Sheet (continued)

Professional Experience: (Begin with most recent.)

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Description _____

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Description _____

Employer _____
Employer Address _____
Dates of Employment _____
Job Title _____
Description _____

Therapeutic Orientation/Strategy (if any) _____

Professional Affiliations:

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

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 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 # _____

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
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Marriage and Family Counseling Site Information Sheet - CNL 867

Student's Name _____

Site Name _____

Site Address _____

City _____ State _____ Zip _____

Site Phone Number _____

Site Supervisor (including degrees) _____

Clientele at site _____

Directions to site *(include approximate mileage & time from WSU - 1 way)* _____

Job Description and/or Special Requirements/Information _____

APPENDIX 5
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Marriage and Family Site Supervisor Evaluation For Internship Students - CNL 867

I. Quarter/Year _____
University Supervisor _____

II. Identifying Information (Student)
Name _____
Address _____
Phone _____ Home _____
Work _____

III. Identifying Information (Site Supervisor)
Name _____
Site _____ Phone _____
Site Address _____
Satellite (if applicable) _____

IV. Directions:
Please indicate below the degree each competency has been demonstrated using the following scale:

- 5 - Frequently demonstrated with a very high degree of competence.
- 4 - Frequently demonstrated with a high degree of competence.
- 3 - Demonstrated with an adequate degree of competence.
- 2 - Occasionally demonstrated or with a relatively low level of competence.
- 1 - Rarely demonstrated or with an extremely low level of competence.

- ____ 1. Demonstrated an understanding of counseling theory as it relates to the application of techniques.
- ____ 2. Demonstrated an understanding of cultural differences as they relate to counseling practices.
- ____ 3. Demonstrated an understanding of the role and function of the counselor.
- ____ 4. Demonstrated an understanding of counseling theory.
- ____ 5. Demonstrated an understanding of problems and concerns many individuals confront (e.g. self-concept development).
- ____ 6. Demonstrated an understanding of the law and professional ethics as they apply to counseling.
- ____ 7. Described the behavioral effects of counseling strategies.
- ____ 8. Described the effects of counselee behavior on the counseling process and counselor behavior.

Site Supervisor Evaluation For Internship Students (continued)

- ____9. Described non-verbal behavior of counselees and counselors.
- ____10. Summarized major counseling session themes.
- ____11. Understood case formulation.
- ____12. Understood the rationale for and use of treatment plans and progress notes.
- ____13. Understood the process of referral.
- ____14. Described the major dynamics of the counselee as he/she relates to self, counselor and environment.
- ____15. Described the current medical status of counselees as appropriate.
- ____16. Demonstrated the knowledge of group counseling techniques.
- ____17. Demonstrated an understanding of the facilitation role.
- ____18. Described group dynamics.
- ____19. Demonstrated the understanding of the planning process as it relates to group counseling.
- ____20. Practiced holistically as a professional.
- ____21. Demonstrated professionalism by manner of conducting self.
- ____22. Practiced according to ACA, NBCC, ASCA, IAMFT and AAMFT Code of Ethics.

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

2) Would you recommend this student for a counseling position in your setting? Please explain.

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

Site Supervisor's Signature

Date

Student's Signature

Date

Please Return to: University Supervisor

APPENDIX 6
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Marriage and Family Counseling Student's Internship Placement Evaluation - CNL 867

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

Placement Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

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).

- | | | | | | |
|---|---|---|---|---|---|
| 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. | 1 | 2 | 3 | 4 | 5 |
| 5. Flexibility of site in meeting student's and client's needs. | 1 | 2 | 3 | 4 | 5 |
| 6. Site requirements were reasonable. | 1 | 2 | 3 | 4 | 5 |
| 7. Over-all evaluation of site. | 1 | 2 | 3 | 4 | 5 |

B. Please rate your Site Supervisor on the following areas from 1 (not very much) to 5 (very much).

- | | | | | | |
|---|---|---|---|---|---|
| 1. He/she offered constructive criticism. | 1 | 2 | 3 | 4 | 5 |
| 2. He/she provided support when needed. | 1 | 2 | 3 | 4 | 5 |
| 3. He/she provided assistance or referred you to someone who could. | 1 | 2 | 3 | 4 | 5 |
| 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 |

Internship Placement Evaluation (continued)

Name: _____

Site: _____

- C.
1. Is there anything not previously mentioned that you especially liked or disliked about the site or supervision?

 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, group supervision, etc.)

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

 5. How would you characterize your Site Supervisor's style of supervision? (e.g. positive reinforcement, concentrating on counselor dynamics, concentrating on client dynamics, criticism, no criticism, etc.)

 6. Other comments:

Please return one copy to the University Supervisor and one copy to the Graduate Assistant.

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 <http://www.cswmft.ohio.gov/forms.stm>

The form to obtain status as a counselor trainee is to be submitted at the beginning of the practicum and again for the 1st quarter of internship: Trainee Supervision Agreement.

(For the following quarters 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 quarter 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!