**APPENDIX I S a DOCUMENT LIABILITY INSURANCE REQUIREMENTS – SAMPLE COVER SHEETS FOR FIELD EXPERIENCE COURSE COMPLETION**

**Advanced Practicum in Counseling**

**Checklist of Requirement Completion**

 The following should be included as the first page in a comprehensive Advanced Practicum portfolio which will be checked periodically and submitted at the end of class. This checklist will be inserted as the cover page. Please include all documents in the following order:

1. Signed ethical statement
2. Supervision Agreement
3. Copy of liability insurance policy
4. Case Note Examples (1 per client x 3 clients): Check off below.

|  |
| --- |
| **Case Notes Check-Off** |
| **1** | **2** | **3** |
|  |  |  |

1. Session Review Form (2 samples)

Check as completed: □ Sample 1 □ Sample 2

1. Individual (Clin 5 student) supervisor initialed meeting log
2. Feedback/Evaluations
3. Clin 5 Student Supervisor Overall Feedback Form. The ClinV student completes this for each of his/her AdvPrac Students.
4. Counselor Evaluation Rating Scale (Collaboratively completed between student supervisor and faculty instructor).
5. Individual Supervisor Behavior Rating Scale (ISBRS). Completed by the Advanced Practicum Student About Clin 5 Student Supervisor.

**MHS 6888 Internship Audit Term \_Spring 2012\_\_\_DR. MADELYN ISAACS**

**Student Name\_\_\_\_\_\_\_\_\_\_\_ Site(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor (s)\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Document (Submitted at beginning of term)** | **Submitted** |
| **PROFESSIONAL LIABILITY INSURANCE (Attached)** |  |
| **WEEKLY SCHEDULE**  |  |
| **INTERN INFORMATION FORM**  |  |
| **STUDENT INTERNSHIP AGREEMENT**  |  |
| **Submitted/Verified at end of term** |  |
| **Verified periodically during supervision and submitted at end of term****CUMULATIVE CERTIFIED HOURS (Log Attached)****Total \_\_\_\_\_\_\_\_\_\_\_\_ Direct \_\_\_\_\_\_\_\_\_\_\_** |  |
| **Weekly Site Supervision Log (signed off and complete at end of term)** |  |
| **SITE SUPERVISOR’S END OF TERM EVALUATION FORMS (attached)** |  |
| **STUDENT’S EVALUATION OF SUPERVISOR AND SITE** |  |
| **UNIVERSITY SUPERVISOR’S END OF TERM EVALUATION (below)** |  |
| **Activities Certified Completed**  **Triadic and Individual Supervision \_\_\_\_\_** **Group Supervision \_\_\_\_\_** **Site Visited \_\_\_\_\_\_\_\_\_\_\_\_\_** **Submitted and reviewed hours of taped counseling \_\_\_\_\_**  |  |
| **Comments on Performance or notes for subsequent internships** |  |

I ATTEST THAT THE ABOVE NAMED STUDENT HAS MET THE REQUIREMENTS OF INTERNSHIP AS NOTED ABOVE.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MHS 6881 Internship I, Fall 2011 Student Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: Kastberg

**List of Internship Requirements**

Please initial and date when you submit documents/tapes to the *left* of the appropriate item. I will review what has been submitted and, to the *right* I will also initial and date to verify that I have received the item.

Your initials My initials

**\\//** here: here \**\//** :

|  |
| --- |
| Completed Intern/Site Information, Agreement (Manual pgs. 21-22) |
| Completed Plan/Goals (Manual page 29) |
| COPY of Professional Liability Insurance |
| Attendance (no more than 2 class absences) |
| Weekly Schedule (page 32) |
| Cumulative Log of Activity (in Excel): 100 total hours completed (per log) |
|  40% of hours (40) in direct contact with clients (per log) |
| Weekly Site Supervision (as per log) |
| Consent for Counseling/taping (pages 25 – 27) |
| 1 tape shared in class (10-15 min selected segment) |
| 4 tapes submitted to instructor for review, >30 min each: |
|  Tape 1: (date) Tape 2: (date) Tape 3: (date) Tape 4: (date) |
| Site supervisor mid-semester evaluation (page 35) |
| Mid intern feedback/eval (faculty) |
| Site visit completed (page 34) |
| Student eval of supervisor (page 38) |
| Site supervisor final evaluation (page 36) |
| Site evaluation form (page 40) |
| Final intern eval (faculty) |
| Demonstrated competence in counseling microskills and use of SFBT.  |