

Florida Gulf Coast University

COLLEGE OF EDUCATION

Certification for meeting requirements

Name: _____

UIN: _____

This is to certify that the above named student has met the requirements for

Degree: Masters of Arts

Major: Mental Health Counseling

Concentration:

The above named student is recommended for graduation on July 27, 2012.

Department Chair

8/20/12

Date


Assistant Dean

8/22/12

Date

“This student has completed a CACREP Accredited Program (CAR).”

**College of Education Graduate
FINAL GRADUATION CHECKLIST**

Student's Name _____

UIN

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Graduation Applied For: Fall___ Spring___ Summer_X, 2012

Major:___ Counseling

Concentration: Mental Health Counseling

Degree sought: MA X MEd___ EdS___ EdD___

Total semester hours required by program: 60

Hours currently enrolled in: 0

Total hours: including current courses: 60

Are there any courses with I's or F's that have not been resolved? no

GPA: _____ (must be 3.0 in all coursework attempted and in program)

Additional Graduation Requirements:

Educational Leadership

Portfolio _____

FELE (for MEd) _____

Reading

SAE Reading K-12 _____

Special Education

Exit Essay _____

Mental Health Counseling

Comprehensive Exam Passed

School Counseling

Comprehensive Exam _____

Teacher Certification or
or FTCE _____

CLAST and/or GKT _____

Professional Exam _____

SAE Guid. & Counsel PK-12 _____

Application to Graduate: Approved ✓ Denied _____

Advisor

[Signature]
Program Leader

Attach Program of Study, Transcript, and test score report (if test is required by program) and return to Department Chair.

Student No

Date Issued: 17-AUG-2012

EDU2

Record of:
Current Name:

U N O F F I C I A L

Page: 1

United States

Issued To: COE

Course Level: Graduate
Student Type: Graduate
High School: Cypress Lake HS 26-MAY-2005
Only Admit: Fall 2009Current Program
College : Education
Major : Counseling

SUBJ NO. COURSE TITLE CRED GRD PTS R

INSTITUTION CREDIT:

Term: Fall 2009
Education
CounselingMHS 6021 Intro to Comm Mental Hlth Coun 3.00 A 12.00
MHS 6482 Lifespan/Development 3.00 A 12.00
Term: Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Good Standing

Term: Spring 2010

Education
CounselingMHS 6404 Intro to Couns Theory and Tech 3.00 A 12.00
MHS 6428 Cross-cultural Counseling 3.00 A 12.00
MHS 6800 Practicum in Counseling 2.00 S 0.00
Term: Ehrs: 8.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Good Standing

Term: Summer 2010

Education
CounselingMHS 6700 Legal & Ethical Iss. in Coun. 3.00 A 12.00
MHS 6805 Adv Practicum in Counseling 3.00 A 12.00
***** CONTINUED ON NEXT COLUMN *****

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

Term: Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Good Standing

Term: Fall 2010

Education
CounselingMHS 6070 Mental Disorders 3.00 A 12.00
MHS 6340 Career Development 3.00 A 12.00
MHS 6881 Clinical Internship I 2.00 S 0.00
Term: Ehrs: 8.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Good Standing

Term: Spring 2011

Education
CounselingMHS 6200 Appraisal Procedures 3.00 A 12.00
MHS 6450 Issues in Addictions and Abuse 3.00 A 12.00
MHS 6882 Clinical Internship II 2.00 S 0.00
Term: Ehrs: 8.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Good Standing

Term: Summer 2011

Education
CounselingMHS 6620 Org. Admin and Supv 3.00 A 12.00
MHS 6710 Research and Prog Evaluation 3.00 A 12.00
Term: Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Good Standing

Term: Fall 2011

Education
Counseling

***** CONTINUED ON PAGE 2 *****

Student No:

Date Issued: 17-AUG-2012

Record of:
Level: Graduate

U N O F F I C I A L Page: 2

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
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Institution Information continued:

MHS 6500	Introduction to Group Dynamics	3.00	A	12.00	
MHS 6883	Clinical Internship III	3.00	S	0.00	
Term:	Ehrs: 6.00 GPA-Hrs: 3.00	Qpts: 12.00	GPA: 4.00		
Good Standing					

Term: Spring 2012

Education
Counseling

Graduate

MHS 6405	Advanced Counseling Theory	3.00	A	12.00	
MHS 6888	Intrn:Prof Dev Mental Hlth Cns	3.00	S	0.00	
Grade Change 5/29/12					
Term:	Ehrs: 6.00 GPA-Hrs: 3.00	Qpts: 12.00	GPA: 4.00		
Good Standing					

Term: Summer 2012

Education
Counseling

Graduate

MHS 6470	Human Sexual Issues Counselor	3.00	A	12.00	
Grade Change 8/16/12					

MHS 6886	Clinical Internship V	2.00	S	0.00	
MHS 6887	Field Exp I-Clinical Int V	1.00	S	0.00	
Term:	Ehrs: 6.00 GPA-Hrs: 3.00	Qpts: 12.00	GPA: 4.00		
Good Standing					

***** TRANSCRIPT TOTALS *****

TOTAL INSTITUTION	Earned Hrs	GPA Hrs	Points	GPA	
	60.00	45.00	180.00	4.00	

TOTAL TRANSFER	0.00	0.00	0.00	0.00	
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OVERALL	60.00	45.00	180.00	4.00	
***** END OF TRANSCRIPT *****					

May 18, 2012

Dear _____

I am unable to certify your graduation for Spring 2012. According to University records you have not yet completed:

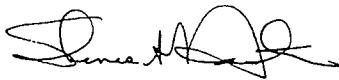
Your summer course

The Office of the Registrar has given us until Friday, June 1, 2012 to complete your certification for the Spring 2012 semester. If you can show official documents by that time I will date your graduation for April 29, 2012, if not, the next opportunity for graduation will be Summer 2012.

You can find the new electronic application to graduate on Gulfline in your Student account under Student & Financial Aid - Student Record (Prospective Graduation Form). If you do not expect to meet the missing requirements by the above date you must complete a new Application to Graduate by May 25, 2012 in order to graduate in Summer 2012. You cannot graduate in the summer unless we have a completed application by this date.

If you have any questions please don't hesitate to contact me.

Sincerely,



Sherree Houston
Assistant Dean, Advisor
(239) 590-7736
shouston@fgcu.edu



Name Change

[illegible]

Degree sought: MA X MEd EdS EdD _____

GPA: 4.0 (must be 3.0 in all coursework attempted and in program)

SAE Guid. & Counsel PK-12

Student is in Summer courses.

COLLEGE OF EDUCATION

Wednesday, April 11, 2012

Student Review Results for

Dear _____,

In an ongoing effort to provide students with consistent, appropriate, and timely feedback, the counseling faculty conducts a review of every student in the program once per semester. The review consists of three areas which includes asking the following questions:

1. Is the student meeting minimum academic performance criteria (i.e., course grades)?
2. Does the student demonstrate appropriate counselor dispositions (i.e., attitudes and professionalism)? and
3. Does the student seem to still maintain an appropriate career fit (i.e., is the counseling profession still appropriate)?

We have determined that you are demonstrating progress in all three areas. Rachel, we appreciate your diligence and dedication to your work in the counseling program and look forward to your continued development as a professional counselor.

If you have any questions, feel free to contact your advisor or any one of the counseling faculty.

Sincerely,

Dr. Abbe Finn (239-590-7772; afinn@fgcu.edu)

Dr. Isaacs (239-590-7785; misaacs@fgcu.edu)

Dr. Signe Kastberg (239-590-7798; skastberg@fgcu.edu)

Dr. Sabella (239-590-7782; rsabella@fgcu.edu)

Semester/Year: Spring 10[illegible]

Total Direct + Indirect Hours	48
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Supervisor's Signature.

4/15/10
Date

Candidate's Signature

Dear _____,

In an ongoing effort to provide our students with consistent, appropriate, and timely feedback, the counseling program faculty conducts a performance review of every student in the program once per semester. The review consists of three areas which includes asking the following questions:

1. Is the student meeting minimum academic performance criteria (i.e., course grades)?
2. Does the student demonstrate appropriate counselor dispositions (i.e., attitudes and professionalism)? and
3. Does the student seem to still maintain an appropriate career fit (i.e., the counseling profession still appropriate)?

Results of the review are either that the student is (a) demonstrating expected progress or (b) not demonstrating expected progress.

We have determined that you are indeed demonstrating progress in all three areas. Rachel, we appreciate your diligence and dedication to your work in the counseling program and look forward to your continued development as a professional counselor.

If you have any questions, feel free to contact your advisor or any one of the counseling faculty.

Sincerely,

Dr. Abbe Finn (239-590-7772; AFINN@FGCU.EDU)
Dr. Isaacs (239-590-7785; MISAACS@FGCU.EDU)
Dr. Sabella (239-590-7782; RSABELLA@FGCU.EDU)

Fall 2009

Mental Health Counseling Planned Program

Student Name _____ Date Entered Program: June 2009

Student Address: _____

City: _____ Zip: _____ Alternate email: _____

Home Phone: _____ Work Phone: _____

Are you a full time or part time student (check one): ☐ Full-time ☐ Part-time

Initial _____ I understand and agree that:

RC I shall abide by the counseling code of ethics as set forth by the American Counseling Association at all times. Failure to do so may result in forced withdrawal from the program. The Code of Ethics and Standards of Practice is available online at www.counseling.org/resources/codeofethics.htm

RC I will follow this planned program. Any changes to this program must be authorized by your advisor. Also, I understand that, although unlikely, this program may be adjusted to meet new state and other requirements for certification and/or licensure.

RC I understand that I will be taking a comprehensive exit examination toward the end of my program.

RC I am expected to make use of various technologies such as working with the World Wide Web, electronic mail, and various on-line full text databases. You will receive training using various technology applications although you are responsible for learning needed technology applications. FGCU offers a great deal of technology support (see <http://www.fgcu.edu/support/>).

** Course prefix numbers are subject to change without notice.

Year Plan	Courses	Year Plan	Courses	Year Plan	CR	HRS
F	MHS 6021: Intro to Comm Mental Health 3 credits 1	09	MHS 6482: Lifespan Dev 3 credits 4	09	6	0
S	MHS 6404: Intro to Counsel, Theory and Technique 3 credits 2	10	EDG 6428: Cross-cultural Counseling - 3 credits 5	10	8	40
Sum	MHS 6700: *Legal & Ethical - 3 credits 3	10			6	60
F	MHS 6070: Mental Disorders 3 Credits 11	10	MHS 6340: Career Development 3 credits 7	10	8	100
S	MHS 6200: Appraisal Procedures - 3 credits 8	11	MHS 6450: Issues in Addictions and Abuse - 3 credits 10	11	8	100
Sum	MHS 6710: *Research & Program Evaluation - 3 credits 9	11	MHS6470: Human Sexuality 12	11	6	0
F	MHS 6500: Intro to Group Dynamics 3 credits 13	11			6	300
S			MHS 6405: Advanced Counseling Theory - 3 credits 14	12	7	300
Sum	MHS 6621: Organizations, Administration, and Supervision 3 credits 15	12	MHS 6886: Clinical Internship V - 2 Credits 15	12	5	100
					60	1000

Student Signature _____ Date 4/20/09

Faculty Advisor Signature _____ Date 4-20-09

Mental Health Counseling Planned Program

Student Name: _____ Date Entered Program: Fall 05

Student Address: _____

City: _____ Zip: _____

Home Phone: _____ Other Work Phone: _____ Alternate email: _____

Initial

I understand and agree that:

I shall abide by the counseling code of ethics as set forth by the American Counseling Association at all times. Failure to do so may result in forced withdrawal from the program. The Code of Ethics and Standards of Practice is available online at www.counseling.org/resources/codeofethics.htm

I will follow this planned program. Any changes to this program must be authorized by your advisor. Also, I understand that, although unlikely, this program may be adjusted to meet new state and other requirements for certification and/or licensure.

I understand that I will be taking a comprehensive exit examination toward the end of my program.

I am expected to make use of various technologies such as working with the World Wide Web, electronic mail, and various on-line full text databases. You will receive training using various technology applications although you are responsible for learning needed technology applications. FGCU offers a great deal of technology support (see <http://www.fgcu.edu/support/>).

**** Course prefix numbers are subject to change without notice.**

Sem	Courses	Year	Courses	Year	Field Experiences/Internship	Year	CR	HRS
F	MHS 6021: Intro to Comm Mental Health 3 credits	09	MHS 6482: Lifespan Dev 3 credits	09			6	0
S	MHS 6404: Intro to Counsel, Theory and Technique 3 credits	10	MHS 6428: Cross-cultural Counseling - 3 credits	10	MHS 6800: Practicum in Counseling - 3 Credits		9	50
Sum	MHS 6700: *Legal & Ethical - 3 credits	10			MHS 6805: Advanced Practicum in Counseling - 3 credits		6	50
F	MHS 6070: Mental Disorders 3 Credits	10	MHS 6340: Career Development 3 credits		MHS 6881: Clinical Internship I - 2 Credits		8	100
S	MHS 6200: Appraisal Procedures - 3 credits	11	MHS 6450: Issues in Addictions and Abuse - 3 credits	11	MHS 6882: Clinical Internship II - 2 credits		8	100
Sum	MHS 6710: Research & Program Evaluation - 3 credits	11	MHS6470: Human Sexuality - 3 credits	11			6	0
F	MHS 6500: Intro to Group Dynamics 3 credits	11			MHS 6884: Clinical Internship III - 3 credits		6	300
S	MHS 6405: Advanced Counseling Theory - 3 credits	12			MHS 6888: Internship and Seminar in Professional Development in Mental Health Counseling - 3 credits (effective for students who completed Practicum after Spring 2010)		6	300
Sum	MHS 6621: Organizations, Administration, and Supervision 3 credits	12			MHS 6886: Clinical Internship V - 2 Credits		5	100
							60	1000

Student Signature

Date

Faculty Advisor Signature

Date



Student Academic Transcript

Mar 05, 2012 12:19 pm

This is not an official transcript. Courses which are in progress may also be included on this transcript.

Information for

Institution Credit Transcript Totals Courses in Progress

Transcript Data**STUDENT INFORMATION**

Birth Date: 01-SEP
Student Type: Graduate

Curriculum Information**Current Program**

College: Education
Major: Counseling
Major Concentration: Mental Health
 Counseling

***Transcript type:UOFF is NOT Official ***

DEGREES AWARDED

Applied for Master of Arts **Degree Date:**
Graduation:

Curriculum Information**Primary Degree**

College: Education
Major: Counseling
Major Concentration: Mental Health Counseling

INSTITUTION CREDIT -Top-

Term: Fall 2009

Major: Counseling
Academic Standing: Good Standing

Subject	Course Level Title			Grade	Credit Hours	Quality R Points
MHS	6021	GR	Intro to Comm Mental Hlth Coun	A	3.000	12.00
MHS	6482	GR	Lifespan/Development	A	3.000	12.00
			Attempt Hours	Passed Hours	Earned Hours	GPA
						Quality Points
Current Term:			6.000	6.000	6.000	4.00
Cumulative:			6.000	6.000	6.000	4.00

(239) 590-7800 TTY: 590-1450 SUNCOM: 731-7800 FAX: (239) 590-7801 <http://coe.fgcu.edu>
 10501 FGCU Boulevard South • Fort Myers, Florida 33965-6565

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Subject	Course Level Title	Grade	Credit Hours	Quality R Points
MHS 6404	GR Intro to Couns Theory and Tech	A	3.000	12.00
MHS 6428	GR Cross-cultural Counseling	A	3.000	12.00
MHS 6800	GR Practicum in Counseling	S	2.000	0.00
Attempt Passed Earned GPA Quality GPA				
Hours Hours Hours Hours Points				
Current Term:				
8.000 8.000 8.000 6.000 24.00 4.00				
Cumulative:				
14.000 14.000 14.000 12.000 48.00 4.00				

Unofficial Transcript

Term: Summer 2010

Major: Counseling
Academic Standing: Good Standing

Subject	Course Level Title	Grade	Credit Hours	Quality R Points
MHS 6700	GR Legal & Ethical Iss. in Coun.	A	3.000	12.00
MHS 6805	GR Adv Practicum in Counseling	A	3.000	12.00
Attempt Passed Earned GPA Quality GPA				
Hours Hours Hours Hours Points				
Current Term:				
6.000 6.000 6.000 6.000 24.00 4.00				
Cumulative:				
20.000 20.000 20.000 18.000 72.00 4.00				

Unofficial Transcript

Term: Fall 2010

Major: Counseling
Academic Standing: Good Standing

Subject	Course Level Title	Grade	Credit Hours	Quality R Points
MHS 6070	GR Mental Disorders	A	3.000	12.00
MHS 6340	GR Career Development	A	3.000	12.00
MHS 6881	GR Clinical Internship I	S	2.000	0.00
Attempt Passed Earned GPA Quality GPA				
Hours Hours Hours Hours Points				
Current Term:				
8.000 8.000 8.000 6.000 24.00 4.00				
Cumulative:				
28.000 28.000 28.000 24.000 96.00 4.00				

Unofficial Transcript

Term: Spring 2011

Major: Counseling
Academic Standing: Good Standing

Subject	Course Level Title	Grade	Credit Hours	Quality R Points
MHS 6200	GR Appraisal Procedures	A	3.000	12.00
MHS 6450	GR Issues in Addictions and Abuse	A	3.000	12.00
MHS 6882	GR Clinical Internship II	S	2.000	0.00
Attempt Passed Earned GPA Quality GPA				
Hours Hours Hours Hours Points				
Current Term:				
5.000 5.000 5.000 5.000 20.00 4.00				
Cumulative:				
33.000 33.000 33.000 29.000 116.00 4.00				

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FLORIDA
GULF COAST
UNIVERSITY

Current Term: 8.000 8.000 8.000 6.000 24.00 4.00
Cumulative: 36.000 36.000 36.000 30.000 120.00 4.00

Unofficial Transcript
Term: Summer 2011

College of Education

Major: Counseling
Academic Standing: Good Standing

Subject	Course Level	Title	Grade	Credit Hours	Quality R Points
MHS	6620	GR Org. Admin and Supv	A	3.000	12.00
MHS	6710	GR Research and Prog Evaluation	A	3.000	12.00

Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality GPA Points
---------------	--------------	--------------	-----------	--------------------

Current Term:	6.000	6.000	6.000	6.000	24.00	4.00
Cumulative:	42.000	42.000	42.000	36.000	144.00	4.00

Unofficial Transcript

Term: Fall 2011

Major: Counseling
Academic Standing: Good Standing

Subject	Course Level	Title	Grade	Credit Hours	Quality R Points
MHS	6500	GR Introduction to Group Dynamics	A	3.000	12.00
MHS	6883	GR Clinical Internship III	S	3.000	0.00

Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality GPA Points
---------------	--------------	--------------	-----------	--------------------

Current Term:	6.000	6.000	6.000	3.000	12.00	4.00
Cumulative:	48.000	48.000	48.000	39.000	156.00	4.00

Unofficial Transcript

TRANSCRIPT TOTALS (GRADUATE) -Top-

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality GPA Points
Total Institution:	48.000	48.000	48.000	39.000	156.00
Total Transfer:	0.000	0.000	0.000	0.000	0.00
Overall:	48.000	48.000	48.000	39.000	156.00

Unofficial Transcript

COURSES IN PROGRESS -Top-

Term: Spring 2012

Major: Counseling

Subject	Course Level	Title	Credit Hours
MHS	6405	GR Advanced Counseling Theory	3.000
MHS	6888	GR Intrn:Prof Dev Mental Hlth Cns	3.000

Unofficial Transcript

RELEASE: 8.1

(239) 590-7800 TTY: 590-1450 SUNCOM: 731-7800 FAX: (239) 590-7801 <http://coe.fgcu.edu>
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April 24, 2009

Student ID:

Dear

It is my pleasure to inform you that you have been admitted to the M.A. in the Mental Health Counseling Program in the College of Education at Florida Gulf Coast University (FGCU) for the Fall 2009 term.

Dr. Abbe' Finn is your advisor and can be reached at 239-590-7772 or via email at: afinn@fgcu.edu. She will provide more information about orientation as well as recommended courses for your program as she advises you on your course of study.

The College of Education has adopted the use of LiveText software to provide for the improvement of student performance and program quality. As a degree-seeking student you are responsible for purchasing a membership to LiveText during your first course in the FGCU's College of Education. If you do not have a membership to LiveText, you will need to purchase it immediately. **This is a one-time only purchase.** You may purchase it through <https://www.livetext.com/> and go to the box marked "Register an Account".

As you know, graduate education is expensive, and you might want to find out what financial aid is available. I encourage you to explore the Graduate Student Tuition Waiver Program at <http://www.fgcu.edu/Graduate/TuitionWaiver.html>

On behalf of the College of Education's faculty and staff, I extend a warm welcome to you and wish you success as you pursue completion of your graduate degree at Florida Gulf Coast University.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Abbe' Finn, followed by 'Ph.D.' in a cursive script.

Abbe' Finn, Ph.D., LPC

Associate Dean

Division of Graduate Studies



Florida Gulf Coast University

Graduate Applicant Referral

Date: 4/10/2009 **Term Applying To:** Fall 2009
Social Security Number: **College:** Education
Applicant Name: **Major:** Counseling
International: No **Prepared By:** fgcu_primary\ahill

Previous Institution Data

Institution	Attended	GPA	Hours Earned	Degree
FGCU	08/2005 - 04/2009	3.838	108	

Upper Division GPA: 3.87

Test Score Data

Test	Test Date	Test Score	Test	Test Date	Test Score
ACT Composite	09/2004	23	CLAST Write	09/2004	996
ACT English	09/2004	22	General Knowledge English	09/2008	PASS
ACT Math	09/2004	24	General Knowledge Essay	10/2008	PASS
ACT Reading	09/2004	24	General Knowledge Math	09/2008	PASS
ACT Science Reasoning	09/2004	23	General Knowledge Reading	09/2008	PASS
Accuplacer Algebra Subscore	06/2005	112	Miller Analogies	03/2009	403
CLAST Composite	09/2004	2	SAT Math Score	06/2004	550
CLAST Essay	09/2004	96	SAT Math Score	03/2004	490
CLAST Math	09/2004	996	SAT Verbal Score	06/2004	600
CLAST Read	09/2004	996	SAT Verbal Score	03/2004	520

College Use Only

☒ **ADMIT**
Type:

- ☐ Non-exception
☐ Lacks minimum GPA
☐ Lacks minimum test score
☐ Lacks undergraduate degree
☐ Lacking test scores

☐ **DENY**
Reason:

- ☐ Lack of academic prerequisites
☐ Specific departmental criteria not met

Major: *Counseling*

Concentration: *Mental Health*

[Signature]
Department/Program Chair

4-20-09
Date

[Signature]
College Dean

4-20-09
Date

Florida Gulf Coast University

Admission Worksheet

Date:	4/10/2009	Term Applying To:	Fall 2009
Applicant Name:		Student Type:	Graduate
Social Security Number:		College:	Education
Residency:	Florida Resident	Major:	Counseling
Birthdate:	9/1/1987	Concentration:	Mental Health Counseling
Gender:	F	Citizenship:	US Citizen
Ethnicity:	White Non-Hispanic	Visa Type:	
Orientation:	Prior Orientation	Housing Deposit:	

Contact Information

Emergency:	Human Resources W4 Address	Mailing
Emergency:	W4 human Resources:	Mailing
Student Housing Address	Student at time of application	
	Mailing:	

Checklist Summary

Checklist Item	Date Received	Mandatory
Recommendation Form 3 - Hamstra	04/10/2009	Y
GRE or MAT Test Score - Test Date 24-MAR-2009	04/07/2009	Y
Recommendation Form 2 - Hill	04/07/2009	Y
Personal Statement	04/06/2009	Y
Recommendation Form 1 - Holzem	04/06/2009	Y
Conduct Disclosure	04/06/2009	Y
Residency Statement	04/06/2009	
Application fee - waived	04/06/2009	Y
Application Signature Required	04/06/2009	Y

High School Data

High School	Grad. Date GPA	Class Rank
Cypress Lake HS	05/26/2005	42 out of 449

Previous Institution Data

Institution	Attended	GPA	Hours Earned	Degree
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Test Score Data

Test	Test Date	Test Score	Test	Test Date	Test Score
ACT Composite	09/2004	23	CLAST Write	09/2004	996

ACT English	09/2004	22	General Knowledge English	09/2008	PASS
ACT Math	09/2004	24	General Knowledge Essay	10/2008	PASS
ACT Reading	09/2004	24	General Knowledge Math	09/2008	PASS
ACT Science Reasoning	09/2004	23	General Knowledge Reading	09/2008	PASS
Accuplacer Algebra Subscore	06/2005	112	Miller Analogies	03/2009	403
CLAST Composite	09/2004	2	SAT Math Score	06/2004	550
CLAST Essay	09/2004	96	SAT Math Score	03/2004	490
CLAST Math	09/2004	996	SAT Verbal Score	06/2004	600
CLAST Read	09/2004	996	SAT Verbal Score	03/2004	520

Student No: -

Date Issued: 10-APR-2009

Record of:
Level: undergraduate

U N O F F I C I A L Page: 2

Term Majors cont:
Liberal Studies-Psychology
Beginner FTIC

SUBJ NO. COURSE TITLE CRED GRD PTS R

SUBJ NO. COURSE TITLE CRED GRD PTS R
CLP 4143 Abnormal Psychology 3.00 B+ 9.90
DEP 4054 Developmental Psychology 3.00 A 12.00
IDS 3301 C&S: Iran Cin: Hist, Rel, & Pol 3.00 A 12.00
PSY 3213 Research Methods in Psych 3.00 A- 11.10
SOP 4004 Social Psychology 3.00 A 12.00
Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 57.00 GPA: 3.80
Dean's List
Good Standing

Spring 2009
SUBJ NO. COURSE TITLE CRED GRD PTS R
MAE 4152 Math Methods 6-12 3.00 IN PROGRESS
PSY 4990 Senior Seminar in Psychology 3.00 IN PROGRESS
RED 4344 Methods Teaching Reading 3.00 IN PROGRESS
SYO 3120 The Family 3.00 IN PROGRESS
In Progress Credits 12.00
***** TRANSCRIPT TOTALS *****
Earned Hrs GPA Hrs Points GPA
TOTAL INSTITUTION 108.00 108.00 414.50 3.83
TOTAL TRANSFER 0.00 0.00 0.00 0.00
OVERALL 108.00 108.00 414.50 3.83
***** END OF TRANSCRIPT *****

Spring 2008
Arts and Sciences
Liberal Studies-Psychology
Beginner FTIC
CLP 4302 Intro to Clinical Psychology 3.00 A 12.00
EDF 3251 Classroom Org & Management 3.00 A 12.00
EDG 4343 Instructional Strategies 3.00 A 12.00
IDS 3303 Iss Sci & Tech: Tech in Cinema 3.00 A- 11.10
PSB 4002 Physiological Psychology 3.00 A 12.00
Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 59.10 GPA: 3.94
Dean's List
Good Standing

Fall 2008
Arts and Sciences
Psychology
Beginner FTIC
EDF 3011 Student Develop and Learning 3.00 A 12.00
EDF 4424 Measurement Eval in Classroom 3.00 A 12.00
EXP 4604 Human Memory and Cognition 3.00 A 12.00
INP 4004 Intro to Indus/Organiz Psych 3.00 A 12.00
PPE 4003 Psychology of Personality 3.00 A 12.00
Ehrs: 15.00 GPA-Hrs: 15.00 Qpts: 60.00 GPA: 4.00
President's List
Good Standing
***** CONTINUED ON NEXT COLUMN *****

APR 02 2009

To Whom It May Concern,

While growing up I always wanted to be like my father, he is a guidance counselor in Lee County. I did not really know what that meant at the time, I just knew I wanted to be one. It was not until I was nine and my parents divorced that I found my true calling. While going through family counseling, I went to a psychologist who was rather inadequate when dealing with children. Not only was he no help to my sisters or me but he made us feel even worse about the divorce. I was then referred to another therapist whom I will never forget. She was so kind and understanding; she knew exactly how to interact with children. After my transition between therapists I knew that I did not want another child to have my same experiences with an inadequate therapist. From this experience and the influence of my father I developed a detailed educational and career path in the sixth grade.

I decided that after high school I would attend Florida Gulf Coast University and receive my Bachelor of Arts in psychology. After which I would teach in Lee County while receiving my Master of Arts in Mental Health Counseling. I would then continue to finish my Doctorate in Children's Mental Health Counseling and open a children's therapy practice here in Lee County. Of course my plans have changed in the 10 years since my initial plans. For example, because of the low need for teachers in Lee County I am continuing to work in the Human Resources office at FGCU. I have worked there for five years, first during the summer in high school and then throughout my four years at FGCU. As for the rest of my career path, I plan to follow the path I have set for myself.

I am also the co-founder of a children's theater called the Creative Theater Workshop Inc. We are a non-profit company that teaches children the basic principles of theater

APR 03 2009

Florida Gulf Coast University College of Education Counselor Education Program Recommendation Form

To the Applicant: This form should be given to: (a) a professor, outside the FGCU Counselor Education program, with whom you have studied; or (b) an employee supervisor under whom you have taught or worked. The recommender should be able to comment on your qualifications for graduate study and as a participant in the counseling profession.

1. Are you applying for the school counseling or mental health counseling program? (Check one)
☐ School ☒ Mental Health

Applicant	Recommender
Your Name:	Your Name: Madeline Holzem
Social Security #:	Your Organization and address: FGCU - Human Resource 10501 FGCU Blvd S, Ft Myers
Your address:	Your Title: Assoc. Dir, H.R.
City, State, Zip	Relationship to applicant: employer

You may wish to retain your right to review information provided by the recommender you choose. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the Florida Gulf Coast University Counselor Education Faculty are affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

- ☒ I do waive my right of subsequent access to this recommendation form.
☐ I retain my right of subsequent access to this recommendation form.

SIGNATURE

DATE

PLEASE MAIL DIRECTLY TO:

Graduate Admissions
10501 FGCU BLVD SOUTH
FT. MYERS, FL 33965-6565

RECEIVED
APR 10 2009

Florida Gulf Coast University College of Education Counselor Education Program Recommendation Form

To the Applicant: This form should be given to: (a) a professor, outside the FGCU Counselor Education program, with whom you have studied; or (b) an employee supervisor under whom you have taught or worked. The recommender should be able to comment on your qualifications for graduate study and as a participant in the counseling profession.

1. Are you applying for the school counseling or mental health counseling program? (Check one)
☐ School ☒ Mental Health

Applicant	Recommender
Your Name:	Your Name: Michelle Hamstra
Social Security #:	Your Organization and address: Creative Theater Workshop
Your address:	Your Title: Director
City, State, Zip	Relationship to applicant: Friend / Boss

You may wish to retain your right to review information provided by the recommender you choose. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the Florida Gulf Coast University Counselor Education Faculty are affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

- ☒ I do waive my right of subsequent access to this recommendation form.
☐ I retain my right of subsequent access to this recommendation form.

SIGNATURE

DATE

PLEASE MAIL DIRECTLY TO:

Graduate Admissions
10501 FGCU BLVD SOUTH
FT. MYERS, FL 33965-6565

Date: _____

1. How long and under what circumstances have you known the applicant? 4 years

2. Please rate the applicant with others with whom you have worked in a similar capacity by placing a check (✓) in the appropriate box.

Qualities	Lower Third	Middle Third	Upper Third	Top 10%	Not Able to Judge
Ability to collaborate with others				✓	
Creativity				✓	
Emotional maturity and stability				✓	
Ethics/Personal integrity				✓	
Flexibility				✓	
Friendliness				✓	
Initiative and self-direction				✓	
Intellectual ability/critical thinking				✓	
Interpersonal skills				✓	
Leadership				✓	
Observed competence				✓	
Potential as counselor				✓	
Psychological health				✓	
Quality of work				✓	
Response to feedback				✓	
Tolerance for ambiguity				✓	
Writing ability				✓	

3. On separate letterhead, please attach a letter which includes a description of the applicant's particularly relevant strengths, limitations, and other pertinent information that might help us in making our decision.
4. At what level of overall confidence would you recommend the applicant:

☐ Recommend with reservations
(please specify below)

☒ Strongly recommend

Michelle Hamstra

Date _____

Name (PRINT) Michael Hawstra

Creative Theater Workshop of Jharkhand

Email address



April 1, 2009

To Whom It May Concern,

This letter is in support of Ms. Rachel as she applies for graduate school at Florida Gulf Coast University. I have known Rachel for four years in my capacity as Director of the Creative Theater Workshop in Fort Myers. The Workshop is a non-profit entity and Rachel has volunteered hundreds of hours as my Assistant Director for a total of eight different shows in order to make our Theater the success it has become. Rachel has contributed as a

set builder along with her other duties as Assistant Director. Her interactions with our students have been stellar and she has conducted herself professionally throughout this time period. She is the most organized and dedicated person that I have even had the pleasure of working with. Once she sets her mind to something, she will stop at nothing until she has reached her goals. It is quite obvious that children are her passion and I know that allowing her to take part in the Mental Health Counseling program will benefit our community.

I believe Rachel would be an excellent graduate student and am able to attest to her high level of personal integrity and outstanding work ethic. Please contact me if you need further information.

Sincerely,

Michelle Hamstra
Director
Creative Theater Workshop

Florida Gulf Coast University College of Education Counselor Education Program Recommendation Form

To the Applicant: This form should be given to: (a) a professor, outside the FGCU Counselor Education program, with whom you have studied; **or** (b) an employee supervisor under whom you have taught or worked. The recommender should be able to comment on your qualifications for graduate study and as a participant in the counseling profession.

1. Are you applying for the school counseling or mental health counseling program? (Check one)
☐ School ☒ Mental Health

Applicant	Recommender
Your Name: _____	Your Name: Elizabeth R.R. Hill, FGCU HR
Social Security #: _____	Your Organization and address: 10501 FGCU Blvd S. Fort Myers, FL 33965
Your address: _____	Your Title: Coordinator, HR Records Administration
City, State, Zip _____	Relationship to applicant: Supervisor

You may wish to retain your right to review information provided by the recommender you choose. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the Florida Gulf Coast University Counselor Education Faculty are affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

- ☒ I **do** waive my right of subsequent access to this recommendation form.
☐ I **retain** my right of subsequent access to this recommendation form.

SIGNATURE

DATE

PLEASE MAIL DIRECTLY TO:

Graduate Admissions
10501 FGCU BLVD SOUTH
FT. MYERS, FL 33965-6565

RECEIVED
APR 07 2009

Applicant Name _____

Date: 4/3/09

To the Recommender: The above named individual has applied for admission to our Masters degree program in either mental health counseling or school counseling. We are asking you to provide information and evaluation concerning this applicant's ability to successfully complete graduate study in counseling and/or their potential for success in the counseling profession.

- How long and under what circumstances have you known the applicant? Has worked for FGCU - 3-4 years
- Please rate the applicant with others with whom you have worked in a similar capacity by placing a check (✓) in the appropriate box.

Qualities	Lower Third	Middle Third	Upper Third	Top 10%	Not Able to Judge
Ability to collaborate with others				✓	
Creativity				✓	
Emotional maturity and stability			✓		
Ethics/Personal integrity				✓	
Flexibility			✓		
Friendliness			✓	✓	
Initiative and self-direction			✓		
Intellectual ability/critical thinking			✓		
Interpersonal skills			✓		
Leadership				✓	
Observed competence			✓		
Potential as counselor				✓	
Psychological health				✓	
Quality of work			✓		
Response to feedback				✓	
Tolerance for ambiguity			✓		
Writing ability		✓			

- On separate letterhead, please attach a letter which includes a description of the applicant's particularly relevant strengths, limitations, and other pertinent information that might help us in making our decision.
- At what level of overall confidence would you recommend the applicant:

☐ Not recommend

☐ Recommend with reservations
(please specify below)

☐ Recommend

☒ Strongly recommend

Recommender Signatures and Information

Elizabeth R.R. Hill

4/6/09

Name (PRINT)

Date

Elizabeth R.R. Hill

bhill@fgcu.edu

Signature of recommender

Email address

The Florida Gulf Coast University does not discriminate on the basis of age, race, color, national or ethnic origin, religious preference, handicap or sex in any aspects of its operations.

April 6, 2009

Michael Savarese
Director, Graduate Admissions
Florida Gulf Coast University
10501 FGCU Blvd South
Fort Myers, FL 33965-6565

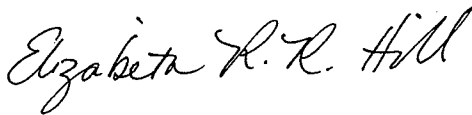
Dear Dr. Savarese:

It is with great pleasure that I recommend _____ for the Counselor Education Program. I have known her for four years. _____ is an exceptionally creative person. She was largely responsible for developing the theme for the Florida Gulf Coast University Benefits Fair for the past number of years. This event and her additional duties as a Student Assistant in Human Resources have required her to take responsibility for a multitude of tasks. She is adept at juggling many projects at once. This will undoubtedly translate to the rigorous demands of graduate school.

_____s duties in Human Resources require an extroverted personality who works well with others. She personifies these traits through an enthusiasm tempered with a professional attitude.

_____ will make significant contributions to the Counselor Education Program. She is eager, focused and ready for the challenge.

Sincerely,



Elizabeth R.R. Hill
Coordinator, HR Records Administration



Florida Gulf Coast University

WEEKLY AND CUMULATIVE LOG PORTIONS OF AN HOUR PER ACTIVITY OF INTERNSHIP CANDIDATE

Week Ending: 12/05/10

Name of Counselor: Name

Activity	MO	TU	WE	TH	FR	SA	SU	Total Week	Total to Date
1. Intake Interviewing/Assessment								0	11.5
2. Individual Counseling		2						2	24
3. Group Counseling								0	0
4. Consultation: Professionals								0	0
5. Consultation: Family								0	0
6. Test administration								0	6.5
7. Other:								0	0
Total Direct Contact	0	2	0	0	0	0	0	2	42
8. Writing interview summaries								0	0
9. Supervisory								0	3.75
10. Attending practicum /intern class		1.25						1.25	9.25
11. Listening to own tapes								0	0
12. Listening to tapes of others								0	0
13. Record Keeping		2						2	35.5
14. Consulting records								0	0
15. Locating clients		0.5						0.5	0.5
16. Orientation to site								0	0.5
17. Other activities (debriefing)		0.5						0.5	11.5
Total Indirect Contact	0	4.25	0	0	0	0	0	4.25	61
TOTALS	0	6.25	0	0	0	0	0	6.25	103

Supervisor: _____

Ent 12/12/10
BW

INTERNSHIP CANDIDATE INFORMATION

Date:	
Candidate I.D.:	
Home Phone:	
Work Phone:	
E-mail Address:	
Cell Number:	
Home Address:	
Fax:	
Emergency Contact:	
1st Site	
Location Name	PACE
Name of Supervisor	Alice Brunner
Phone #	
Address:	Patricia Delany 425-2366 x36
Credentials:	
Years of Experience:	
Schedule	
Directions	Children's head teacher →
2nd Site	
Location Name	
Name of Supervisor	
Phone #	
Address:	
Credentials:	
Years of Experience:	
Schedule	
Directions	

6pm - 9pm

1pm - 2pm - (Lunch break) (not preferred)



AMERICAN COUNSELING
ASSOCIATION

ACA Student Policy Evidence of Insurance

ACA Member ID#: -----

ACA Member Expiration Date: 05/31/2011

Member Name/Address:

**This policy is available to eligible registered Student Members of the
American Counseling Association (ACA).**

Coverage: Professional Liability, Occurrence Form
Master Policy Number: 411854745
Limits of Liability: \$1,000,000 each claim / \$3,000,000 aggregate - Each Student
\$6,000,000 Policy Aggregate

Student Member Eligibility

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master's degree counseling curriculum at a post secondary institution. Coverage is available to ACA student members solely while performing counseling services related to such curriculum.

ACA student members are not eligible for coverage when enrolled in a bachelor degree program, doctoral degree program or other post master's program. Coverage terminates when the ACA student member graduates from the master's degree program, or their ACA membership is terminated, expires, or the master policy is non-renewed or cancelled.

Important Information

If this Certificate has been issued to an ineligible ACA student member, there is no coverage afforded under the ACA Student policy.

Terms and conditions of coverage are specified in the master policy held by ACA. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions. Please contact HPSO

An ACA membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requiring ACA students to carry professional liability insurance. Please call ACA Member Services with any questions or for a duplicate certificate of insurance toll free at 1-800-347-6647, ext. 222 or 703-823-9800, ext. 222, (M-F 8a.m. - 7p.m. ET).

In case an incident or suit is brought against you, please contact HPSO at 1-866-269-4793.

For additional answers to questions regarding the student liability insurance program, please log onto counseling.org/students.

Consent for Counseling: Children/Adolescents (Mental Health Counselors)

Dear Magbire Jean:

I am currently completing my master's degree in community mental health counseling at the Florida Gulf Coast University. To improve my knowledge and skills, I am required to complete a practicum and internship. These experiences are under the direct supervision of a trained counselor at the agency and of a faculty supervisor at the University.

One of the requirements for these field experiences is that I record my counseling sessions so that my supervisors and/or student colleagues can listen to me counsel and give me appropriate feedback. All parties are bound by confidentiality rules and will not discuss what they hear outside of class. I would appreciate your cooperation in allowing me to work with your child

_____ (Child's first name)

It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your name will not be recorded or written in any documentation. Once supervision is completed, the recording will be erased. Here are several other things that I would like for you to know:

- No physical or psychological risk is anticipated.
- Although my counseling activities are designed to enhance the outcome of your child's progress, there are no penalties for denying permission. Your child's participation or non-participation will in no way affect his/her ability to access other services. It will be explained to your child before participating that he/she may elect to withdraw from participating at any time.
- The internship is designed to be a comprehensive educational experience, which closely simulates the job of mental health counselor. The results of my work will be shared only with my site supervisor, my professor, and the classmates in my supervision course. Feedback that is provided to other professionals may be limited by counseling ethics and Florida law.
- To get the best experience possible, it is sometimes necessary to audio and/or video record my work to present to my professor for feedback and supervision. It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your child's last name will not be recorded or written in any documentation. All recordings are secured and destroyed at the end of the semester if not sooner.

You may
call my professor, Dr. Sabella at 590-7782 or email at
rsabella@fgcu.edu at any time.

Thank you very much for your help!

I have read and I understand the above. I agree to allow my child,
_____ to (check ALL the appropriate boxes):

- ☐ participate in the above described counseling activities ONLY without taping it; OR
☒ participate in the above described counseling activities AND record the meetings;

Please sign below if this is agreeable to you. If you have any questions or concerns, call me at the number provided.

Thank you for your cooperation.

Intern Student's Name (print)

Contact number

Intern's Signature

Site Supervisor Name (print)

Contact number

Site Supervisor Signature

Parent Name and address (print)

Contact number

Parent's signature

Date: 10.14.10

Consent for Counseling: Children/Adolescents (Mental Health Counselors)

Dear Ms. McCartney:

I am currently completing my master's degree in community mental health counseling at the Florida Gulf Coast University. To improve my knowledge and skills, I am required to complete a practicum and internship. These experiences are under the direct supervision of a trained counselor at the agency and of a faculty supervisor at the University.

One of the requirements for these field experiences is that I record my counseling sessions so that my supervisors and/or student colleagues can listen to me counsel and give me appropriate feedback. All parties are bound by confidentiality rules and will not discuss what they hear outside of class. I would appreciate your cooperation in allowing me to work with your child

____ (Child's first name)

It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your name will not be recorded or written in any documentation. Once supervision is completed, the recording will be erased. Here are several other things that I would like for you to know:

- No physical or psychological risk is anticipated.
- Although my counseling activities are designed to enhance the outcome of your child's progress, there are no penalties for denying permission. Your child's participation or non-participation will in no way affect his/her ability to access other services. It will be explained to your child before participating that he/she may elect to withdraw from participating at any time.
- The internship is designed to be a comprehensive educational experience, which closely simulates the job of mental health counselor. The results of my work will be shared only with my site supervisor, my professor, and the classmates in my supervision course. Feedback that is provided to other professionals may be limited by counseling ethics and Florida law.
- To get the best experience possible, it is sometimes necessary to audio and/or video record my work to present to my professor for feedback and supervision. It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your child's last name will not be recorded or written in any documentation. All recordings are secured and destroyed at the end of the semester if not sooner.

You may
call my professor, Dr. Sabella at 590-7782 or email at
rsabella@fgcu.edu at any time.

Thank you very much for your help!

I have read and I understand the above. I agree to allow my child,
_____ to (check ALL the appropriate boxes):

- ☐ participate in the above described counseling activities ONLY without taping it; OR
☒ participate in the above described counseling activities AND audio _____ record the meetings;

Please sign below if this is agreeable to you. If you have any questions or concerns, call me at the number provided.

Thank you for your cooperation.

Intern Student's Name (print) _____

Contact number _____

Intern's Signature _____

Site Supervisor Name (print) _____

Contact number _____

Site Supervisor Signature _____

Parent Name and address (print) _____

Contact number _____

Parent's signature _____

Date: _____

7/24/10

Goals Statements

Each candidate must develop goals for their own personal development for the internship Experience. These goals should be designed to move you toward your entry as a beginning professional counselor by the end of the semester. Several specific areas need to be addressed:

Knowledge Base: What specific goals do you want to set concerning a change in your personal knowledge base during the internship semester?

I want to be able to learn more about at risk girls and their mental health. These girls have gone through so many hard times in their life and I want to know how they have been able to cope with such issues. I want to use that knowledge to help develop and expand their coping skills during my time with them. The first step is to learn more about PACE and their specific values.

Skill Sets: Skill Sets: What counseling skills do you want to develop or further develop during the internship semester?

I want to combine my love of theater within my counseling sessions at PACE. Theater is a great way to develop self confidence and express emotion in a safe place. I believe the girls will benefit from using theater elements within their program. If I can utilize theater here, I would be able to incorporate it all different types of counseling.

Attitudes: What attitudinal changes do you think would be most beneficial for you to work toward during the internship semester?

I hope to develop more confidence while working with these girls. I feel as though I can feel intimidated working with more experienced professionals in the field, which may show though in my sessions. If I can feel more confident, my sessions will be more helpful to the girls.

Supports

As you consider the coming semester and your professional/personal needs, there are a variety of supports to turn to. A primary support is your site supervisor. What specific things do you want from your site supervisor that will aid you in reaching the goals detailed above?

I hope to receive constructive criticism that will help shape me into a more effective counselor. I want someone who doesn't simply point out the mistakes but shows ways to correct those mistakes. I do not need someone to counsel me, but rather someone who is there for educational support.

A second support will come from the University. What specific things do you want from the University, the faculty, or the internship Class to help you meet your goals as detailed above?

The one thing that I will always need is knowledge. New research is being used to discover new things about counseling. I hope that the University will hold more conferences for students like the Reality Therapy conference. Such speakers and information is critical to my success.

INTERNSHIP SITE VISITATION FORM
FLORIDA GULF COAST UNIVERSITY
COUNSELOR EDUCATION

DATE: _____ CANDIDATE'S NAME: _____

SEMESTER: Fall 2010

LOCATION: PACE

COMMENTS OF SITE SUPERVISOR:

"Learned a variety of roles during her time at Pace. She assisted intake + transition and the counseling staff as well as her individual therapy sessions. She is positive, creative, calm, flexible, respectful and a quick learner."
Maria Delacy PACE Social Services Manager

COMMENTS OF UNIVERSITY SUPERVISOR:

COMMENTS OF INTERNSHIP CANDIDATE

I have learned so much from PACE
and love working with the girls & staff

Maria Delacy

SIGNATURE OF SITE SUPERVISOR

SIGNATURE OF UNIVERSITY SUPERVISOR

PACE
Social Services Manager

43

SITE SUPERVISOR'S EVALUATION OF MENTAL HEALTH COUNSELOR AT THE END OF THE SEMESTER*

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at the end of the semester.

Name of graduate student counselor _____

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester.

General Supervision Comments	Poor	Adequate	Good
1. Demonstrates a personal commitment in developing professional competencies	1 2	3 4	5 <u>6</u>
2. Invests time and energy in becoming a counselor	1 2	3 4	5 <u>6</u>
3. Accepts and uses constructive criticism to enhance self-development and counseling skills	1 2	3 4	5 <u>6</u>
4. Engages in open, comfortable, and clear communication with peers and supervisors	1 2	3 4	5 <u>6</u>
5. Recognizes own competencies and skills and shares these with peers and supervisors	1 2	3 4	5 <u>6</u>
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1 2	3 4	5 <u>6</u>
7. Completes case reports and records punctually and conscientiously	1 2	3 4	5 <u>6</u>
The Counseling Process			
8. Researches the referral prior to the first interview	1 2	3 4	5 <u>6</u>
9. Keeps appointments on time <i>flexible</i>	1 2	3 4	5 <u>6</u>
10. Begins the interview smoothly	1 2	3 4	5 <u>6</u>
11. Explains the nature and objectives of counseling when appropriate	1 2	3 4	5 <u>6</u>
12. Is relaxed and comfortable in the interview <i>develops rapport</i>	1 2	3 4	5 <u>6</u>
13. Communicates interest in and <u>acceptance</u> of the client	1 2	3 4	5 <u>6</u>
14. Facilitates client expression of concerns and feelings	1 2	3 4	5 <u>6</u>
15. Focuses on the content of the client's problem	1 2	3 4	5 <u>6</u>
16. Recognizes and resists manipulation by the client	1 2	3 4	5 <u>6</u>
17. Recognizes and deals with positive affect of the client	1 2	3 4	5 <u>6</u>
18. Recognizes and deals with negative affect of the client	1 2	3 4	5 <u>6</u>
19. Is <u>spontaneous</u> in the interview	1 2	3 4	5 <u>6</u>
20. Uses silence effectively in the interview	1 2	3 4	5 <u>6</u>
21. Is aware of own feelings in the counseling session	1 2	3 4	5 <u>6</u>
22. Communicates own feelings to the client when appropriate	1 2	3 4	5 6
23. Recognizes and skillfully interprets the client's covert messages	1 2	3 4	5 <u>6</u>
24. Facilitates realistic <u>goal setting</u> with the client	1 2	3 4	5 <u>6</u>
25. Encourages appropriate action-step planning with the client	1 2	3 4	5 <u>6</u>
26. Employs judgment in the timing and use of different techniques	1 2	3 4	5 <u>6</u>
27. Initiates periodic evaluation of goals, action-steps, and process during counseling	1 2	3 4	5 <u>6</u>
28. Explains, administers, and interprets tests correctly <i>MBV</i>	1 2	3 4	5 <u>6</u>

GRADUATE COUNSELING INTERNSHIP CANDIDATE & SITE SUPERVISOR'S MANUAL

29. Terminates the interview smoothly 1 2 3 4 5 6

The Conceptualization Process

30. Focuses on specific behaviors and their consequences, implications, and contingencies 1 2 3 4 5 6

31. Recognizes and pursues discrepancies and meaning of inconsistent information 1 2 3 4 5 6

32. Uses relevant case data in planning both immediate and long-range goals 1 2 3 4 5 6

33. Uses relevant case data in considering various strategies and their implications 1 2 3 4 5 6

34. Bases decisions on a theoretically sound and consistent rationale of human behavior 1 2 3 4 5 6

35. Is perceptive in evaluating the effects of own counseling techniques 1 2 3 4 5 6

36. Demonstrates ethical behavior in the counseling activity and case management 1 2 3 4 5 6

Additional comments and/or suggestions,

develops a positive rapport easily with girls, points out their strengths, helps them set goals while exhibiting unconditional positive regard. is creative, flexible with changing demands and multi tasks easily.

Date 2/6/10 Signature of Supervisor

or peer

PACE Social Services Manager

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date _____ Signature of student counselor _____

STUDENT COUNSELOR EVALUATION OF SUPERVISOR*

Suggested Use: The practicum or internship supervisor can obtain feedback on the supervision by asking the student counselor to complete this form. The evaluation could be done at midterm and/or final. The purposes are twofold: (1) to provide feedback for improving supervision and (2) to encourage communication between the supervisor and the student counselor.

Directions: The student counselor is to evaluate the supervision received. Complete this form for the university supervisor and one for the site supervisor. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

Name of practicum/Internship supervisor: Patricia De Lacy

Period covered: from August to November

	Poor	Adequate	Good
1. Gives time and energy in observations, recording processing, and case conferences.	1 2	3 4	5 <u>6</u>
2. Accepts and respects me as a person.	1 2	3 4	5 <u>6</u>
3. Recognizes and encourages further development of my strengths and capabilities.	1 2	3 4	5 <u>6</u>
4. Gives me useful feedback when I do something well.	1 2	3 4	5 <u>6</u>
5. Provides me the freedom to develop flexible and effective counseling styles.	1 2	3 4	5 <u>6</u>
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1 2	3 4	5 <u>6</u>
7. Provides suggestions for developing my counseling skills.	1 2	3 4	5 <u>6</u>
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1 2	3 4	5 <u>6</u>
9. Encourages me to use new and different techniques when appropriate.	1 2	3 4	5 <u>6</u>
10. Is spontaneous and flexible in the supervisory sessions.	1 2	3 4	5 <u>6</u>
11. Helps me define and achieve specific concrete goals for myself during the practicum experience.	1 2	3 4	5 <u>6</u>
12. Gives me useful feedback when I do something wrong.	1 2	3 4	5 <u>6</u>
13. Allows me to discuss problems I encounter in my practicum setting.	1 2	3 4	5 <u>6</u>
14. Pays appropriate amount of attention to both me and my clients.	1 2	3 4	5 <u>6</u>
15. Focuses on both verbal and nonverbal behavior in me and in my clients.	1 2	3 4	5 <u>6</u>
16. Helps me define and maintain ethical behavior in counseling and case management.	1 2	3 4	5 <u>6</u>

SITE EVALUATION FORM

Directions: Student completes this form at the end of the practicum and/or internship. This should be turned in to the university supervisor or internship coordinator as indicated by the university program

Name _____ Site PACE
Dates of placement _____ Site supervisor Patricia Delacy
Faculty liaison _____

Rate the following questions about your site and experiences with the following scale:

A. Very satisfactory B. Moderately satisfactory C. Moderately unsatisfactory D. Very unsatisfactory

1. A Amount of on-site supervision
2. A Quality and usefulness of on-site supervision
3. A Usefulness and helpfulness of faculty liaison
4. A Relevance of experience to career goals
5. A Exposure to and communication of school/agency goals
6. A Exposure to and communication of school/agency procedures
7. A Exposure to professional roles and functions within the school/agency
8. A Exposure to information about community resources
9. _____ Rate all applicable experiences that you had at your site:
 - _____ Report writing
 - A Intake interviewing
 - A Administration and interpretation of tests
 - A Staff presentation/case conferences
 - A Individual counseling
 - _____ Group counseling
 - _____ Family/couple counseling
 - _____ Psychoeducational activities
 - A Consultation
 - A Career counseling
 - _____ Other _____
10. A Overall evaluation of the site

Comments: Include any suggestions for improvements in the experiences you have rated moderately (C) or very unsatisfactory (D).

✓

**Supervisor Contract Form
Faculty Student Agreement
Internship I Fall 2010**

Introduction:

I am pleased to serve as your clinical Supervisor as you begin the internship course preparing you for your chosen career. The purpose of this document is to clarify our unique teacher/student relationship.

Faculty Experience

I have been in full time solo private practice since 1989, and am the President and Founder of the Center for Mind Body Therapy. Before this full time practice, while employed in a faculty position at the University of South Florida, I maintained a part time practice since the mid 1970's.

My background is in Nursing, with a degree in Psychiatric Mental Health Nursing Degree from New York University, followed by a Masters degree and doctoral degree in Education. I am licensed as a Advanced Registered Nurse Practitioner. Thus I have a extensive preparation background from state hospital and treatment centers and private practice to draw from to assist you in your role development. I have had extensive post graduate education as a Bowen's Family Systems Therapist, developing and utilizing a multigenerational genogram on every client for over 30 years! I have also expanded my approach beyond the traditional role into holistic mind body techniques, becoming certified in many strategies since the mid 1990's. Primarily I utilize the BodyTalk system as the main energy medicine based integrative approach to truly a mind body approach to deal with complex emotional issues.

Supervision:

This experience is designed to assist you in developing, exploring and refining your personal unique style and the validity of counseling style available to you. Be open to explore difference approaches in your career, as client situation vary and your comfort and flexibility will promote more positive outcomes and minimal stress on you. It is my responsibility to monitor your clinical practice, thus depend on your direct honesty during classroom, clinical, telephone and audio contact to address potentially challenging issues early in their development. I am clear that this clinical approach is not your personal therapy experience, and we need to set appropriate boundaries so that our role is clear and not compromised. However, if you have strong emotional responses-which are not uncommon- I will maintain a supportive and clarifying approach, and recommend personal counseling if you are not already engaged in this healing process. My belief is that the more you understand and continue to work through your own personal issues, then the more effective your counseling role is, plus with greater ease and less stress on you. Unfortunately, counselor/therapists can "burn out" easily, if they have not worked out their own "Hot Spots" and have not lead a balanced life.

The demands of graduate education, now with the additional time demand of the internship are challenging indeed. Your coping skills of balancing school, personal life, family life, and your work life are challenging indeed- so please be clear about setting

appropriate boundaries for self care. If you don't take care of yourself, then you can't take care of other responsibilities. It's ironic that this syndrome is often experienced in the clients we assist. Start at home!

During this internship I will be utilizing different roles in my interaction with you, including: teacher/counselor, consultant, coach and evaluator.

You can expect feedback from me verbally in person, during class, site supervision, telephone contact and to your audio recordings. So please utilize these opportunities individually and with in group (peer) supervision to fully acknowledge your strengths and have the courage to explore your challenges. My feedback is intended to promote your professional growth—not always an easy process. Many of the students are clinical beginners—some of you with experience without educational and/or licensure credentials. All students can learn from and support each other through this exciting phase of your education.

Clinical supervision is challenging indeed and has both benefits and risks. This process is a personal and professional growth opportunity, developing your skills, clarifying your insights and developing your confidence. The process can promote anxiety, confusion, frustration, self doubt, and discomfort. Similar responses that our clients may have. The process is enormously satisfying, as well, as it is an honor to assist another individual through challenging times.

Evaluation:

Evaluation is an ongoing process of your skills and experiences, not a criticism of your personality. Evaluation is both, subjective and objective and will occur individually, in supervision groups, during site visits, on line in response to audio presentations and telephone contact and during final evaluation process.

Please discuss your concerns with me initially, and to the Associate Dean if necessary. I will follow the same strategy seeking consensual validation if issues occur. Here's to a wonderful semester.

Statement of Agreement:

By signing, you indicate that you have read and understood this document, and agree to participate in Supervision according to these guidelines.

Supervisor Print _____, Date _____

Sign _____ Date _____

Supervisor Print _____ Date _____

Sign _____ Date _____

**FGCU – College of Education
Code of Ethics**

**I have read the FGCU College of Education Code of Ethics. I understand it
and agree to abide by the policies stated therein.**

Student Name: (Please Print) _____

Signature: _____

Date: _____

MHS 6888 Clinical Internship I Fall 2016.

Internship Paper/Audit

Please download (COE website) and utilize forms obtained from Graduate Internship-Candidate site Supervisor Manual, CaE, 10/31/08. Please have 3 copies (Personal, Site Supervisor, Faculty Supervisor) for your program file and be responsible for completion. Please review valuable information that will facilitate this exciting component of your graduate counseling education, as you begin your clinical experience.

Forms

- (A) Internship Candidate Information ✓ (p 25)
- (B) Submission of Liability Insurance ✓
- (C) Student Internship Agreement ✓ (p 26)
- (D) Consent for Counseling: ✓
Children/Adolescent (p 29,30)
- N/A ~~(E) Consent for Counseling: Adult~~ (p 31,32)
- (F) Goals Statement ✓ (p 33,34,35)
- (G) Weekly Schedule ✓
- (H) Internship Supervision Log ✓ (p 37)
- (I) Internship Site Visitation Form (First visit) (p 38)
- (J) Site Supervisor's Mid Semester Evaluation (p 39)
- (K) Site supervisor's Evaluation of Mental Health (p 41)
Counselor at end of Semester.
- (L) Student Counselor Evaluation of Supervisor ✓ (p 42,43)
- (M) Site Evaluation Form ✓ (p 44)
- N. Client Audio Taping Guidelines
- O. Internship Contact Hours Log (Excel Spreadsheet)
<http://coe.fgcu/counseling/internship/internship-house-log-x15> Form I
- (P) Faculty Student Agreement ✓
- (Q) College of Education Code of Ethics ✓

INTERNSHIP SITE VISITATION FORM

FLORIDA GULF COAST UNIVERSITY
COUNSELOR EDUCATION

DATE: 12-11 CANDIDATE'S NAME: _____
SEMESTER: Fall 2011
LOCATION: Pace

COMMENTS OF SITE SUPERVISOR:

- is a team player - open communication
- good to work w/ support & great clinical skills - good rapport.
- interact w/ a lot of other agencies -
- has good judgement and reasoning skills
- building autonomy.
- goals for next semester is to continue to develop counseling skills.

COMMENTS OF UNIVERSITY SUPERVISOR:

- would like to see role play
- guest speakers
- student doing well at current placement

COMMENTS OF INTERNSHIP CANDIDATE

likes the diversity of clients - day to day family stories - good support & supervision
wants to work on tone of voice

Joelle Robles Bate Counselor
SIGNATURE OF SITE SUPERVISOR SIGNATURE OF UNIVERSITY SUPERVISOR

Goals Statements

Each candidate must develop goals for their own personal development for the internship Experience. These goals should be designed to move you toward your entry as a beginning professional counselor by the end of the semester. Several specific areas need to be addressed:

Knowledge Base: What specific goals do you want to set concerning a change in your personal knowledge base during the internship semester?

- 1) I would like to develop CBT & EBT theory, ^{while} ~~and~~ feeling confident and comfortable w/ these theories.
- 2) I will look forward to working w/ issues that are not necessarily trauma/grief related -

new areas of counseling:

Kids / Teenagers - School related issues

Kids / Teenagers - Obesity w/ Teenagers.

Support Groups -

Skill Sets: What counseling skills do you want to develop or further develop during the internship semester?

- 1) I would like to develop CBT as ~~an~~ my theory of choice w/ my clients during this internship

Attitudes: What attitudinal changes do you think would be most beneficial for you to work toward during the internship semester?

- 1) to accept and ~~differentiate~~^{so} be able to understand the difference between advocacy & counseling.
To be able to

Supports

As you consider the coming semester and your professional/personal needs, there are a variety of supports to turn to. A primary support is your site supervisor. What specific things do you want from your site supervisor that will aid you in reaching the goals detailed above?

- 1) to be able to learn & grow from ~~his~~ my supervisor's experience (4 yrs). My site supervisor is very open to theory - as long as it's legitimate, and w/ his experience & guidance I would like to be able to hone in on CBT / EBT.
- 2) During times of health stress I may encounter, be able to speak and discuss what I need for self care.

A second support will come from the University. What specific things do you want from the University, the faculty, or the internship Class to help you meet your goals as detailed above?

1) Since I am facing a Chronic Illness w/ many challenges, I will need to address concerns/issues that may arise ASAP, and not let them go unattended, so that I will be able to give the best service to my clients.

Finally, as you consider the goals above, the support provided by the University and your site supervisor, there will be additional things that you will need to provide for yourself or seek out in other formats. What are some of the additional things that you must provide for yourself?

If needed - A) Self Care
B) Time off for rest for my illness
C) Peer Support & Consultation
D) Open Communication w/ Supervisor
E) Being connected w/ referral resources.

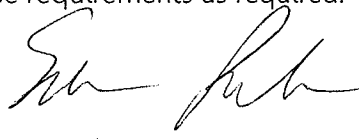
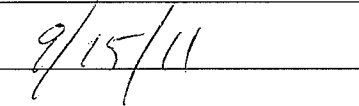
STUDENT INTERNSHIP AGREEMENT

Directions: Student is to complete this form in duplicate and submit a copy of this agreement to the university practicum supervisor or internship coordinator.

1. I hereby attest that I have read and understood the ACA, ASCA, and/or AMHCA ethical standards and will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum/internship and a failing grade, and documentation of such behavior will become part of my permanent record.
2. I agree to adhere to the administrative policies, rules, standards, and practices of the practicum/internship site.
3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.
4. I understand that I will not be issued a passing grade in practicum/internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required.

Signature _____

Date _____

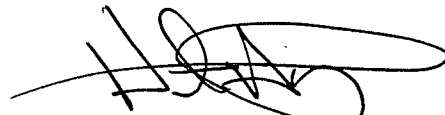
Florida Gulf Coast University

WEEKLY AND CUMULATIVE LOG PORTIONS OF AN HOUR PER ACTIVITY OF PRACTICUM CANDIDATE

Week Ending: 12/18/11

Name of Counselor: _____

Activity	MO	TU	WE	TH	FR	SA	SU	Total Week	Total to Date
1. Intake Interviewing/Assessment								0	8
2. Individual Counseling			0					0	92
3. Group Counseling								0	7.5
4. Consultation: Professionals								0	0
5. Consultation: Family								0	18
6. Test administration								0	0
7. Other:								0	0
Total Direct Contact	0	0	0	0	0	0	0	0	125.5
8. Writing interview summaries								0	28
9. Supervisory								0	16
10. Attending practicum /intern class								0	30
11. Listening to own tapes								0	20
12. Listening to tapes of others								0	2
13. Record Keeping								0	40
14. Consulting records								0	11
15. Locating clients								0	34
16. Orientation to site								0	2
17. Other activities (list)								0	0
Total Indirect Contact	0	0	0	0	0	0	0	0	183
TOTALS	0	0	0	0	0	0	0	0	308.5


 Superviso Dr. Emery Emery

INTERNSHIP SUPERVISION LOG

Candidate Sharon Lunn Faculty Supervisor: Batia GoldSite Supervisor: Dr. EmerySite Name: Bridges Semester/year Fall 2011

	Date	Supervisors Signature	Candidate Signature
3-4	8/22/11	[Signature]	[Signature]
5:30-7:00	9/14/11	[Signature]	[Signature]
4:30-5:00	9/19/11	[Signature]	[Signature]
9-10	9/24/11	[Signature]	[Signature]
9-10	10/8/11	[Signature]	[Signature]
4:15-5:00	10/12/11	[Signature]	[Signature]
9:15-10	10/22/11	[Signature]	[Signature]
9-10	10/29/11	[Signature]	[Signature]
9:15-10	11/5/11	[Signature]	[Signature]
4:30-5:00	11/10/11	[Signature]	[Signature]
4:30-5:00	11/16/11	[Signature]	[Signature]
9-10	11/19/11	[Signature]	[Signature]
4:30-5:00	11/30/11	[Signature]	[Signature]
9-10	12/3/11	[Signature]	[Signature]
4:30-5:30	12/7/11	[Signature]	[Signature]
9-10	12/10/11	[Signature]	[Signature]
6-7:30	12/6/11	[Signature]	[Signature]
4:45-5:30	12/12/11	Batia/Dr. Emery	[Signature]

SITE SUPERVISOR'S EVALUATION OF MENTAL HEALTH COUNSELOR AT THE END OF THE SEMESTER*

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at the end of the semester.

Name of graduate student counselor S. L. ...

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester.

General Supervision Comments	Poor	Adequate	Good
1. Demonstrates a personal commitment in developing professional competencies	1 2	3 4	5 6
2. Invests time and energy in becoming a counselor	1 2	3 4	5 6
3. Accepts and uses constructive criticism to enhance self-development and counseling skills	1 2	3 4	5 6
4. Engages in open, comfortable, and clear communication with peers and supervisors	1 2	3 4	5 6
5. Recognizes own competencies and skills and shares these with peers and supervisors	1 2	3 4	5 6
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1 2	3 4	5 6
7. Completes case reports and records punctually and conscientiously	1 2	3 4	5 6
The Counseling Process			
8. Researches the referral prior to the first interview	1 2	3 4	5 6
9. Keeps appointments on time	1 2	3 4	5 6
10. Begins the interview smoothly	1 2	3 4	5 6
11. Explains the nature and objectives of counseling when appropriate	1 2	3 4	5 6
12. Is relaxed and comfortable in the interview	1 2	3 4	5 6
13. Communicates interest in and acceptance of the client	1 2	3 4	5 6
14. Facilitates client expression of concerns and feelings	1 2	3 4	5 6
15. Focuses on the content of the client's problem	1 2	3 4	5 6
16. Recognizes and resists manipulation by the client	1 2	3 4	5 6
17. Recognizes and deals with positive affect of the client	1 2	3 4	5 6
18. Recognizes and deals with negative affect of the client	1 2	3 4	5 6
19. Is spontaneous in the interview	1 2	3 4	5 6
20. Uses silence effectively in the interview	1 2	3 4	5 6
21. Is aware of own feelings in the counseling session	1 2	3 4	5 6
22. Communicates own feelings to the client when appropriate	1 2	3 4	5 6
23. Recognizes and skillfully interprets the client's covert messages	1 2	3 4	5 6
24. Facilitates realistic goal setting with the client	1 2	3 4	5 6
25. Encourages appropriate action-step planning with the client	1 2	3 4	5 6
26. Employs judgment in the timing and use of different techniques	1 2	3 4	5 6
27. Initiates periodic evaluation of goals, action-steps, and process during counseling	1 2	3 4	5 6
28. Explains, administers, and interprets tests correctly	1 2	3 4	5 6

~~11/20~~
~~11/21~~
Sun

	11/20	11/21	11/22	11/23	11/24	11/25	11/26
	11/20	11/21	11/22	11/23	11/24	11/25	11/26
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
6-7	Crisis hot-line calls/record keeping						
7-8							
8-9							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6	bridge sub Inl RK.			Intern class			
6-7							
7-8							
8-9							
9-10							

~~3-4~~
record
keeper
consult/
locate
ind
ref.
List
Type

10-2

~~11/20~~

Allen [Signature]

11/13
Sun

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9	Crisis 1st + Line calls/record keeping					Supervisor Ind/Rec 10-2
6-7						
9-10						
7-8						
10-11						List Type
8-9						
11-12						
12-1						
1-2						
2-3						
3-4						
4-5						
5-6	Bridge Site Ind/Rec	Supervision		Bridge Site Ind/Rec	Intern (1st)	
6-7						
7-8						
8-9						
9-10	Crisis + gce					

11/23

Ellen W. [Signature]

11/06. 11/07 11/08 11/09 11/10 11/11 11/12 11/13
~~11/05~~ ~~11/06~~ ~~11/07~~ ~~11/08~~ ~~11/09~~ ~~11/10~~ ~~11/11~~ ~~11/12~~
 Sun Monday Tuesday Wednesday Thursday Friday Saturday

Weekly Schedule

Hours	Crisis hot Line					
6-7						
7-8						
8-9						
10-11						
11-12						10-2 11-12 12-1 1-2 2-3 3-4 4-5
12-1						
1-2						
2-3						
3-4						
4-5						
5-6	Bridge Site Trn PK	Psychi Group	Supervisor		Jalen (as)	
6-7			Bridg	Site		
7-8			Trn	Trn		
8-9			PK	PK		
9-10	Circle + gpa	Circle + gpa				

[Signature]

Allen Wesley Page 36

	10/30	10/31	11/1	11/2	11/3	11/4	11/5
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
8-9	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> Crisis Hot-line Cells/record Keeping </div>						<div style="border: 1px solid black; padding: 2px;">Supervisor</div> <div style="border: 1px solid black; padding: 2px;">Family</div> <div style="border: 1px solid black; padding: 2px;">Family/love</div> <div style="border: 1px solid black; padding: 2px;">Ind. Coons / J. Assess</div> <div style="border: 1px solid black; padding: 2px;">Record/ writing</div> <div style="border: 1px solid black; padding: 2px;">S.S. Ind. Counsel</div> <div style="border: 1px solid black; padding: 2px;">Family Consult</div> <div style="border: 1px solid black; padding: 2px;">record keeping</div> <div style="border: 1px solid black; padding: 2px;">List Taper</div>
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6	<div style="border: 1px solid black; padding: 5px;"> Bridg Site Ind RK </div>	<div style="border: 1px solid black; padding: 5px;"> Bridg Site Ind / RK </div>	<div style="border: 1px solid black; padding: 5px;"> Inter (Ind) </div>				
6-7							
7-8							
8-9	<div style="border: 1px solid black; padding: 5px;"> List Taper </div>	<div style="border: 1px solid black; padding: 5px;"> List Taper </div>					
9-10							

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[Handwritten signature]

	10/23 Hours	10/24 Monday	10/25 Tuesday	10/26 Wednesday	10/27 Thursday	10/28 Friday	10/29 Saturday
8-9		Crisis Hot line calls/record keeping					Supervision Ind R.K 10-2
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6		Bridges Site Ind R.K List Type	Group 6:30-8:00	Bridges Site Ind R.K List Type	Intern (1:15)		
6-7							
7-8							
8-9							
9-10							

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[Handwritten signature] Page 36

	10/16 Hours	10/17 Monday	10/18 Tuesday	10/19 Wednesday	10/20 Thursday	10/21 Friday	10/22 Saturday
8-9	Crisis hot line calls / record keeping						Supervisor Ind / R/K consult List Tape
9-10							
10-11							
11-12							
12-1							10-2
1-2							
2-3							
3-4							
4-5							
5-6	bridge Side Ind / R/K List Tape	6:30- 8:00 Group	bridge Side Ind / R/K List Tape	Inter Class			
6-7							
7-8							
8-9							
9-10							

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(Fall Break)

Weekly Schedule

Hours	10/10 Monday	10/11 Tuesday	10/12 Wednesday	10/13 Thursday	10/14 Friday	10/15 Saturday
8-9	Crisis hot line					
6-7						
9-10						
7-8						
10-11	calls/record keeping					
8-9						
11-12						Bdgs 10-2
12-1						Sub
1-2						
2-3						Listen Tape
3-4						
4-5						
5-6						
6-7	Bdgs Site Indl RK	Supervision	Supervision			
7-8			Bdgs Site Indl R-K			
8-9	Listen Tape		Listen Tape			
9-10						

		Weekly Schedule						
Sun 10/2		10/3	10/4	10/5	10/6	10/7	10/8	
Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
8-9	6-7	Crisis Hot line calls/record keeping					Supervisor	
9-10	7-8						10-2	
10-11	8-9							Bridges
11-12								Site
12-1								
1-2								
2-3							Listen Tape	
3-4								
4-5								
5-6		Bridges Site IN/PR	6:30-8:00	Bridges Site IN/PR	Inten (class)			
6-7								
7-8								
8-9		Listen tape		Listen tape				
9-10								

[Signature]

	9/25 Monday	9/26 Tuesday	9/27 Wednesday	9/28 Thursday	9/29 Friday	9/30 Saturday	10/1 Sunday
8-9	<div style="display: flex; justify-content: space-around;"> <div>CRIS'S hotline</div> <div>calls/ record keeping</div> </div>						
6-7							
7-8							
10-11 8-9							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							
9-10							

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[Handwritten signature]

Weekly Schedule						
9/18	9/19	9/20	9/21	9/22	9/23	9/24
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9	Crisis hot line calls / record keeping					Supervision
6-7						bridge 10-2
9-10						Site
7-8						And / R/K / Cons
10-11						
8-9						
11-12						
12-1						
1-2						
2-3						
3-4						
4-5						
5-6	Supervision					
6-7	Bridge Site Ind / R.K	6:30-8:00 Group	Bridge Site Ind / R.K	Inten Class Ind / R.K		
7-8						
8-9	Listen tape		Listen Tapes			
9-10			Listen Tapes			

[Handwritten signature]

[Handwritten signature]

Tape Peer Review

Reviewers Name:

Counselors Name:

Strengths

- 1:45- Good open question
- 3:00- Validation of client's feelings
- 4:36- Paraphrase
- 5:00- Summarize previous session
- 7:30- Good clarification question
- 8:00- Focus on her goals
- 11:09- Good statement to describe her situation
- 14:35- Good positive imagery that leads to feeling focus question
- 16:00- Future focused
- 19:22- Good to identify irrational thoughts
- 20:44- Good question and showing privacy
- 23:50- Making sure she is safe
- 27:41- Appropriate humor
- 31:40- Good open question of "How"
- 32:33- Good question about how she has changed
- 33:00- Brought out written goals to reflect
- 34:34- Bought back focus of session
- 35:30- Good clarification
- 36:00- Changing her irrational beliefs
- 36:50- Appropriate humor
- 39:00- What has worked for her in the past
- 43:08- Cheerleading
- 45:00- Started talking about termination

Areas for development

- 13:50- Could have asked what about it "freaks her out"
- 15:00- Have not seen the main focus of session
- 27:00- Quick change in focus
- 30:00- Cluster of closed questions

INTERNSHIP CANDIDATE INFORMATION

Date:	
Candidate I.D.:	
Home Phone:	
Work Phone:	
E-mail Address:	
Cell Number:	
Home Address:	
Fax:	
Emergency Contact:	09
1st Site	
Location Name	PACE Center for Girls
Name of Supervisor	Joelle Robles
Phone #	425-2366 ext 27
Address:	
Credentials:	M.S.W.
Years of Experience:	2
Schedule	
Directions	
2nd Site	
Location Name	
Name of Supervisor	
Phone #	
Address:	
Credentials:	
Years of Experience:	
Schedule	
Directions	

Ent 10/10/11

Tape Review Feedback

Name:

Tape: Tape number 4

Client Initials:

1. Strengths:

- 1:12- Ask feeling question
- 3:00- Ask to expand on statement
- 3:45- Focused session to making decisions
- 8:54- Paraphrase
- 11:42- Ask open ended question
- 13:55- Went back to impulsive reaction
- 18:37- Paraphrase
- 19:50- Summarize choices
- 24:10- Planning for the future
- 28:45- Scaling
- 30:00- Asked for feeling word
- 31:42- Ask clarifying question

2. Areas for Development:

- 0:56- Made odd noise
- 2:35- Said "obviously"-make judgment
- 3:50- Rush though DECIDE model
- 5:33- Could have asked her to elaborate on first impulse.
- 7:23- Should have asked her to make list rather than tell her to make list
- 12:25- Say "good"
- 21:20- Closed question
- 22:39- Awkward question
- 28:00- Change focus
- 35:20- Closed question- could have asked-how is that helping
- 36:00- Did not spend a lot of time closing the session



AMERICAN COUNSELING
ASSOCIATION

ACA Student Policy Evidence of Insurance

ACA Member ID #:

ACA Member Expiration Date:
05/31/2012

Member Name/Address:

F

This policy is available to eligible registered Student Members of the American Counseling Association (ACA).

Coverage: Professional Liability, Occurrence Form

Master Policy Number: 418662084

Limits of Liability: \$1,000,000 each claim / \$3,000,000 aggregate - Each Student
\$6,000,000 Policy Aggregate

Student Member Eligibility

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master's degree counseling curriculum at a post secondary institution. Coverage is available to ACA student members solely while performing counseling services related to such curriculum.

ACA student members are not eligible for coverage when enrolled in a bachelor degree program, doctoral degree program or other post master's program. Coverage terminates when the ACA student member graduates from the master's degree program, or their ACA membership is terminated, expires, or the master policy is non-renewed or cancelled.

Important Information

If this Certificate has been issued to an ineligible ACA student member, there is no coverage afforded under the ACA Student policy.

Terms and conditions of coverage are specified in the master policy held by ACA. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions. Please contact HPSO directly for a free copy of the complete policy at 1-800-982-9491 or email service@hpso.com.

An ACA membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requiring ACA students to carry professional liability insurance. Please call ACA Member Services with any questions or for a duplicate certificate of insurance toll free at 1-800-347-6647, ext. 222 or 703-823-9800, ext. 222, (M-F 8a.m. - 6p.m. ET).

In case an incident or suit is brought against you, please contact HPSO at 1-866-269-4793.

For additional answers to questions regarding the student liability insurance program, please log onto counseling.org/students.

Weekly Schedule

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9						
9-10						
10-11						
11-12						
12-1						
1-2						
2-3						
3-4						
4-5	4 hrs	4 hrs	4 hrs	4 hrs	4 hrs	
5-6	extra	extra	extra	extra	extra	
6-7						
7-8						
8-9						

INTERNSHIP CANDIDATE INFORMATION

Date:
Candidate I.D.:
Home Phone:
Work Phone:
E-mail Address:
Cell Number:
Home Address:
Fax:
Emergency Contact:

1st Site

Location Name
Name of Supervisor
Phone #
Address:
Credentials:
Years of Experience:
Schedule

PACE Center for Girls
Joelle Robles
425-2366 ext 27

M.S.W.
2

Directions

2nd Site

Location Name
Name of Supervisor
Phone #
Address:
Credentials:
Years of Experience:
Schedule
Directions

Internship Site: PACE Center for Girls

Supervisor: Joelle Robles, MSW

Phone: 239-425-2366 ext 26

Email: Joelle.Robles@pacecenter.org

Duties: Intakes, enrollment, individual counseling sessions, and a daily group (Spirited Girls). I will be leading my first group and look forward to working with this group.

Goals Statements

Each candidate must develop goals for their own personal development for the internship Experience. These goals should be designed to move you toward your entry as a beginning professional counselor by the end of the semester. Several specific areas need to be addressed:

Knowledge Base: What specific goals do you want to set concerning a change in your personal knowledge base during the internship semester?

I want to learn more about treatment plans. In my internship I will need to write a treatment plan for each person in my case load and update them every two weeks. I want to make sure I am creating the most effective plan for my clients.

Skill Sets: What counseling skills do you want to develop or further develop during the internship semester?

I would like to develop my group counseling skills. I will be running my first group with 12 girls. I want to make sure it is a true group & not just a

lot of individual sessions
at one time.

Attitudes: What attitudinal changes do you think would be most beneficial for you to work toward during the internship semester?

In this site the counselors also
have to be in charge of providing
redirection when a student is
acting out in class. It is going
to be difficult to change my
attitude & be the one in charge.

Supports

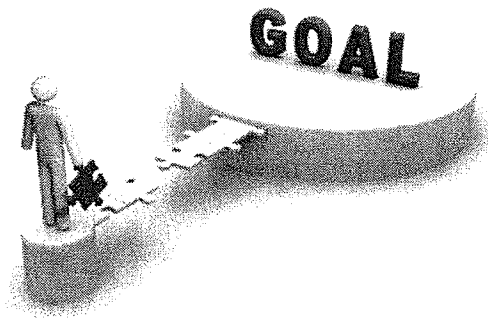
As you consider the coming semester and your professional/personal needs, there are a variety of supports to turn to. A primary support is your site supervisor. What specific things do you want from your site supervisor that will aid you in reaching the goals detailed above?

She had ~~never~~ come to PACE
straight out of college & so
remembers how stressful it is. I
hope she is able to help me with
self care.

A second support will come from the University. What specific things do you want from the University, the faculty, or the internship Class to help you meet your goals as detailed above?

Finally, as you consider the goals above, the support provided by the University and your site supervisor, there will be additional things that you will need to provide for yourself or seek out in other formats. What are some of the additional things that you must provide for yourself?

Because I am also working full time I do need to make sure I do not get burned out this semester. I need to make sure to take time for myself and be able to relax when I am not working.



SITE SUPERVISOR'S MID-SEMESTER EVALUATION OF COUNSELING CANDIDATE

University of New Orleans

Student's Name: _____

Site Supervisor's Name: Joelle KoblesUniversity Supervisor's Name: Betia Gold

Areas of Performance	Not Observed	Needs Improvement	On or Above Target
Receptive to constructive feedback			✓
Dependable and reliable			✓
Able to function without close supervision			✓
Demonstrates professionalism in attire and appearance			✓
Develops positive relationships with other staff members			✓
Exhibits developmentally appropriate counseling skills			✓
Is flexible and able to meet the needs of the worksite			✓
Shows growth and increasing independence			✓
Strives to gain increasing skills and knowledge of counseling			✓
Functions in an ethical manner			✓
Training Activities			
Intake interviewing	✓		
Individual counseling/psychotherapy			✓
Group counseling/psychotherapy	✓		
Testing: Administration and interpretation	✓		
Report writing	✓		
Consultation			✓
Psychoeducational activities	✓		
Career counseling	✓		
Family/Couple counseling	✓		
Case conference or staff presentation			✓
Other _____			
Other _____			
Other _____			

Joelle Kobles
Signature of Supervisor

10/31/11 Date

USE REVERSE SIDE OR ATTACH PAGES FOR ADDITIONAL COMMENTS
Used with permission of University of New Orleans

STUDENT COUNSELOR EVALUATION OF SUPERVISOR*

Suggested Use: The practicum or internship supervisor can obtain feedback on the supervision by asking the student counselor to complete this form. The evaluation could be done at midterm and/or final. The purposes are twofold: (1) to provide feedback for improving supervision and (2) to encourage communication between the supervisor and the student counselor.

Directions: The student counselor is to evaluate the supervision received. Complete this form for the university supervisor and one for the site supervisor. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

Name of practicum/Internship supervisor: Joelle Robles
Period covered: from _____ **to** _____

	Poor	Adequate	Good
1. Gives time and energy in observations, recording processing, and case conferences.	1 2	3 4	5 6
2. Accepts and respects me as a person.	1 2	3 4	5 6
3. Recognizes and encourages further development of my strengths and capabilities.	1 2	3 4	5 6
4. Gives me useful feedback when I do something well.	1 2	3 4	5 6
5. Provides me the freedom to develop flexible and effective counseling styles.	1 2	3 4	5 6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1 2	3 4	5 6
7. Provides suggestions for developing my counseling skills.	1 2	3 4	5 6
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1 2	3 4	5 6
9. Encourages me to use new and different techniques when appropriate.	1 2	3 4	5 6
10. Is spontaneous and flexible in the supervisory sessions.	1 2	3 4	5 6
11. Helps me define and achieve specific concrete goals for myself during the practicum experience.	1 2	3 4	5 6
12. Gives me useful feedback when I do something wrong.	1 2	3 4	5 6
13. Allows me to discuss problems I encounter in my practicum setting.	1 2	3 4	5 6
14. Pays appropriate amount of attention to both me and my clients.	1 2	3 4	5 6
15. Focuses on both verbal and nonverbal behavior in me and in my clients.	1 2	3 4	5 6
16. Helps me define and maintain ethical behavior in counseling and case management.	1 2	3 4	5 6
17. Encourages me to engage in professional behavior.	1 2	3 4	5 6
18. Maintains confidentiality in material discussed in supervisory sessions.	1 2	3 4	5 6
19. Deals with both content and effect when supervising.	1 2	3 4	5 6
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.	1 2	3 4	5 6
21. Helps me organize relevant case data in planning goals and strategies with my client.	1 2	3 4	5 6

GRADUATE COUNSELING INTERNSHIP CANDIDATE & SITE SUPERVISOR'S MANUAL

22. Helps me to formulate a theoretically sound rationale of human behavior.	1 2	3 4	5 6
23. Offers resource information when I request or need it.	1 2	3 4	5 6
24. Helps me develop increased skill in critiquing and gaining insight from my counseling recordings.	1 2	3 4	5 6
25. Allows and encourages me to evaluate myself.	1 2	3 4	5 6
26. Explains his/her criteria for evaluation clearly and in behavioral terms.	1 2	3 4	5 6
27. Applies his/her criteria fairly in evaluating my counseling performance.	1 2	3 4	5 6

* Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. This form was designed by two graduate students based upon material drawn from *Counseling Strategies and Objectives* by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973. This form originally was printed in Chapter 10 of the *Practicum Manual for Counseling and Psychotherapy* by K. Dimick and F. Krause, Accelerated Development, Muncie, IN, 1980.

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

12/7/11
Date

Signature of practicum student

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

12/8/11
Date

Joelle Robles
Signature of supervisor

SITE SUPERVISOR'S EVALUATION OF MENTAL HEALTH COUNSELOR AT THE END OF THE SEMESTER*

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at the end of the semester.

Name of graduate student counselor _____

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester.

General Supervision Comments	Poor	Adequate	Good
1. Demonstrates a personal commitment in developing professional competencies	1 2	3 4	5 6
2. Invests time and energy in becoming a counselor	1 2	3 4	5 6
3. Accepts and uses constructive criticism to enhance self-development and counseling skills	1 2	3 4	5 6
4. Engages in open, comfortable, and clear communication with peers and supervisors	1 2	3 4	5 6
5. Recognizes own competencies and skills and shares these with peers and supervisors	1 2	3 4	5 6
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1 2	3 4	5 6
7. Completes case reports and records punctually and conscientiously	1 2	3 4	5 6
The Counseling Process			
8. Researches the referral prior to the first interview	1 2	3 4	5 6
9. Keeps appointments on time	1 2	3 4	5 6
10. Begins the interview smoothly	1 2	3 4	5 6
11. Explains the nature and objectives of counseling when appropriate	1 2	3 4	5 6
12. Is relaxed and comfortable in the interview	1 2	3 4	5 6
13. Communicates interest in and acceptance of the client	1 2	3 4	5 6
14. Facilitates client expression of concerns and feelings	1 2	3 4	5 6
15. Focuses on the content of the client's problem	1 2	3 4	5 6
16. Recognizes and resists manipulation by the client	1 2	3 4	5 6
17. Recognizes and deals with positive affect of the client	1 2	3 4	5 6
18. Recognizes and deals with negative affect of the client	1 2	3 4	5 6
19. Is spontaneous in the interview	1 2	3 4	5 6
20. Uses silence effectively in the interview	1 2	3 4	5 6
21. Is aware of own feelings in the counseling session	1 2	3 4	5 6
22. Communicates own feelings to the client when appropriate	1 2	3 4	5 6
23. Recognizes and skillfully interprets the client's covert messages	1 2	3 4	5 6
24. Facilitates realistic goal setting with the client	1 2	3 4	5 6
25. Encourages appropriate action-step planning with the client	1 2	3 4	5 6
26. Employs judgment in the timing and use of different techniques	1 2	3 4	5 6
27. Initiates periodic evaluation of goals, action-steps, and process during counseling	1 2	3 4	5 6
28. Explains, administers, and interprets tests correctly	1 2	3 4	5 6
29. Terminates the interview smoothly	1 2	3 4	5 6

The Conceptualization Process

30. Focuses on specific behaviors and their consequences, implications, and contingencies	1 2	3 4	5 6
31. Recognizes and pursues discrepancies and meaning of inconsistent information	1 2	3 4	5 6
32. Uses relevant case data in planning both immediate and long-range goals	1 2	3 4	5 6
33. Uses relevant case data in considering various strategies and their implications	1 2	3 4	5 6
34. Bases decisions on a theoretically sound and consistent rationale of human behavior	1 2	3 4	5 6
35. Is perceptive in evaluating the effects of own counseling techniques	1 2	3 4	5 6
36. Demonstrates ethical behavior in the counseling activity and case management	1 2	3 4	5 6

Additional comments and/or suggestions _____

_____Date 12/8/11 Signature of Supervisor Joelle Robles
or peer _____

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date 12/8/11 Signature of student counselor _____

8

Consent for Counseling: Children/Adolescents (Mental Health Counselors)

Dear _____

I am currently completing my master's degree in community mental health counseling at the Florida Gulf Coast University. To improve my knowledge and skills, I am required to complete a practicum and internship. These experiences are under the direct supervision of a trained counselor at the agency and of a faculty supervisor at the University.

One of the requirements for these field experiences is that I record my counseling sessions so that my supervisors and/or student colleagues can listen to me counsel and give me appropriate feedback. All parties are bound by confidentiality rules and will not discuss what they hear outside of class. I would appreciate your cooperation in allowing me to work with your child _____ (Child's first name)

It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your name will not be recorded or written in any documentation. Once supervision is completed, the recording will be erased.

Here are several other things that I would like for you to know:

- Although my counseling activities are designed to enhance the outcome of your child's progress, there are no penalties for denying permission. Your child's participation or non-participation will in no way affect his/her ability to access other services. It will be explained to your child before participating that he/she may elect to withdraw from participating at any time.
- The internship is designed to be a comprehensive educational experience, which closely simulates the job of mental health counselor. The results of my work will be shared only with my site supervisor, my professor, and the classmates in my supervision course. Feedback that is provided to other professionals may be limited by counseling ethics and Florida law.
- To get the best experience possible, it is sometimes necessary to audio and/or video record my work to present to my professor for feedback and supervision. It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your child's last name will not be recorded or written in any documentation. All recordings are secured and destroyed at the end of the semester if not sooner.

If you have any questions or concerns, please call me at work _____
or contact my site supervisor at
() _____

Thank you very much for your help!

I have read and I understand the above. I agree to allow my child, _____
to participate in the above described counseling/guidance activities and for me to
record our meeting (which, again, will be destroyed immediately after processing; only
your child's first name will be used while recording).

Thank you for your cooperation.

Intern Student's Name (print) _____

Contact number _____

Intern's Signature _____

Site Supervisor Name (print) _____

Contact number _____

Site Supervisor Signature _____

Parent Name and address (print) _____

Contact number _____

Parent's signature _____

Date: 11-9-11

Consent for Counseling: Children/Adolescents (Mental Health Counselors)

Dear _____,

I am currently completing my master's degree in community mental health counseling at the Florida Gulf Coast University. To improve my knowledge and skills, I am required to complete a practicum and internship. These experiences are under the direct supervision of a trained counselor at the agency and of a faculty supervisor at the University.

One of the requirements for these field experiences is that I record my counseling sessions so that my supervisors and/or student colleagues can listen to me counsel and give me appropriate feedback. All parties are bound by confidentiality rules and will not discuss what they hear outside of class. I would appreciate your cooperation in allowing me to work with your child _____ (Child's first name)

It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your name will not be recorded or written in any documentation. Once supervision is completed, the recording will be erased.

Here are several other things that I would like for you to know:

- Although my counseling activities are designed to enhance the outcome of your child's progress, there are no penalties for denying permission. Your child's participation or non-participation will in no way affect his/her ability to access other services. It will be explained to your child before participating that he/she may elect to withdraw from participating at any time.
- The internship is designed to be a comprehensive educational experience, which closely simulates the job of mental health counselor. The results of my work will be shared only with my site supervisor, my professor, and the classmates in my supervision course. Feedback that is provided to other professionals may be limited by counseling ethics and Florida law.
- To get the best experience possible, it is sometimes necessary to audio and/or video record my work to present to my professor for feedback and supervision. It is understood that the audio recordings will be confidential and only reviewed for supervision purposes. Your child's last name will not be recorded or written in any documentation. All recordings are secured and destroyed at the end of the semester if not sooner.

If you have any questions or concerns, please call me at work _____
or contact my site supervisor at
() _____

Thank you very much for your help!

I have read and I understand the above. I agree to allow my child,
to participate in the above described counseling/guidance activities and for me to
record our meeting (which, again, will be destroyed immediately after processing; only
your child's first name will be used while recording).

Thank you for your cooperation

Intern Student's Name _____

_____ Contact number

Intern's Signature _____

Site Supervisor Name (print) _____

_____ Contact number

Site Supervisor Signature _____

Parent Name and address (print) _____

_____ Contact number

Parent's signature _____

Florida Gulf Coast University

WEEKLY AND CUMULATIVE LOG PORTIONS OF AN HOUR PER ACTIVITY OF INTERNSHIP CANDIDATE

Week Ending: 12/09/11

Name of Counselor: L. ...

Activity	MO	TU	WE	TH	FR	SA	SU	Total Week	Total to Date
1. Intake Interviewing/Assessment	0.5			0.5				1	38
2. Individual Counseling	1	1	1	1				4	78
3. Group Counseling	0.5	0.5	0.5	0.5				2	39
4. Consultation: Professionals		0.5						0.5	0.5
5. Consultation: Family								0	0
6. Test administration		1						1	1
7. Other:								0	0
Total Direct Contact	2	3	1.5	2	0	0	0	8.5	156.5
8. Writing interview summaries	2	2	2	2				8	156
9. Supervisory			1					1	1
10. Attending practicum /intern class				2				2	30
11. Listening to own tapes								0	0
12. Listening to tapes of others								0	0
13. Record Keeping								0	0
14. Consulting records								0	0
15. Locating clients								0	0
16. Orientation to site								0	0
17. Other activities (list)								0	0
Total Indirect Contact	2	2	3	4	0	0	0	11	187
TOTALS	4	5	4.5	6	0	0	0	19.5	343.5

Supervisor: _____

Joelle Robles

*Ent
1/4/12
Bm*

Individual Supervisor Behavior Rating Scale (ISBRS)

Completed by the Advanced Practicum Student About Clin 5 Student Supervisor

Supervisor's Name: _____

Your Name: _____ Today's Date: 6/12/2012

The following items are descriptions of supervisor behaviors which contribute to effectiveness in supervising students. Please rate your **INDIVIDUAL** supervisor on each item that follows using the scale:

- 5 = **almost always** descriptive of my supervisor's behavior
4 = **frequently** descriptive of my supervisor's behavior
3 = **generally** descriptive of my supervisor's behavior
2 = **infrequently** descriptive of my supervisor's behavior
1 = **almost never** descriptive of my supervisor's behavior

- | | | | |
|---|--|---|--|
| 5 | Gives appropriate feedback to me about my effective personal and professional behaviors | 5 | Shares his/her relevant professional experiences with me |
| 5 | Gives appropriate feedback to me about my less effective personal and professional behaviors | 5 | Demonstrates openness to address professional issues |
| 5 | Describes my behaviors in respectful, non-punitive ways | 5 | Models effective, task-oriented behaviors in supervision |
| 5 | Gives direct behavioral suggestions when appropriate | 5 | Provides appropriate structure for supervision sessions |
| 5 | Effectively, non-punitively confronts me when appropriate | 5 | Facilitates my development of new professional skills |
| 5 | Helps me evaluate the effectiveness of my personal and professional behaviors | 5 | Helps me to conceptualize professional situations and approaches appropriately |
| 5 | Establishes clear goals with me by which progress in supervision can be assessed | 5 | Helps me to conceptualize my professional development appropriately |
| 5 | Provides evaluative information about me as frequently as needed | 5 | Encourages me to expand my repertoire of professional skills |
| 5 | Helps me develop self-confidence as an emerging professional | 5 | Identifies helpful resources for my professional activities and development |

Please provide any summary comments you wish to make relative to your INDIVIDUAL supervisor and/or experience in INDIVIDUAL supervision during this term.

Your Signature

6/12/12

Date

Individual Supervisor Behavior Rating Scale (ISBRS)

Completed by the Advanced Practicum Student About Clin 5 Student Supervisor

Supervisor's Name. _____

Your Name: _____ Today's Date: 6/11/12

The following items are descriptions of supervisor behaviors which contribute to effectiveness in supervising students. Please rate your **INDIVIDUAL** supervisor on each item that follows using the scale:

- 5 = **almost always** descriptive of my supervisor's behavior
4 = **frequently** descriptive of my supervisor's behavior
3 = **generally** descriptive of my supervisor's behavior
2 = **infrequently** descriptive of my supervisor's behavior
1 = **almost never** descriptive of my supervisor's behavior

- | | |
|---|---|
| <u>5</u> Gives appropriate feedback to me about my effective personal and professional behaviors | <u>5</u> Shares his/her relevant professional experiences with me |
| <u>5</u> Gives appropriate feedback to me about my less effective personal and professional behaviors | <u>5</u> Demonstrates openness to address professional issues |
| <u>5</u> Describes my behaviors in respectful, non-punitive ways | <u>5</u> Models effective, task-oriented behaviors in supervision |
| <u>5</u> Gives direct behavioral suggestions when appropriate | <u>5</u> Provides appropriate structure for supervision sessions |
| <u>5</u> Effectively, non-punitively confronts me when appropriate | <u>5</u> Facilitates my development of new professional skills |
| <u>5</u> Helps me evaluate the effectiveness of my personal and professional behaviors | <u>5</u> Helps me to conceptualize professional situations and approaches appropriately |
| <u>5</u> Establishes clear goals with me by which progress in supervision can be assessed | <u>5</u> Helps me to conceptualize my professional development appropriately |
| <u>5</u> Provides evaluative information about me as frequently as needed | <u>5</u> Encourages me to expand my repertoire of professional skills |
| <u>5</u> Helps me develop self-confidence as an emerging professional | <u>5</u> Identifies helpful resources for my professional activities and development |

Please provide any summary comments you wish to make relative to your INDIVIDUAL supervisor and/or experience in INDIVIDUAL supervision during this term.

Your Signature

6/11/12
Date

Self review

I came into supervision as someone who has never supervised anyone in my life. I am actually very afraid to be assertive and it is something that I am working on in my current position. I felt as though I had nothing to offer the supervisees as I was not very confident in my own skills with working with adults. I knew I wanted to support my supervisees as I had such a negative experience with my student supervisor. I was very nervous about meeting my supervisees and thought that my young age may affect them taking me seriously as a supervisor. This all changed when I met my supervisees; I felt very comfortable with both and could see that I could help them learn the basic skills. I was very impressed when I listened to their first tapes and found it easy to give feedback. I wanted to make sure when I gave my areas for development feedback I would give examples of what they could do differently. When I noticed a pattern of self-discourse, I made sure to discuss how important it is to make the session about the client and ways to redirect questions. I felt very comfortable giving feedback and very happy when I could hear my supervisees taking the feedback and using it in their sessions.

Even though I did have such a good experience with my supervisees I still struggle with being assertive. I am working with my boss on ways to develop my skills. I hope to someday become the Social Services Manager at PACE and one day be the Executive Director. Because of this role in class, I feel as though maybe one day I can actually supervise employees.

Counselor self evaluation

As a counselor I believe that my growth has been in using specific techniques related to theories. I have found that I truly enjoy using Solution Focused techniques and the theory works for the population which I work in. I love the cheerleading and goal setting that I can use with my clients as they don't always get to hear positive things about themselves. Also, I came into this program wanting to open my own private practice and had never thought of working for an agency. But then in my first internship I found my true calling of working for PACE Center for Girls. I had no idea that PACE even existed before starting my internship. While interning there I fell in love with the program and the staff; I knew that was what I wanted to do. Thanks to that internship I was hired before I even finished the program.

I have had to face many challenges while going through this program. The first of which was figuring out a way to work full time and get my hours for internship. I was very lucky to have a job which allowed me to change my hours in order to accommodate my internship. I had to schedule my time perfectly to fit in school, work, my children's theater and life. There were times where I had to make sacrifices to my personal life, but I knew I had to in order to reach my goals. I had to consider quitting my job and taking out a lot of loans, but luckily I was able to work things out.

Another challenge I had to face was the lack of confidence I had in myself as a counselor. It was hard as I am the youngest person in my cohort and lack general confidence in myself as a professional. It was difficult to work with people older than myself as I felt as though they were judging me because of my age. I had to get used to working with and counseling middle aged

clients and learn not to let my concerns overshadow my counseling. I was relieved when I was able to start working with children in my internships. I felt much more comfortable with this population and was given positive feedback from both my site and university supervisors.

As of now, the challenges I face are related to being assertive and wanting to eventually become a manager at PACE. I know my weakness is confrontation and working with people who are older and have more experience than I do. My supervisor and I are working together on developing my own assertiveness through trainings and books. My supervisor wants me to eventually take over her position once she leaves so I am working very hard to do so.

Another challenge that I have is accepting that I cannot help all of my clients. It is an amazing feeling to see one of my clients make positive changes but it is the worst feeling to see them not make any changes. Some of my clients are just not ready for change or need more services than I can provide. I am working on accepting the reality that not all my clients are going to be successful and it is not my fault if they are not ready. I need to just make sure I do my best to provide services but not take it as a personal defeat if they make poor choices. I am working on this with my supervisor in our weekly supervision. My supervisor is very supportive and I am learning so much from her.

What I have learned about myself is that I am a good counselor and can make a difference in the lives of my teenage clients. As I mentioned above, it is the most rewarding feeling to see a client use techniques which I have shown them and make positive decisions. I receive many notes from clients and their parents thanking me for helping their daughter learn new coping skills. While I cannot help every client, I know that I am doing my best to help each of them as much as I can. I learned that even at a young age I do possess the skills to be a good

counselor. Also, most importantly I found the most amazing supportive group of friends thanks to this program. I know I have friends who are also just starting out whom I can rely on for personal and professional support. They have been there for me during every part of the program and will be there even after we are all done. This is a gift from this program that I could not be more thankful for.

I plan on staying at PACE Center for Girls for the rest of my career. I will be promoted to Counselor II once I finish this program. Then, when my supervisor leaves I will want to become the Social Services Manager. I believe that one day I will be the Executive Director of PACE and have made my goals clear to our executive director who fully supports me. I know my plans may change, but right now I know I am in my right job working for a wonderful agency. I would have never guessed three years ago that I would be working where I am now, but I could not be happier.

Florida Gulf Coast University

Cln 4

WEEKLY AND CUMULATIVE LOG PORTIONS OF AN HOUR PER ACTIVITY OF INTERNSHIP CANDIDATE

Week Ending: 04/13/12

Name of Counselor: _____

Activity	MO	TU	WE	TH	FR	SA	SU	Total Week	Total to Date
1. Intake Interviewing/Assessment				1				1	61
2. Individual Counseling	1	1	1	1	1			5	65
3. Group Counseling	0.5	0.5	0.5	0.5				2	26
4. Consultation: Professionals								0	0
5. Consultation: Family								0	0
6. Test administration								0	0
7. Other:								0	0
Total Direct Contact	1.5	1.5	1.5	2.5	1	0	0	8	152
8. Writing interview summaries	1	1	1	1	1			5	65
9. Supervisory								0	24
10. Attending practicum /intern class		2.5						2.5	32.5
11. Listening to own tapes		1						1	13
12. Listening to tapes of others		1						1	1
13. Record Keeping	1	1	1	1	1			5	65
14. Consulting records								0	0
15. Locating clients								0	2
16. Orientation to site								0	0
17. Other activities (list)								0	0
Total Indirect Contact	2	6.5	2	2	2	0	0	14.5	202.5
TOTALS	3.5	8	3.5	4.5	3	0	0	22.5	354.5

Supervisor: Aleyna Matyas

Rec'd
Enter
5/31/12
BW

Site Name: PACE Semester/year Spring 2012

[illegible]

INTERNSHIP SITE VISITATION FORM
FLORIDA GULF COAST UNIVERSITY
COUNSELOR EDUCATION

DATE: 4/16/12 CANDIDATE'S NAME: _____
SEMESTER: Spring 2012
LOCATION: PACE

COMMENTS OF SITE SUPERVISOR:

_____ has exhibited great counseling skills
with her clients. She is open to new
learning and growth as a counselor.
Rachel has a natural ability to connect
with people and implement skills learned.

COMMENTS OF UNIVERSITY SUPERVISOR:

COMMENTS OF INTERNSHIP CANDIDATE

[Signature] _____

SIGNATURE OF SITE SUPERVISOR

SIGNATURE OF UNIVERSITY SUPERVISOR

SITE SUPERVISOR'S MID-SEMESTER EVALUATION OF COUNSELING CANDIDATE

Florida Gulf Coast University

Student's Name: _____

Site Supervisor's Name: Joelle Roberts / Alexa Matyas

University Supervisor's Name: _____

Areas of Performance	Not Observed	Needs Improvement	On or Above Target
Receptive to constructive feedback			✓
Dependable and reliable			✓
Able to function without close supervision			✓
Demonstrates professionalism in attire and appearance			✓
Develops positive relationships with other staff members			✓
Exhibits developmentally appropriate counseling skills			✓
Is flexible and able to meet the needs of the worksite			✓
Shows growth and increasing independence			✓
Strives to gain increasing skills and knowledge of counseling			✓
Functions in an ethical manner			✓
Training Activities			
Intake interviewing			✓
Individual counseling/psychotherapy			✓
Group counseling/psychotherapy	✓		✓
Testing: Administration and interpretation	✓		
Report writing			✓
Consultation			✓
Psychoeducational activities			✓
Career counseling	✓		
Family/Couple counseling	✓		
Case conference or staff presentation			✓
Other _____			
Other _____			
Other _____			

Alexa Matyas
Signature of Supervisor

4/16/12 Date

USE REVERSE SIDE OR ATTACH PAGES FOR ADDITIONAL COMMENTS

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SITE SUPERVISOR'S EVALUATION OF MENTAL HEALTH COUNSELOR AT THE END OF THE SEMESTER*

This form is to be used to evaluate candidate performances in counseling internship. The form should be completed at the end of the semester.

Name of graduate student counselor _____

Directions: The supervisor circles a number that best evaluates the student counselor on each performance at the end of the semester.

General Supervision Comments	Poor	Adequate	Good
1. Demonstrates a personal commitment in developing professional competencies	1 2	3 4	5 6
2. Invests time and energy in becoming a counselor	1 2	3 4	5 6
3. Accepts and uses constructive criticism to enhance self-development and counseling skills	1 2	3 4	5 6
4. Engages in open, comfortable, and clear communication with peers and supervisors	1 2	3 4	5 6
5. Recognizes own competencies and skills and shares these with peers and supervisors	1 2	3 4	5 6
6. Recognizes own deficiencies and actively works to overcome them with peers and supervisors	1 2	3 4	5 6
7. Completes case reports and records punctually and conscientiously	1 2	3 4	5 6
The Counseling Process			
8. Researches the referral prior to the first interview	1 2	3 4	5 6
9. Keeps appointments on time	1 2	3 4	5 6
10. Begins the interview smoothly	1 2	3 4	5 6
11. Explains the nature and objectives of counseling when appropriate	1 2	3 4	5 6
12. Is relaxed and comfortable in the interview	1 2	3 4	5 6
13. Communicates interest in and acceptance of the client	1 2	3 4	5 6
14. Facilitates client expression of concerns and feelings	1 2	3 4	5 6
15. Focuses on the content of the client's problem	1 2	3 4	5 6
16. Recognizes and resists manipulation by the client	1 2	3 4	5 6
17. Recognizes and deals with positive affect of the client	1 2	3 4	5 6
18. Recognizes and deals with negative affect of the client	1 2	3 4	5 6
19. Is spontaneous in the interview	1 2	3 4	5 6
20. Uses silence effectively in the interview	1 2	3 4	5 6
21. Is aware of own feelings in the counseling session	1 2	3 4	5 6
22. Communicates own feelings to the client when appropriate	1 2	3 4	5 6
23. Recognizes and skillfully interprets the client's covert messages	1 2	3 4	5 6
24. Facilitates realistic goal setting with the client	1 2	3 4	5 6
25. Encourages appropriate action-step planning with the client	1 2	3 4	5 6
26. Employs judgment in the timing and use of different techniques	1 2	3 4	5 6
27. Initiates periodic evaluation of goals, action-steps, and process during counseling	1 2	3 4	5 6
28. Explains, administers, and interprets tests correctly	1 2	3 4	5 6
29. Terminates the interview smoothly	1 2	3 4	5 6

The Conceptualization Process

30. Focuses on specific behaviors and their consequences, implications, and contingencies	1 2	3 4	5 6
31. Recognizes and pursues discrepancies and meaning of inconsistent information	1 2	3 4	5 6
32. Uses relevant case data in planning both immediate and long-range goals	1 2	3 4	5 6
33. Uses relevant case data in considering various strategies and their implications	1 2	3 4	5 6
34. Bases decisions on a theoretically sound and consistent rationale of human behavior	1 2	3 4	5 6
35. Is perceptive in evaluating the effects of own counseling techniques	1 2	3 4	5 6
36. Demonstrates ethical behavior in the counseling activity and case management	1 2	3 4	5 6

Additional comments and/or suggestions: "She is a dedicated and talented counselor. Her ability to engage clients and work productively with them is excellent."

Date 4/16/12 Signature of Supervisor Aleyna Matyas
or peer _____

My signature indicated that I have read the above report and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date 4/16/12 Signature of student counselor _____

STUDENT COUNSELOR EVALUATION OF SUPERVISOR*

Suggested Use: The practicum or internship supervisor can obtain feedback on the supervision by asking the student counselor to complete this form. The evaluation could be done at midterm and/or final. The purposes are twofold: (1) to provide feedback for improving supervision and (2) to encourage communication between the supervisor and the student counselor.

Directions: The student counselor is to evaluate the supervision received. Complete this form for the university supervisor and one for the site supervisor. Circle the number that best represents how you, the student counselor, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

Name of practicum/Internship supervisor: Joelle Robles / Alexa Matyas
Period covered: from _____ **to** _____

	Poor 1 2	Adequate 3 4	Good 5 6
1. Gives time and energy in observations, recording processing, and case conferences.			5 6
2. Accepts and respects me as a person.	1 2	3 4	5 6
3. Recognizes and encourages further development of my strengths and capabilities.	1 2	3 4	5 6
4. Gives me useful feedback when I do something well.	1 2	3 4	5 6
5. Provides me the freedom to develop flexible and effective counseling styles.	1 2	3 4	5 6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1 2	3 4	5 6
7. Provides suggestions for developing my counseling skills.	1 2	3 4	5 6
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1 2	3 4	5 6
9. Encourages me to use new and different techniques when appropriate.	1 2	3 4	5 6
10. Is spontaneous and flexible in the supervisory sessions.	1 2	3 4	5 6
11. Helps me define and achieve specific concrete goals for myself during the practicum experience.	1 2	3 4	5 6
12. Gives me useful feedback when I do something wrong.	1 2	3 4	5 6
13. Allows me to discuss problems I encounter in my practicum setting.	1 2	3 4	5 6
14. Pays appropriate amount of attention to both me and my clients.	1 2	3 4	5 6
15. Focuses on both verbal and nonverbal behavior in me and in my clients.	1 2	3 4	5 6
16. Helps me define and maintain ethical behavior in counseling and case management.	1 2	3 4	5 6
17. Encourages me to engage in professional behavior.	1 2	3 4	5 6
18. Maintains confidentiality in material discussed in supervisory sessions.	1 2	3 4	5 6
19. Deals with both content and effect when supervising.	1 2	3 4	5 6
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.	1 2	3 4	5 6
21. Helps me organize relevant case data in planning goals and strategies with my client.	1 2	3 4	5 6

GRADUATE COUNSELING INTERNSHIP CANDIDATE & SITE SUPERVISOR'S MANUAL

22. Helps me to formulate a theoretically sound rationale of human behavior.	1 2	3 4	5 6
23. Offers resource information when I request or need it.	1 2	3 4	5 6
24. Helps me develop increased skill in critiquing and gaining insight from my counseling recordings.	1 2	3 4	5 6
25. Allows and encourages me to evaluate myself.	1 2	3 4	5 6
26. Explains his/her criteria for evaluation clearly and in behavioral terms.	1 2	3 4	5 6
27. Applies his/her criteria fairly in evaluating my counseling performance.	1 2	3 4	5 6

* Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. This form was designed by two graduate students based upon material drawn from *Counseling Strategies and Objectives* by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973. This form originally was printed in Chapter 10 of the *Practicum Manual for Counseling and Psychotherapy* by K. Dimick and F. Krause, Accelerated Development, Muncie, IN, 1980.

ADDITIONAL COMMENTS AND/OR SUGGESTIONS

Date

Supervisor/Intern

My signature indicates that I have read the above report and have discussed the content with my supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

4/16/12
Date

Aleyna Martinez
Signature of supervisor

Internship IV

Spring 2012

To be completed by student and submitted with each tape:

Tape # with client 1 Length 45:52 mins Initials of client JH Date of Interview 3/32/12
Reviewer (if any) _____

About the Client

1. Background Information (client description, demographics, presenting issue/concern):

Client is a 13 year old Caucasian female who was referred to PACE for ungovernable behavior at school and home. Girl later reported that father had been sexually abusing her. Father is awaiting court hearing next month. Girl has been trying to work through her abuse; she may have to testify in court. This past week grandfather passed away.

2. Conceptualization/Diagnostic Considerations (Are these your impressions or those of someone else in the records?) What is happening with client? What are Diagnostic impressions or established diagnoses? Hypotheses or links to treatment plan or session. Attach any assessment results used including genograms or checklist results.

Girl had attempted counseling at Child Advocacy Center but did not like it. Mother would like girl to attend outside counseling on top of PACE at CAC. No previous or current diagnosis.

3. Client goals and progress to date (include the signals you are using to measure progress)

The goals for this client are to assist girl in learning about and working through her grief from the loss of her father. Girl had reported to intern that she felt guilty that she did not get to say goodbye to grandfather.

Theory sample (if any specific to be reviewed) Solution Focused/Person Centered

Strengths (note counter and abbreviated excerpt and comment)

1:00- Used scaling to measure her current state of mind
6:00- Feeling focused
7:00- Allowed for her to talk about positive things about her grandfather
15:45- Encouraged her to write what she was thinking
27:00- Feeling focused
29:00- Talked about meaning behind an action
29:50- Asked her if she wanted to read the letter or keep it to herself.
31:30- Brought in Feeling Wheel
41:00- Asked for example of her strength

Challenges noted (note counter and abbreviated excerpt and comment)

2:22- Made goal for girl instead of her making goal
17:00- Started to get off track by talking about coping with things she cannot change rather than focusing

Internship IV

Spring 2012

To be completed by student and submitted with each tape:

Tape # with client 2 Length 48:09 mins Initials of client VK Date of Interview 4/5/12
Reviewer (if any) _____

About the Client

1. Background Information (client description, demographics, presenting issue/concern):

Client is a 12 year old African American female who was referred to PACE after being sexually molested by handyman. Girls' mother is currently in jail while girl lives with grandmother. Girl is currently having difficulty coping without her mother and misses her very much. Girl has been acting out in class and pouting when she is asked to sit and do her work.

2. Conceptualization/Diagnostic Considerations (Are these your impressions or those of someone else in the records?) What is happening with client? What are Diagnostic impressions or established diagnoses? Hypotheses or links to treatment plan or session. Attach any assessment results used including genograms or checklist results.

Girl has no previous diagnosis and has not ever worked with a counselor before. Girl is having trouble grieving the temporary loss of her mother.

3. Client goals and progress to date (include the signals you are using to measure progress)

The goals for this client are to help her learn what triggers her anger and develop skills to cope with the temporary loss of her mother.

Theory sample (if any specific to be reviewed) Solution Focused/Person Centered/ Arts Therapy

Strengths (note counter and abbreviated excerpt and comment)

1:45- Used art project to show emotion rather than talking about it because girl has trouble expressing her feelings.

5:40- Used scaling for picture.

6:45- Asked to draw happy picture

7:20- Asked if girl wanted to stop drawing to talk about her statement of being really upset.

9:50- Asked open ended questions to get more information

11:20- Validating girl's feelings and used girl's metaphor

16:30- Gave positive spin for not blowing over.

19:40- Asked what she is proud of

30:40- Brought back volcano metaphor

32:00- Asked about time when she prevented herself from getting angry

36:00- Went back to scaling

45:05- Gave option for using chart

46:15- Summarized and reviewed interventions

51:30- Gave homework

Challenges noted (note counter and abbreviated excerpt and comment)

0:10- Shaky going over confidently.

3:40- Judgment- saying that was so sweet

10:00- Quick transition from nicknames

12:45- Could have explored her hurt feelings about her father

14:25- Should have focused on payback and positive and negative consequences of payback

20:46- Stated my opinion

22:10- Girl did not answer question

23:30- Should have asked what flashbacks she had

30:50- Awkward statement

34:00- Did not talk about why she doesn't want to tell her grandmother she is home

50:00- Did not process brother issue, had lost track of time so quickly needed to start terminating session

I would like to know more about ... to have performed better

I feel as though I missed many opportunities to have girl elaborate on important issues. Girl may have been hinting at wanting to explore things that I missed. I also feel as though the session was not as focused as needed for this client. Girl would jump around and go off onto tangents.

Ideas for next session

Next session we will go over goals and set specific objectives and timelines.

Internship III

Spring 2012

To be completed by student and submitted with each tape:

Tape # with client _1_ Length _53 mins_ Initials of client _EP_ Date of Interview _1/25/12_
Reviewer (if any) _____

About the Client

1. Background Information (client description, demographics, presenting issue/concern):

Client is a 14 year old Caucasian female. Girl as first referred to PACE for behavior issues with mother. Girl had reported physical abuse from stepfather. Girl had spent time at OYS for family counseling. Girl's parents are divorced and it is unknown which of two men are the girl's father. Five months ago, girl's mother sent girl to live with potential father out of state. Girl was not supervised and mother decided to bring girl back home. Girl lost younger sister and has three other sisters as well as a younger brother.

2. Conceptualization/Diagnostic Considerations (Are these your impressions or those of someone else in the records?) What is happening with client? What are Diagnostic impressions or established diagnoses? Hypotheses or links to treatment plan or session. Attach any assessment results used including genograms or checklist results.

Girl is adjusting to living back with her mother and attending PACE. Girl still does not know who her father is. Girl is living with stepfather although no other abuse has been reported since girl returned. Girl was previously diagnosed with Bipolar from Lee Mental Health. Counselor has not seen any issues related to bipolar behavior.

3. Client goals and progress to date (include the signals you are using to measure progress)

This is the first meeting with girl since she has returned to PACE. When counselor talked with girl about girl being added to internship caseload, girl asked if she could bring a box of memories to share. Goals of the session were to see how girl's transition home has been and to create safety plan if needed.

Theory sample (if any specific to be reviewed) Solution Focused

Strengths (note counter and abbreviated excerpt and comment)

1:50- Paraphrase

2:36- Feeling focus

6:00- Asking permission to look into the box

8:56- Open ended questions

22:00- Miracle question

32:20- Pointing out strengths

39:50- Refocused to talking about stepfather and creating safety plan

43:36- Question about coping skills she already has

45:00- Summarize

50:30- Starting establishing goals

Back | Close



AMERICAN COUNSELING
ASSOCIATION

ACA Student Policy Evidence of Insurance

ACA Member ID #:

ACA Member Expiration Date:
05/31/2012

Member Name/Address:

This policy is available to eligible registered Student Members of the American Counseling Association (ACA).

Coverage: Professional Liability, Occurrence Form

Master Policy Number: 418662084

Limits of Liability: \$1,000,000 each claim / \$3,000,000 aggregate - Each Student
\$6,000,000 Policy Aggregate

Student Member Eligibility

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master's degree counseling curriculum at a post secondary institution. Coverage is available to ACA student members solely while performing counseling services related to such curriculum.

ACA student members are not eligible for coverage when enrolled in a bachelor degree program, doctoral degree program or other post master's program. Coverage terminates when the ACA student member graduates from the master's degree program, or their ACA membership is terminated, expires, or the master policy is non-renewed or cancelled.

Important Information

If this Certificate has been issued to an ineligible ACA student member, there is no coverage afforded under the ACA Student policy.

Terms and conditions of coverage are specified in the master policy held by ACA. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions. Please contact HPSO directly for a free copy of the complete policy at 1-800-982-9491 or email service@hpsso.com.

An ACA membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requiring ACA students to carry professional liability insurance. Please call ACA Member Services with any questions or for a duplicate certificate of insurance toll free at 1-800-347-6647, ext. 222 or 703-823-9800, ext. 222, (M-F 8a.m. - 6p.m. ET).

In case an incident or suit is brought against you, please contact HPSO at 1-866-269-4793.

For additional answers to questions regarding the student liability insurance program, please log onto counseling.org/students.

Weekly Schedule

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9						
9-10						
10-11						
11-12						
12-1						
1-2						
2-3						
3-4						
4-5						
5-6						
6-7						
7-8						
8-9						

INTERNSHIP CANDIDATE INFORMATION

Date:	
Candidate I.D.:	
Home Phone:	
Work Phone:	
E-mail Address:	
Cell Number:	
Home Address:	
Fax:	
Emergency Contact:	
1st Site	
Location Name	PACE Center for Girls
Name of Supervisor	Joelle Robles
Phone #	239-425-2366 ext. 27
Address:	3760 Schoolhouse Rd, 33916
Credentials:	M.S.W.
Years of Experience:	2 1/2
Schedule	
Directions	
2nd Site	
Location Name	
Name of Supervisor	
Phone #	
Address:	
Credentials:	
Years of Experience:	
Schedule	
Directions	