**FORT HAYS STATE UNIVERSITY**

**MEMORANDUM OF AGREEMENT PRACTICUM/INTERNSHIP**

Concerning the

School Counseling Practicum/Internship Program

Department of Advanced Education Programs: School Counseling Program

PURPOSE:

The purpose of this agreement is to provide a qualified graduate student with a practicum/internship experience in the field of school counseling.

FORT HAYS STATE UNIVERSITY AGREES:

1. To assign a university liaison to facilitate communication between the university and the placement site.

2. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practice of the site;

3. To be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur;

4. To be responsible for the assignment of a fieldwork grade;

5. To provide site supervisors with information on the program’s expectations, requirements, and evaluation procedure for students.

*The University does not provide students with blanket insurance covering them against liability for actions or inaction occurring in the internship setting. Students participation in the Community Counseling Internship Program are required to purchase student liability insurance.*

THE PRACTICUM/INTERNSHIP SITE AGREES:

1. To assign a practicum/internship supervisor who shall have satisfied all of the following requirements at the time of the practicum/internship:

* The supervisor has (1) a minimum of a master’s degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program’s expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.
* The site supervisor is at least partial professional responsibility for the applicant’s supervised practice of professional counseling.
* The supervisor has no familial or other dual relationship with the applicant.

The supervisor has a supervisory relationship that was clearly differentiated from that of consultant.

* The supervisor will be available to the intern at the points of decision making regarding school counseling practice.
* The supervisor will provide a minimum of one hour of weekly individual supervision.

2. To identify the practicum/internship student as being in training and not as staff.

3. To provide the opportunity for the interns of engage in the practice of school counseling through a broad range of supervised experience that include the following activities and experiences:

* Decision Making
* Assessment
* Interdisciplinary collaboration and consultation
* Treatment interventions with a student population presenting a diverse set of problems and backgrounds.

4. To provide the intern with adequate workspace, telephone, office supplies, and staff to conduct professional activities.

5. To provide written evaluation of the intern based on criteria established Fort Hays State University.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Site Supervisor) will be the primary practicum/internship supervisor. The training activities will be provided for the intern in sufficient amounts to allow an adequate evaluation of the intern’s level of competence in each activity. Elliot Isom, PhD. (University Supervisor) will be the faculty liaison with whom the student and practicum/internship site supervisor will communicate regarding progress, problems, and performance evaluations. In witness whereof, the parties hereto have caused this memorandum of agreement to be signed this day and year below:

**STUDENT PRACTICUM/INTERNSHIP AGREEMENT**

Directions: is to complete this form and submit a copy of this agreement to the university practicum/internship supervisor.

1. I hereby attest that I have read and understood the American Counseling Association’s (ACA, 2014) ethical standards and will practice 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, a failing grade, and documentation of such behavior will become part of my permanent record.

2. I agree adhere to the administrative policies, rules, standards, and practices of the practicum/internship site and understand that should I fail to adhere to these rules and policies, my practicum/internship may be terminated and I will fail the practicum/internship class.

3. I understand that my responsibilities include keeping my practicum/internship supervisor(s) informed regarding my practicum/internship experiences.

4. I understand that in order to earn a passing grade, I must demonstrate the specified minimal skill level for counseling skills, knowledge, and competence. In addition, all course requirements must be completed.

5. I agree not to divulge any information regarding material, cases, names, concerns, etc. to any party outside of this class. Failure to do so will constitute violation of confidentiality and be representative of unprofessional conduct.

6. I absolve Fort Hays State University of any liability in the performance of my practicum/internship activities for the term/year of this class.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION**

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

TERM OF PRACTICUM/INTERNSHIP PLACEMENT:

PRACTICUM/INTERNSHIP SITE:

ADDRESS:

UNIVERSITY FACULTY LIASON INFORMATION

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

SITE SUPERVISOR INFORMATION:

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

LICENSE AND NUMBER:

DEGREE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(University Supervisor Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Site Supervisor Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School Principal/Administrator Signature) (Date)