Master of Counseling (MCoun) Program
Internship Handbook

2021-2022

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General Suggestions for Your Clinical Experience

- Consult with your supervisor immediately if you believe you need to make a mandatory report.
- Be open to consultation, feedback, and/or ideas when you are unsure how to address a presenting concern or on-going clinical need for one or more of your clients. When in doubt, engage in an ethical decision-making process.
- Always remember to maintain the confidentiality of your students and clients.
  - Clinical Mental Health Students: This includes while transporting recordings from site to site or from the clinic office to supervision.
  - School Counseling Students: Maintaining the confidentiality of your students can be challenging in school environments in which there exists a large number of diverse stakeholders, often possessing conflicting interests. Be diligent!
- Use a double lock system (example: lock box when transporting) at all times when storing or transporting confidential material.
- Always be alert to your environment and the hearing range of others when asking a question or discussing clinical information. Be intentional with the information you chose to consult about or discuss with others about your client(s).
- Be prompt to class, group supervision, individual/triadic supervision, your site, and all professional appointments.
- Dress in a manner befitting a professional in your environment (e.g., shower and dress appropriately). Talk with your supervisors about what appropriate dress is.
- Never provide counseling services via e-mail or text; neither are secure forms of communication.
  - Texting with students/clients and/or friending them on social media is prohibited.
- School counseling students: Do not provide transportation for students at your practicum site under any circumstances. It is important to know your school site’s policies regarding student meetings.
- Do not miss an appointment:
  - Clinical mental health students: if an emergency prevents you from being at an appointment telephone the client or another counselor to make other arrangements. This is your responsibility.
  - School Counseling Students: telephone your school counselor site coordinator, along with your supervisor. Schedules are set for practicum students for being in the classroom, conducting small groups and individual students. A peer will need to step in and cover your classroom time.
- Hour logs and other paperwork will need to be completed throughout your internship. Make sure your paperwork is completed properly and on time. Always keep a copy for your own records.
- Constantly stretch yourself, look for new techniques to assist your client(s) and seek support as a means of expanding your clinical acumen. Read books, watch videotapes, attend workshops and conferences, search the internet for reliable sources, review information in the library or electronically through the library’s online resources. Talk to program faculty, supervisors, other students, or doctoral students to gain insight.
- Focus on the fundamentals: nonverbal communication, feeling reflections, paraphrasing, active listening, curiosity, and goal setting (helping the client determine steps to get to where they want to be, etc.).
- A major challenge of counseling is to find ways of effectively integrating who you are as an individual into your role as a developing professional counseling. Take appropriate, intentional, and supervised risks.
- Maintain your own health and wellbeing, seek support as necessary (see ACA Code of Ethics, Section C.2.g; F.8.b). Seek out your own personal counseling. Ultimately, it is also important to remember that you are on a journey of discovery. Set reasonable expectations for yourself and what you wish to accomplish. Stretch yourself, but not to the breaking point.
In this section, you will find information that was developed by faculty and counselors-in-training to help interns successfully navigate their way through the final stage of their program. As such, this document shows that professional success is a collaborative endeavor that calls for experienced professionals to mentor developing professionals, and for developing professionals to take on greater professional responsibility.

**Case Presentations**
The case presentation serves several purposes. The assignment provides the student with the opportunity to reflect on how the therapeutic experience impacts them, experience in writing a case conceptualization, and presenting a case as can be expected in an agency setting. It is also an opportunity for the student to get feedback (and for observing students to learn how to provide feedback) regarding counseling and reporting skills.

- Clinical Mental Health students: Each student is required to make six (over three quarters) to eight (over four quarters) oral case presentations across internship, with each format building from the previous presentation. These presentations will be roughly 30 minutes in length, though this may depend on your instructor. **Presentations must include video excerpts, demonstrating identified counseling skills.**

- School Counseling students: Each student is required to make six to eight oral case presentations across internship, with each format building from the previous presentation. These presentations will be about 30 minutes in length, though this may depend on your instructor. **Presentations must include video excerpts, demonstrating identified counseling skills.**

**Quarterly Expectations**
Be sure you have all necessary signatures on all paperwork. Complete your hour log form, dispositional evaluation, and clinical skills evaluation. Be pro-active and take these forms and any files needing signatures to your last individual supervision session during the last week of classes. You and your supervisor should keep copies of all paperwork.

- Keep a copy of all of your hour log for your records. This is your responsibility.

**And the end of the quarter:** Remember to have all of your video erased before the last day of the last week of the term (see below links for how-to). Once you have received written permission to record a session, be sure to keep the video (and any related notes) locked up to ensure confidentiality, and keep the signed permission form with the tape for future reference. All such confidential materials must be kept behind two locks (i.e. locked filing cabinet in a locked office or password protected on a computer that can be locked). All paperwork (logs and evaluations) are due prior to the end of the term. Failure to submit paperwork by the end of the term may result in an “Incomplete” grade.

- For CMHC, Supervision Assist is the only OSU-Cascades program-approved platform for recording and storing videos.
- MAC
  - [http://download.cnet.com/Permanent-Eraser/3000-2092_4-10668789.html?tag=mncol;2](http://download.cnet.com/Permanent-Eraser/3000-2092_4-10668789.html?tag=mncol;2)
- PC

**Counseling People You Know**
You may know some potential clients and wonder whether it is okay for you to counsel them. Other questions may come up regarding seeing relatives of people you know or relatives of clients you have. To resolve such issues, refer to the ACA and/or ASCA Ethical Standards, engage with an ethical decision-making process, and...
consult with your supervisor. You should consult with your group and individual/triadic supervisor about any potential situations that may include dual relationships.

Endangerment
No MCoun student or faculty member is expected to be in a position of endangerment as a function of teaching or learning. Any faculty member or student who believes there is a risk of endangerment should take immediate steps to remove themselves from the situation. The individual should report the situation and attendant circumstances to the site and/or University supervisor.

In the event that a client threatens significant harm to self or others, please follow the protocol as determined by your site. The event should be documented in writing at the earliest possible moment and you should notify your supervisor immediately. In such instances, proactive measures are pursued to provide assistance to the client and the student.

Remedial Practicum and Internship
In the event a student is not progressing adequately, the Supervisor(s), student, and the student’s academic advisor will meet to identify/clarify deficits, which could prevent advancement through the clinical series. Once problem areas have been defined, a problem identification meeting will be held, a contract will be written by the University supervisor, outlining the deficits and the plan of action for remediation. This contract will outline the performance expectations of the student before they will be recommended for advancement. If a student does not meet all areas of the contract it is possible that the student will not pass practicum and/or internship and/or be required to engage in additional clinical experiences or receive additional supervision.

University Supervisor/Instructor’s Role in Remedial Practicum. The role of the university supervisor and instructor is to provide an atmosphere conducive to learning. The student will work as a team member with the advisor and student in determining remedial goals, informing the student of basic requirements and providing clear evaluations that will facilitate learning. See evaluation forms at the end of this handbook which include the evaluations your individual/triadic supervisor will use in evaluating you four times throughout the practicum experience. In the event that it becomes evident the student is not fulfilling basic requirements and not making progress, the University supervisor/instructor will meet with the student’s advisor and the student for an evaluation. A determination will be made at that time regarding appropriate course of further action (see Principles for Evaluation & Retention in Program Handbook).

NOTE: You will have the opportunity to anonymously evaluate your practicum individual/triadic supervisor at the termination of the supervisory relationship using FORM 4. Please submit this evaluation directly to the practicum and internship placement coordinator.

Student’s Role. If the student does not agree with the supervisor and/or instructor’s evaluation or method of instruction of her or his performance, it is suggested that the student first of all confer with the appropriate supervisor or instructor in an effort to resolve the issue. If the student does not believe an acceptable solution has been reached with the instructor, they will then consult with the advisor. The advisor will then view video and would follow the procedure listed in the “advisor’s role.”

Advisor’s Role. The advisor may, as the need arises, view the student’s video in conjunction with the instructor. If the advisor does not agree with the feedback and or teaching methods, the advisor will first discuss her or his concerns with the instructor. If no agreement is reached the advisor can then convene a meeting of the faculty to review the situation.

Note for Clinical Mental Health Students: All clinic policies and procedures must be followed. Failure to follow policies, procedures, uphold the ACA (2014) Code of Ethics, lack of professional comportment, or breaking confidentiality may result in an incomplete grade, remediation, or removal from the program.
Quarterly hour logs must be signed by the site supervisor, university supervisor, and student before the end of each quarter. Students are responsible for uploading the logs into Taskstream during the last week of each term. The university supervisor will review the logs, along with the quarterly evaluations, and sign each, before submitting final grades for the term.

- Clinical Mental Health Students may not accrue direct hours during academic breaks.
- School Counseling Students must receive prior approval from their site supervisor and campus instructor. Direct hours cannot be accrued without supervision.

Note: It is important for students to keep copies of all hours logs and evaluations for their own records.

Total Hours include: Counseling Direct Contact Hours include (which can include shadowing if you participate in the session) + individual supervision hours + group supervision hours + indirect site activities.

Record the amount of time you spend with clients (direct hours), supervision, and indirect site experience hours. The term “client” refers to any person receiving services including students, parents, teachers, or patients.

- At the end of each term, data must be entered into Taskstream and a signed copy of your log uploaded into Taskstream as well.
- Failure to upload signed, accurate quarterly hours logs may result in an incomplete grade, failure to progress to the following quarter, and/or delayed graduation.
- Misrepresenting your hours may result in dismissal from the program.
- Keep a separate log for each site.
- Hour logs are available on Canvas.

Counseling Direct Contact Hours include: Individual counseling hours + career counseling hours + group counseling hours + group psychoeducation hours + intake and assessment hours + crisis intervention hours + family counseling hours. They are therapeutic in nature and are comprised of face-to-face and voice-to-voice communication.

Individual Supervision Hours include: An average of one hour per week spent with your official site supervisor discussing your development as a counselor and your counseling interactions with clients at the site. Supervision may be conducted as a triad (i.e., two supervisees and a supervisor), but not as group staffing. The ideal format for supervision is face-to-face and includes review of a recent recording of a counseling session. Supervision should cover skills, conceptualization, personalization, and professional identity development. You should plan, negotiate, and advocate at your site to receive these experiences. Consultation in passing (also known as drive-by supervision) is not a viable alternative to real supervision.

Should you encounter difficulty in scheduling / receiving individual supervision on site, your first step is to advocate directly with your site supervisor to develop an appropriate schedule. If that is not successful, your university supervisor and/or internship coordinator will be available to consult with you and assist you in ensuring you receive adequate supervision. If the situation is not remedied in a timely manner, you will not be able to continue to see clients on site until adequate supervision is provided.

Group Supervision Hours include: Time spent in COUN 514 & 515 group supervision internship class on campus. Some sites may have you also participate in their own group supervision. Group supervision must equal an average of 1.5 hours per week for the terms you are registered for internship regardless of the number of credits.
Indirect Site Activities include: Activities at your site that are not direct counseling contact, but are related to client service, site support, or your development as a counselor. These hours can include case management, staff/faculty consultation, family consultation, in-service or trainings, site/client-related paperwork, site-related administrative duties, advocacy, teaching or instruction, etc.

Supervision and Direct Contact Hours Internship

- Minimum Individual Supervision Hours = 1 hour per week average
- Minimum Group Supervision Hours = 1.5 hours per week average
- Minimum Direct Contact Hours out of 600/900 = 240 hours

Internship Hour Average by Term for Clinical Mental Health Counseling students

<table>
<thead>
<tr>
<th>Term</th>
<th>Weeks of Internship</th>
<th>Average hours over 4 terms (44 weeks)</th>
<th>Average hours over 3 terms (33 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>11</td>
<td>21/week</td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td>11</td>
<td>21/week</td>
<td>27.5/week</td>
</tr>
<tr>
<td>Winter</td>
<td>11</td>
<td>21/week</td>
<td>27.5/week</td>
</tr>
<tr>
<td>Spring</td>
<td>11</td>
<td>21/week</td>
<td>27.5/week</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>=900</td>
<td>=900</td>
</tr>
</tbody>
</table>

Internship Hour Average by Term for School Counseling students

<table>
<thead>
<tr>
<th>Term</th>
<th>Weeks of Internship</th>
<th>Average hours over 3 terms (33 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>11</td>
<td>18.5/week</td>
</tr>
<tr>
<td>Winter</td>
<td>11</td>
<td>18.5/week</td>
</tr>
<tr>
<td>Spring</td>
<td>11</td>
<td>18.5/week</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>=600</td>
</tr>
</tbody>
</table>

*School Counseling Interns hours to complete =600, 240 of the 600 are direct hours.

A minimum of one hour per week of individual supervision is required on site by the onsite supervisor. Approximately 1.5 hours per week is required for group supervision, which occurs on campus. The student and the internship supervisor will determine specific schedules of internship hours jointly. This schedule should provide the student with the minimum of 600 hours of supervised clinical experience, 240 of which must be direct client contact hours.
Clinical Mental Health Students:

General Responsibilities include facilitating times and places for all meetings with your site-based supervisor. In general, meetings should be arranged well in advance with the first meeting being arranged within the first two weeks of your internship experience. This also includes completing and turning in all assigned coursework and internship forms.

- Students are expected to spend approximately 24 to 30 hours per week (based on a 3-8 credit internship class) for a minimum of three academic terms at the internship site. You can designate how those hours are distributed over each term. You may want to consult with your advisor as you formulate your plan, taking into consideration total number of credits you are taking each term, full-time/part-time status, and financial impact of additional credit hours. For example, summer internship term coincides with 3 additional courses (9 credit hours) for full-time students. You may choose to take 3 internship credit hours to bring your total to 12, taking more internship credit hours in fall, winter, and spring when you only have 6 other credit hours required.
- You must complete **24 total credit hours** of internship. *Students may take up to 9 credits of COUN 506 to replace up to 9 internship credits.*

School Counseling Students:

General Responsibilities include facilitating times and places for all meetings with your site-based supervisor. In general, meetings should be arranged well in advance with the first meeting being arranged within the first two weeks of your internship experience. This also includes completing and turning in all assigned coursework and internship forms. Knowing that things come up during the school day, plan ahead of deadlines for turning in required forms (needing supervisor signatures).

- Students are expected to spend at minimum 20 hours per week (at least two and one-half full days to three days), for the three academic terms, at the internship site for a minimum of three academic terms.
- **You must complete 15 total credit hours of internship.**
- School counseling interns are strongly encouraged to begin their internship at the beginning of the school year (i.e., late August or early September) when their site supervisor begins his/her school year. This time at the beginning of the school year is an orientation to the site and experiencing the beginning of the school year routine. This is a job shadow/job orientation. The hours will count as indirect hours. Actual direct counseling hours will begin when you also begin group supervision.

**Internship Experience at the different school Levels.**

- School counselors earn licenses at the K-12 level. You might be hired at any of the levels (elementary, K-8, middle or high school). Therefore, it is beneficial to have school counseling experience and knowledge at multiple levels. One way to do this is to have two placements during internship at two different levels, along with experiencing practicum at the third level.
- You will work with the practicum and internship coordinator, the school counseling program coordinator, and/or your advisor to help decide your placements.
- Teachers Standards and Practice Commission (TSPC) abide by the following Oregon Administrative Rules that dictate standards. The internship experience is an opportunity to meet many standards and OAR’s that school counselors (and other educators) are required to meet in order to obtain your Preliminary School Counselor License.
- OAR-017-1026 English Language Learner (ELL) Knowledge, Skills, Abilities and Disposition for all educator preparation candidates, faculty and programs.
School Counselor Preliminary License.

- During your time in the program, you will have completed various core assignments that meet CACREP and TSPC School Counseling Standards. While you are completing your internship throughout the year, you will develop and complete a portfolio. Explanation and support on the portfolio will be ongoing throughout your internship.
- Additionally, you are required to take a Civil Rights/Ethics exam – Protecting Student and Civil Rights in the Educational Environment Exam
- The link for the exam is: www.oregon.gov/tspc/Pages/Testing.aspx
- It is best to complete this exam after completing COUN 548 Special Education Issues in Counseling, and early in your internship experience, by the second summer/before going into your second year.
- Before graduation, you will submit an application on the TSPC’s website. You will first set up an account before completing an application. The link for the application is: https://apps.oregon.gov/TSPC/eLicense

For School Counseling students interested in supervision and earning your LPC:

Oregon State Regulations on Supervisors for LPC Candidates (Post-Degree) OAR 833-020-0050
(4) The supervisor, at the time of supervision must have:
   (a) Held a master's degree in counseling or graduate degree judged equivalent by the Board;
   (b) Completed three years of post-graduate supervised clinical experience as a professional counselor or other mental health professional;
   (c) Completed 30 clock hours of training in supervision theory and practice through post-master's workshops or post-master's graduate level academic coursework for any supervision hours provided after June 30, 1992; and
   (d) Been certified as a National Certified Counselor (NCC), Certified Clinical Mental Health Counselor (CCMHC), Certified Rehabilitation Counselor (CRC); or Certified Career Counselor (CCC); or
   (e) Held a license as a professional counselor in the State of Oregon or held an Oregon or other state certification or licensure judged comparable by the Board, such as Oregon standard school counselors or Oregon psychologist associates or those state licensed as clinical psychologists, clinical social workers, and marriage and family therapists.

Academic Requirements for Internship

A student may enroll in internship credits when they:
1. have a minimum overall GPA of 3.0 for all courses included in the program of study
2. have successfully completed COUN 514 Practicum sequence
   - Including passing scores on their Clinical Skills Evaluation and Dispositions Evaluation
3. have completed all prerequisites for the internship experience
   - Clinical Mental Health students: Including all required documentation in CastleBranch

CACREP Requirements: 2016 Standards

Internship

- Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
- Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students’ interactions with clients.
Formative and summative evaluations of the student’s counseling performance and ability to integrate and apply knowledge are conducted as part of the student’s practicum and internship. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area. Internship students complete at least 240 clock hours of direct service. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

Internship students participate in an average of 11/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

**Supervisor Qualifications**

- Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.
- Doctoral students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.
- Site supervisors have (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.
- Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.
- Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

**Internship Site**

- The student must accumulate a minimum of 240 hours of direct client contact within a total internship experience of 900 hours over three or more academic quarters. The student should be provided with a workspace as similar as possible to the professional staff of the agency.
- The site supervisor must complete and review with the student two evaluations (fall term and spring term). The original, signed document will be turned in to the internship instructor by the student and placed in the student’s permanent internship records file. A copy of the student’s log of hours must accompany each quarterly evaluation.
The OSU Internship Instructor and/or the OSU Practicum & Internship Coordinator will be available to consult with the site clinical supervisor about the student’s progress and development, or any other issues that emerge during the student’s placement.

The Internship Instructor will collect and review the Performance Evaluation form and discuss student progress and goals with the student.

For School Counseling students: **TSPC Supervision** requires that the university supervisor will conduct at least four visits/consultations with the student and site supervisor over the course of the academic year (at least one each quarter). During each visit or consultation, the site-supervisor, university supervisor and student will discuss student progress and goals or review the Quarterly Evaluation Form. If the university supervisor who conducts site visits is not the internship instructor, it is important for the university supervisor and internship instructor to also maintain communication on student intern’s progress. **The site supervisor will contact the internship instructor (if different from the university supervisor conducting site visits) when questions or issues arise in between the official site visits.**

The Internship Instructor will consult with the student’s advisor as required or needed.

Students will upload their logs into taskstream and provide any other necessary materials to Donna Harris each quarter.

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**Frequently Asked Questions about Internship**

**What do I do if I have more than one internship site?**
- Each internship site will require a designated supervisor who provides individual/triadic supervision (total supervision will be minimum 1 hr/wk divided between sites).
- You will need to keep separate hour logs for each site. Each must be signed and turned in quarterly.
- You will need to have a clinical skills evaluation and disposition evaluation completed for each site by each site supervisor. These must be signed and turned in quarterly.

**I’m not getting clients! What if I don’t get enough hours?**
- In the summer, it is not unusual for interns to spend most of their internship time in training, shadowing, and other indirect service activities. If you have few summer direct hours, an average of 8 direct hours/week for fall/winter/spring terms will still get you to 240.
- If, however, by mid fall you are not on pace for getting 6-8 direct hrs/week, consult with your site supervisor, your university supervisor, and internship coordinator (in that order) to develop a plan of action.

**I’m not getting consistent supervision and my supervisor is not available to me when I need them. What should I do?**
- Bring this concern to your university supervisor immediately. They, in coordination with the internship coordinator, will have conversations with the site supervisor(s) to ensure that you are getting adequate support.
- If no acceptable change occurs, you may be removed from the site and placed in a new internship site. It is rare that this step is required, and only occurs when all other avenues for acceptable solutions have been exhausted.

**My site wants me to work over school holidays, but I need a break. Do I have to go to internship?**
- No. It is program policy that you are not on site during school breaks.
I’ve finished all my hours, and it’s only winter term. Do I have to do internship in spring term?

- Yes. It is the program’s expectation that you complete internship through spring quarter. With approval from your advisor and site supervisor, there are unique circumstances in which you may exit internship before the end of spring term. In this rare event, it is essential that you provide adequate notice to your site to ensure that your clients are not adversely impacted by an early departure. Client abandonment is an ethical breach.
- If you have received approval and you choose to leave before the end of the anticipated internship term, you must work out a timeline to ensure continuity of care, as this is part of your ethical obligation.

My internship site has offered me a job. Can I take it?

- It depends. Consult with the internship coordinator for clarification based on your specific situation.
- Some sites will allow interns to also be employees, some will not. Accepting an offer of employment may, in some cases, result in the end of your internship with that site. There is no guarantee that another site would be available, and you may need to delay completion of internship to the next academic year.
- If you have completed your internship requirements, and wish to transition to employee status, that is between you and your site. You may not, however, take a position that requires a completed Master’s Degree in Counseling until such a time as your degree is complete or accept a position that requires licensure (LPC, or LPC-I), until those requirements have been met. Consult with the OBLPCT for more information about LPC-I and LPC requirements.

Demonstrating Compliance with Oregon Administrative Requirements

Clinical Mental Health Students Only

Clinical Mental Health Counseling students and students desiring to complete clinical mental health counseling requirements must meet the relevant requirements determined by the Oregon Administrative Requirements (OARs) for Health Profession Student Clinical Training (409-030-0100 – 409-030-0250) prior to enrollment in their first clinical experience in a clinical mental health setting (e.g., COUN 514).

Review the Oregon Administrative Rules (OARs) here:

https://www.oregon.gov/oblpct/Pages/LawsRules.aspx

More information can be found at this link.

We as a program have adopted these requirements for all of our students. The purpose of these regulations is to 1) protect your health and 2) to protect the health and wellbeing of any clients, students, supervisors, and other community members with whom you interact throughout the duration of your program.

Some internship sites will have you complete some of the requirements on site and have specific background check requirements that supersede the OAR requirements. Some sites have requested exemptions from the State Authority for specific OAR requirements. The complete list of exemptions is available from Donna Harris. When you know the site(s) hosting you for internship, you will work with Donna on completing the requirements specific to that site.

- When you know the site(s) hosting you for internship, please contact Donna Harris to obtain information about completing the requirements specific to that site. Different fees and requirements are associated with specific sites.
Please ensure that you also complete any and all site-specific trainings and orientations for your practicum/internship placement. Should you have any further questions or require any additional information please contact Donna Harris.

You must demonstrate that you have completed your site-specific requirements prior to your anticipated start date; otherwise, your clinical experience could be delayed. Below is a list of potential requirements.

### Potential Immunizations (must be current)
- Hepatitis B—Positive Titer or Series (3 doses)
- Measles, mumps, and rubella (MMR) or Proof of 2 MMRs
- Tetanus booster with pertussis (must be within 10 years)
- Varicella
  - Provider verification of chicken pox case or Positive Titer or Varicella Immunizations (2 doses)
- Note- for students entering internship in 2021 and beyond, Oregon State University intends to implement a COVID-19 vaccination requirement beginning fall term 2021 for those students and employees who learn, work or engage onsite at OSU locations throughout Oregon. It is possible that OAR’s may also be updated to reflect a COVID-19 vaccination requirement.

### Potential Screenings
- Tuberculosis (screened within past 12-months)
  - 2 PPD Skin Tests OR
  - 1 Blood Test—Quanterferon Gold (QF Gold) AND T-Spot
- Substance Abuse 10-panel drug screen (screened no longer than 3 months prior to admittance of program)
- Criminal Background Check (screened no longer than 3 months prior to admittance of program)
  - SSN trace
  - State/National criminal background history
  - Sex offender registry check
  - OIG LEIE check

### Potential Trainings
- CPR/Basic Life Support for healthcare providers (Infant, Child, Adult)
- Bloodborne pathogen training (OSHA)—link provided by program
- OSHA recommended safety guidelines

### Required Insurance Standards
- Professional Liability Insurance, (ACA, SAVERS, etc. please provide copy of policy to Donna Harris)
- General Liability Insurance (provided by university—no action required by the student)

### CastleBranch

**Clinical Mental Health Students Only**

You are to document the completion of these requirements by setting up an account with CastleBranch which serves as our information and documentation clearinghouse. You will need to set up an account with CastleBranch from the email invite sent by Donna Harris. There is a one-time fee to set up your account. Students are financially responsible to create and maintain their CastleBranch account and satisfy the OAR requirements.

- Students will sign up for packages specific to their internship sites. Fees vary based on the package required. Again, confirm with Donna which package is appropriate for your internship site.
You must submit all documentation of all required immunizations, screenings, and trainings set forth by the OAR’s to CastleBranch.

- Different fees and requirements are associated with specific sites. Please work closely with Donna to confirm you have the correct immunizations, screenings, and trainings.

Your Oregon Administrative Rule (OAR) requirements must be met/completed prior to working with clients.

### School Counseling Internship and Practicum SAFE SCHOOLS Requirements

**School Counseling Students Only**

School counseling students are required to submit fingerprints and background checks to TSPC, prior to entering schools for practicum and internship. Fingerprints are good for three years.

**Safe Schools Training:** Additionally, school counseling students will need to complete “Safe Schools” training modules each school year (both for practicum and again before internship) for Bend LaPine and Redmond School Districts. The Safe Schools training has specific modules according to the school district they will be working in. If school counseling interns are in two or more different schools in different school districts for internship, students will complete the Safe Schools modules per each district requirement.

**Safe School and Background check Information for 2020 – 2021**

**Bend La Pine School District:** Tammie Parker [tammie.parker@bend.k12.or.us](mailto:tammie.parker@bend.k12.or.us)

Fingerprinted background check TSPC - Print out the screen from the TSPC website or take a screenshot that shows the completed fingerprinted background check (you already have uploaded this on to Taskstream) Use the same screenshot and send to Tammie Parker [tammie.parker@bend.k12.or.us](mailto:tammie.parker@bend.k12.or.us)

**Online Volunteer Background Check** – Please complete online volunteer background check. Here is the link: [https://volunteer.bend.k12.or.us/](https://volunteer.bend.k12.or.us/).

**SafeSchools online Training** – You will need to complete the SafeSchools online training courses. Here is the link: [http://bend.or.safeschools.com/login](http://bend.or.safeschools.com/login). You will just need to enter your username: (first name.last name) After you log in you will see the assigned four courses. Please complete all 4 courses. Once the above items have been completed please contact Tammie to schedule to have your photo taken for your ID badge.

**Redmond School District:** Nicole Nokes [nicole.nokes@redmondschools.org](mailto:nicole.nokes@redmondschools.org)

Fingerprinted background check TSPC – Print out the screen from the TSPC website or take a screenshot that shows the completed fingerprinted background check (you already have uploaded this on to Taskstream) Use the same screenshot and send to Nicole Nokes [nicole.nokes@redmondschools.org](mailto:nicole.nokes@redmondschools.org)

**Online Volunteer Background Check and Forms** – Please complete all forms and trainings at this link: [http://www.redmond.k12.or.us/departments/human-resources/student-intern-and-practicum-opportunities/](http://www.redmond.k12.or.us/departments/human-resources/student-intern-and-practicum-opportunities/)

Safe Schools link is under Mandatory Training - Self Registration Instructions. If you have completed these for another district, please email the completions to [nicole.nokes@redmondschools.org](mailto:nicole.nokes@redmondschools.org)

Once the above items have been completed please contact Tammie to schedule to have your photo taken for your ID badge.
Fingerprinting instructions:
Fingerprinting- Must be completed with Teachers Standards and Practice Commission (TSPC) follow the e-licensure process:

- Step 1: Visit http://www.oregon.gov/tspc/Pages/Fingerprinting.aspx (Keep all receipts of payment.) Continue to follow the process for “CLINICAL PRACTICE”
- Step 2: After submitting to TSPC, you will receive a “field print code“ back within 5-7 days in an email.
- Step 3: You will need to take the code and instructions with you to a Field Print Office where your fingerprints will be submitted.
- Step 4: Fingerprint clearance should occur within 2 weeks. You will receive an email from TSPC showing that your fingerprint clearance has come through. Please save this email in a safe spot for the duration of the program.
- Step 5: Please take a screenshot (example below) of this clearance and submit documentation to the school district where you are completing your practicum. Also submit to Taskstream under Admission to the Program > FINGERPRINTING/BACKGROUND CHECK this is required before beginning your practicum.

Note: Ms. Erin Feeney, Educational Placement Coordinator will provide updated information at the beginning of each school year.

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Post-Internship Professional Licensure

Post-Internship Supervision and Licensure
To qualify for licensure as a professional counselor under ORS 675.715(1)(c) and 675.720, an applicant must have completed at least three years, defined as 36 months, of supervised clinical counseling experience. The applicant must have completed no less than 2,400 direct client contact hours (up to 400 of those hours may be completed during the clinical portion of the degree program) and 120 supervision hours with a qualified supervisor.

Other specific requirements apply. For further information, contact the Oregon Board of Licensed Professional Counselors and Therapists: (503) 378-5499, lpc.lmft@state.or.us or www.oblpct.state.or.us

School Counseling Licensure Continuing Education. This license is good for three years. TSPC requires ongoing professional development in order to renew your license. You will be required to earn 75 PDU’s (professional development units) over the course of those three years.

Acquiring Professional Licensure
Each state or government agency has its own specific procedures for acquiring licensure, but most have the same basic components: (1) An application form or checklist for applicants to complete, and (2) an application processing fee. It is the student/graduate’s responsibility to facilitate their own licensure process. Program faculty and staff will help you with verifying that you met your educational and clinical training requirements, as well as provide endorsement for the professional license.

Licensing for School Counselors
Oregon – Teachers Standards and Practice Commission (TSPC)
250 Division St. NE, Salem, OR 97301-1012
503-378-3586 web site: http://www.oregon.gov/tspc
Request for proof that you completed the program. Proof will consist either of official transcripts showing all your program coursework, a recommendation from the Placement and Licensure Officer (issued on behalf of the Dean of the College of Education), or both.

Request proof that you have passed the required testing for the state or agency. Official score reports are generally requested as proof. Once you complete required testing, please submit copies of test completion and outcome to Donna Harris.

A criminal history background check is required, including fingerprinting. Some states may accept Oregon's background check, but most require you to follow their own state’s process. (Fingerprinting and a criminal history background check is completed within the first to second term of the program. The cost of fingerprinting is $61.00* and is good for three years.

Teacher Standards and Practices Application Instructions for an Oregon Preliminary School Counselor License. http://www.oregon.gov/tspc/Pages/elicensing.aspx. The application is an electronic, online process. As of summer 2020, the TSPC fee is $182.00* plus a $10. portal fee. This fee is subject to change, so check to licensure guide on the TSPC website).

Students intending to apply for school counselor licensure need to review the “First time License” on the TSPC website. Eligibility for the Preliminary School Counselor License includes:

- Comply with Standards for Competent and Ethical Performance of Oregon Educators as defined in OAR 584, Division 20.
- Meet the standards set forth in OAR 584-018-0305 – Personnel Service Licensure Programs School Counselors – students will demonstrate the professional knowledge, skills, abilities, cultural competencies and professional disposition for the preliminary school counselor license. These standards align with the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) school counselor standards.
- In addition to the standards for school counselors, students will demonstrate knowledge, skills and cultural competence in the CACREP common core standards for all counselors.
- Pass the required Protecting Student and Civil Rights in the Educational Environment exam http://www.orela.nesinc.com/TestView.aspx?f=HTML_FRAG/OR008_TestPage.html. The cost of this test is $95.00* and the completion certificate will need to be provided.
- Pass a criminal background clearance, including fingerprints (or are updated if expired).

*TSPC Fees for testing and fingerprints are subject to change. The fees listed here are at the time of publishing this handbook.

Licensing for Clinical Mental Health Counselors
Oregon Board of Licensed Professional Counselors and Therapists
3218 Pringle Rd SE Ste. 250 Salem, OR 97302-6312 (503) 378-5499

Licensure: PLEASE NOTE
We strongly encourage you to research the state you will be working in to learn the details of their process for licensure before you complete the program so you will be prepared to apply when you are finished with your program.

We recommend you gather official (unopened and not photocopied) copies of test scores and transcripts from all secondary schools, colleges, and universities you have attended, and store them in a single secure location throughout your professional counseling career.
The OSU-Cascades MCoun program and faculty are not obligated to endorse any graduate or candidate for professional licensure. Graduation from the program does not automatically guarantee licensure endorsement; Program faculty and staff reserve the right to refrain from licensure endorsement based on the student’s performance, disposition, legal/ethical/criminal issues, or any other professional issues that are known about the individual.

An important note on criminal background check:
Professional counseling is a licensed occupation in the state of Oregon. To be licensed you must pass a criminal background check through the Teachers Standards & Practices Commission (TSPC) or the Oregon Board of Licensed Professional Counselors & Therapists (OBLPCT). If you have any criminal history, you need to be aware that you may or may not be eligible for licensure based on TSPC and/or OBLPCT criteria. If you have a criminal background, we recommend that you speak directly with the OBLPCT or TSPC regarding your licensure eligibility prior to your acceptance of our invitation to join the MCOUN program at OSU Cascades.
FORMS
FORM 1: Student Responsibility Form

Oregon State University – Cascades Campus
Counseling Academic Unit

✔ I have read and agree to adhere to the American Counseling Association’s (2014) Code of Ethics.

✔ I have received the Oregon State University Internship Handbook. I understand that I am responsible to read, understand, and comply with the information presented in the Master of Counseling Internship Handbook. I have reviewed the materials carefully, and if I have questions concerning these materials, I will ask for clarification in COUN515, Internship. I will also seek clarification from my university supervisor, individual supervisor, and/or any other faculty, as needed, to ensure that I follow best practice in the profession of counseling.

✔ I understand I am responsible for having, and providing documentation of, malpractice insurance at the start of practicum, and throughout the internship experiences.

✔ I understand I must upload a copy of my insurance coverage verification sheet to Taskstream.

✔ For CMHC students, I understand I am responsible for having a subscription to Supervision Assist for the purpose of recording sessions and documenting my hours.

I have student malpractice insurance through ____________________________________________.

Insurance Company

Policy/Member# _______________________ Date Policy Expires _________________________

____________________________________________________________
Student’s printed name

____________________________________________________________
Student’s Signature Date
FORM 2: Clinical Skills Evaluation  
Oregon State University Cascades  
Counseling Academic Unit

Students must submit a copy of this evaluation to their university supervisor at the end of each quarter via Canvas.

Student developmental assessment (SDA) is a regular and systematic process of collecting data for each individual student. Students are systematically assessed in three areas: Knowledge, Counseling Skills and Disposition. Counseling Skills Evaluation measures competency in attending, empathy, foundational counselor responses, navigating the clinical session, and their engagement in supervision.

This evaluation is completed at the end of each quarter of COUN514 & 515, but the observation of skills by the clinical supervisor is cumulative over the quarter. Students must earn an average score of “3” or higher in all areas in order to pass the evaluation. If the student does not earn an average score of 3 or higher, on all categories, s/he/they must continue to practice counseling until all skills are mastered at a level of 3 or higher. Supervisors should use supervision content and the case presentations to evaluate students, and record dates of observation of skills/competencies.

Scale Evaluation Guidelines
N – No opportunity to observe
1 – Below expectations/insufficient/unacceptable
2 – Near expectations/developing towards competencies
3 – Meets expectations/demonstrates competencies
4 – Exceeds expectations

Term: Summer Fall Winter Spring

Year: ____________________________

Name of Student (print): ________________________________

Date of Final Evaluation: ________________________________

Clinical Supervisor (print): ________________________________
### Competency in Attending
(attending is the foundation of counseling; it lets the client know that the counselor is present and listening)

<table>
<thead>
<tr>
<th>Skill</th>
<th>N</th>
<th>1</th>
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<th>3</th>
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<tbody>
<tr>
<td>Eye Contact</td>
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<td>Open Body Posture</td>
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<td>Encouragers</td>
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<td>Keeps focus on the client with verbal responses</td>
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<tr>
<td>Keeps focus on the client with non-verbal responses</td>
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<td>Mirrors the client’s facial expressions</td>
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<td>Mirrors the client’s body posture</td>
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<td>Creates an appropriate counseling structure – sets boundaries, creates a safe environment</td>
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<td>Student facilitates a strong therapeutic alliance with client</td>
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Comments:

### Competency in Empathy
(empathy is the ability to understand and share the feelings of another; in counseling, empathy is used to help the client to clarify personal experience and meaning)

<table>
<thead>
<tr>
<th>Skill</th>
<th>N</th>
<th>1</th>
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<tbody>
<tr>
<td>Demonstrates empathy for the client</td>
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<td>Demonstrates understanding of the client’s cultural frame of reference</td>
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<td>Acknowledges social justice issues in some form (either during session with client or in supervision)</td>
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<td>Recognizes and integrates ethical or legal issues as appropriate with client</td>
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<td>Student demonstrates awareness of power differences in the therapeutic relationship and manages these differences therapeutically</td>
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<td>Student demonstrates awareness of self, including her/his own personal values, and refrains from projecting self and personal values into the counseling process</td>
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Comments:
### Competency in Foundational Counselor Responses

*Foundational counselor responses are the very basic skills to facilitate the counseling relationship*

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<tr>
<th>Skill</th>
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<tbody>
<tr>
<td>Reflects client’s feelings</td>
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<tr>
<td>Reflects client’s content (paraphrase and/or advanced empathy)</td>
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<td>Uses intentional open-ended questions</td>
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<td>Uses intentional closed questions</td>
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<td>Uses pattern statements</td>
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<td>Uses self-disclosure appropriately and in the client’s best interests</td>
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<td>Uses here-and-now processing (immediacy)</td>
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<td>Demonstrates confrontation skills (reflect discrepancies)</td>
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<td>Uses intentional silence therapeutically</td>
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<td>Implements summaries as needed</td>
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**Comments:**

### Competency in Navigating the Clinical Session

*The clinical session is the 50 minute session; the counselor is responsible for facilitating the session*

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<tr>
<th>Skill</th>
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<tbody>
<tr>
<td>Student adequately reviews informed consent with client</td>
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<td>Student can effectively begin a session</td>
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<td>Student responds to important themes within the session</td>
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<td>Student ends the session on time</td>
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<td>Student demonstrates awareness of client/counselor interpersonal process</td>
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<td>Student demonstrates analysis and resolution of ethical dilemmas</td>
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<td>Student sets treatment goals with the client</td>
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<tr>
<td>Student keeps counseling session focused on treatment goals</td>
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<td>Clinical documentation is completed on time (within 48 hours of session, and presented ready for signature at the next supervision)</td>
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**Comments:**
**Engagement in Supervision**

(clinical supervision is a required process where an experienced counselor facilitates, oversees, and evaluates the professional development of a growing counselor)

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<tr>
<th>Skill</th>
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</thead>
<tbody>
<tr>
<td>Student demonstrates case conceptualization skills in supervision</td>
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<td>Student appears receptive to supervisor’s feedback, and integrates that feedback into clinical work</td>
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<td>Student works through any personal or interpersonal issues that are impacting her/his counseling work with clients</td>
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<td>Student presents on time and ready for supervision (e.g., case notes prepared, video cued, requesting feedback)</td>
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<td>Student appropriately balances time in supervision with triadic peer</td>
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<td>Student increases knowledge (and implementation) of effective counseling strategies and evidence-based practices</td>
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<td>Professionalism – Student relates in a professional manner towards professors, supervisors, peers, and clients</td>
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<td>Professional ethics – Student adheres to the guidelines of ACA &amp; ASCA</td>
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</table>

Comments:

Additional Qualitative feedback or comments (both student and clinical supervisor):

Student Signature: __________________________________________________________

Date: ___________________________________________________________________

Clinical Supervisor Signature: _____________________________________________

Date: ___________________________________________________________________

Recommendation to Advance:  □ Yes   □ No   □ With remediation

Advisor Notified:  □ Yes   □ No   □ N/A
Students must submit a copy of this evaluation to their university supervisor at the end of each quarter via Canvas.

Student developmental assessment (SDA) is a regular and systematic process of collecting data for each individual student. Students are systematically assessed in three areas: Knowledge, Counseling Skills, and Disposition. The following dispositions provide a structure for student expectations and evaluation throughout their time in the MCOUN program: self-awareness, empathy, curiosity, integrity, wellness, and cultural humility.

This evaluation is completed at the end of each quarter, but the observation of disposition by the clinical supervisor is cumulative over the quarter. Students must earn an average score of “3” or higher in all areas in order to pass the evaluation. If the student does not earn an average score of 3 or higher, on all categories, they must continue to practice counseling until all skills are mastered at a level of 3 or higher. Supervisors should incorporate multiple experiences of the student (supervision content, group supervision, observation of interactions with peers and clients, etc.) to assess students, and record dates of observation of skills/competencies.

**Scale Evaluation Guidelines**

N – No opportunity to observe  
1 – Below expectations/insufficient/unacceptable  
2 – Near expectations/developing towards competencies  
3— Meets expectations/demonstrates competencies  
4 – Exceeds expectations

<table>
<thead>
<tr>
<th>Term</th>
<th>Summer</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
</table>

Year: ____________________________

Name of Student (print): ____________________________

Date of Final Evaluation: ____________________________

Clinical Supervisor (print): ____________________________
<table>
<thead>
<tr>
<th>Disposition</th>
<th>As Evidenced by...</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-awareness.</strong> Counselors are aware of their inner emotional, cognitive, and physiological states, and they behave in congruent and authentic ways. Self-aware counselors continually strive to develop deeper awareness of self and recognize the development of self-awareness is a life-long practice rather than a goal to be achieved.</td>
<td>Describing aspects of one’s worldview and/or listening to others’ while maintaining awareness of one’s own defensiveness</td>
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<tr>
<td></td>
<td>Sharing one’s physiological, emotional, and cognitive states.</td>
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<td></td>
<td>Openly expressing self with awareness of intentions, personal needs, desires, and motivation in interactions with self and others in a variety of settings (class, supervision sessions, counseling sessions).</td>
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<td></td>
<td>Establishing and maintaining boundaries in the best interest of personal and professional relationships.</td>
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<tr>
<td><strong>Empathy.</strong> Counselors who have empathy attempt to understand and develop a felt sense for the emotions, perceptions, and needs of their clients and peers. Empathetic counselors respectfully display empathy in their professional relationships.</td>
<td>Demonstrating the ability to seek and feel into the perspective of another.</td>
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<td></td>
<td>Affirming, supporting, and advocating for their clients and peers in their lived experiences.</td>
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<td></td>
<td>Developing the ability to attune to the needs of the others and make clinically-informed decisions based on those client needs and not of those of the counselor.</td>
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<td></td>
<td>Clearly demonstrating the ability to enact empathy versus other related constructs such as pity and sympathy.</td>
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<tr>
<td><strong>Curiosity.</strong> Curious counselors embody a sense of ‘wonderment’ and seek out alternative possibilities to problems. They seek to understand, especially when their perspectives differ from others.</td>
<td>Making inquiries that have purpose or clinical intent rather than asking questions that suggest emotional reactivity and/or judgment toward others identities and/or worldviews.</td>
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<td>Openness to new ideas (about others and oneself) and critical feedback offered by others about counseling and academic-related work.</td>
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<td></td>
<td>Actively participating in Socratic dialogue (in the classroom, supervision, and with clients).</td>
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</tbody>
</table>
| **Integrity.** Counselors are honest, fair, and follow through with their promises and agreements. They speak their truth and do not purposefully misrepresent what others say. They are trustworthy and reliable in crafting treatment plans, note-taking, and other written documents, and they avoid plagiarism. They present themselves in authentic, yet respectful, ways. | Upholding the professional ethical and legal standards of the profession.  
Demonstrating fidelity in the agreements made in counseling, supervisory, and other professional relationships.  
Tolerating conflict, taking responsibility for mistakes, apologizing when necessary, and making attempts to repair when necessary.  
Demonstrating a strong commitment to maintaining strong written and verbal communication skills. |
| --- | --- |
| **Wellness.** Counselors practice their personal holistic wellness in their personal and professional lives, including their mental, emotional, physical, spiritual, relational, vocational, and cultural selves. | Engaging in a wellness practice that is intentional, planned, and readily articulated.  
Being open to and incorporating new wellness strategies based on new information, activating events, or changing life circumstances.  
Demonstrating a commitment to reflecting upon their own wellness with others throughout the duration of their career. |
| **Cultural Humility.** Counselors have an ethical imperative to maintain awareness of their own worldview and intersecting identities and how these things may impact their interactions with others, both within and outside of conscious awareness. Counselors are capable of maintaining their own worldview while honoring and working with elements of other worldviews and identities that may be different than their own. | Having a developing sense of self and how one’s identities converge to inform one’s view of reality, and how this reality may impact relationships with others.  
Critically examining assumptions that are potentially harmful to self or others, and challenging these assumptions often, both in self-reflection work and with peers, supervisors, and professors.  
Engaging in activities (conversations, scholarly works, conferences, advocacy) that increase one’s awareness of one’s own and others’ power, oppression, and privilege.  
Demonstrating an awareness of systems impact on people’s development and taking steps to challenge and/or intervene in systemic barriers. |
Additional Qualitative feedback or comments (both student and clinical supervisor) for Disposition Evaluation:

Student Signature: ____________________________________________
Date: ________________________________________________________

Clinical Supervisor Signature: _________________________________
Date: ________________________________________________________

Recommendation to Advance: ☐ Yes     ☐ No      ☐ With remediation
Advisor Notified: ☐ Yes     ☐ No      ☐ N/A
**FORM 4: Evaluation of COUN515 Individual/Triadic Supervisor**
**Oregon State University Cascades**
**Counseling Academic Unit**

*Students will be provided an electronic copy of this survey to be completed at the end of their placement and as needed.*

University and/or Site Supervisor: ________________________________
Year: ______________

Please evaluate your supervisory experience in the following areas based on the following ratings:

1: Strong Disagree
2: Disagree
3: No Opinion
4: Agree
5: Strongly Agree

*Please circle only ONE number for each question.*

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My supervisor was genuinely interested in my growth as a professional counselor.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. My supervisor was professional in her/his dealings with me.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. My supervisor created a setting of support.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. I was treated as a professional by my supervisor.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. My supervisor was dependable regarding her/his meetings with me.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. My supervisor offered constructive feedback that assisted in improving my counseling skills.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. My supervisor’s requirements and expectations of me were fair.</td>
<td>1 2 3 4 5</td>
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<td></td>
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<tr>
<td>8.</td>
<td>My supervisor was interested in and aware of my experiences with my clients.</td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>My supervisor provided timely feedback on my case notes.</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>My supervisor demonstrated cultural competence.</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>My supervisor helped me conceptualize my clients theoretically.</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>My supervisor supported my development of cultural competence.</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>My supervisor helped me increase and develop my self-awareness.</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>My supervisor helped me integrate knowledge and skills in working with my clients.</td>
<td>1</td>
</tr>
<tr>
<td>15.</td>
<td>My supervisor created a balance of challenge and support.</td>
<td>1</td>
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</tbody>
</table>

**Please comment on the following:**

16. What do you feel you gained as a result of working with your supervisor?

17. What could have been done differently by your supervisor to make your experience more profitable?

18. Other Comments?
Form 5: Internship Site Evaluation
Oregon State University Cascades
Counseling Academic Unit

Students will be provided an electronic copy of this survey to be completed at the end of their placement and as needed.

This form is to be completed by the Intern and turned into your OSU faculty supervisor at the end of each Internship experience.

Intern's Name: 
Phone #:
Date:
Internship Site Name:
Internship Site Address:
Name & Phone # of Site Contact Person:

This evaluation describes my experience at the above-named site during the following term of my internship experience (check the one that applies):

- [ ] Summer
- [ ] Fall
- [ ] Winter
- [ ] Spring

Was this your final quarter at this site: 
- [ ] Yes
- [ ] No

ENVIRONMENT/CLIMATE

How long did it take for you to begin seeing your first clients?

What were the most common client problems you worked with at your site?

Formats in which you provided a MAJOR portion of counseling this term (check all that apply):

- [ ] Individual
- [ ] Group
- [ ] Couple
- [ ] Family
- [ ] Other

Formats in which you provided a MINOR portion of counseling this term (check all that apply):

- [ ] Individual
- [ ] Group
- [ ] Couple
- [ ] Family
- [ ] Other

Age group(s) of people to which you provided counseling this term (check all that apply):

- [ ] 0-5
- [ ] 6-12
- [ ] 13-15
- [ ] 16-19
- [ ] 20-25
- [ ] 26-35
- [ ] 36-45
- [ ] 46-55
- [ ] 56-75
- [ ] 75+
INTERNSHIP EXPERIENCE

In this following section, please provide information that would be helpful for future placement decisions. Please consider your experience with the site as a whole— not just your supervisor. You will have the opportunity to evaluate your supervisor in another form.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<td>2</td>
<td>4</td>
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<td>3</td>
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<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
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</tbody>
</table>

I was able to see clients regularly and consistently. 
I had adequate support in my role as intern. 
The internship expectations were clearly defined. 
The expectations were reasonable and fair. 
This experience contributed to my growth and learning. 
I would recommend this site to other interns.

Check the one that applies

I rate the overall quality of my internship experience at this site as:

_____ Inadequate  _____ Poor  _____ Adequate  _____ Good  _____ Excellent

SUMMARY

In the space(s) below, please comment.

● The best part of my experience at my site was....
● The most challenging part of my site internship experience was............
● What I wish I had known before starting my internship was............
● My advice for future internship candidates is..................
● Additional Comments:
Form 6: Informed Consent for Video/Audio Recording- CMHC
Oregon State University Cascades
Counseling Academic Unit

Student Information

Student Name: 

Practicum/Internship Site: 

Academic Degree: MCoun

Program: Clinical Mental Health

Course & Quarter: 

Site Supervisor Information

Site Supervisor's Name: 

Title: 

Phone: 

Email: 

University Supervisor Information

University Supervisor's Name: 

Title: 

Phone: 

Email: 

Informed Consent for Audio/Video Recording

As a graduate student, I am required to be under the direct supervision of qualified clinical supervisors. My supervisors review all aspects of the services that I am providing to you. You have the right to know the name of my supervisor(s) and how to contact her or him. This information is listed above. In addition, as part of my program and clinical supervision requirements, I electronically record my counseling sessions. These recordings are reviewed during clinical supervision for the purposes of facilitating my learning and effectiveness as a developing counselor. Recordings are kept secure and confidential, and they are never shared with any person who is not part of the OSU Counseling program. Recordings are erased after the clinical requirements have been met.

Your signature (as the client/and parent or guardian) below confirms that this form has been explained to you, and that you understand the following:

● I am not required and I am under no obligation to have counseling sessions recorded.
● I may withdraw my permission at any time during or after the recording session. My care will not change by my decision not to be recorded.
● I have the right to review my recording(s) with my student counselor during a counseling session.
● My student counselor receives supervision both at this location and by the faculty at Oregon State University Cascades.
● The contents of this recording will remain confidential within the supervision at OSU Cascades.
● Recordings are erased after the clinical requirements have been met.
● I may revoke this consent at any time by submitting to the student counselor a request to withdraw my (as the client, parent/guardian) permission.
● The original copy of this consent form will be kept in my records with this agency.
● This recording will only be used as a tool to help my student counselor in assisting me or my family.
### Informed Consent for Video/Audio Recording

#### Signatures

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<th></th>
<th>Printed Name</th>
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<tbody>
<tr>
<td>Client’s Signature</td>
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</tr>
<tr>
<td>Signature of Parent/Guardian (if client is under 18)</td>
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</tr>
<tr>
<td>Student Counselor’s Signature</td>
<td></td>
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</tr>
<tr>
<td>Site Supervisor’s Signature</td>
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</tr>
</tbody>
</table>
Form 7: Informed Consent for Counseling - CMHC
Oregon State University Cascades
Counseling Academic Unit

Student Information
Student Name: 
Practicum/Internship Site: 
Academic Degree: MCoun
Program: Clinical Mental Health
Course: 

Site Supervisor Information
Site Supervisor’s Name: 
Title: 
Phone: 
Email: 

University Supervisor Information
University Supervisor’s Name: 
Title: 
Phone: 
Email: 

Informed Consent

Introduction
Please take time to read and understand this form. This informed consent document is intended to give you general information about my counseling services, which can include individual, small group, and large group counseling. If you have any questions about signing this document and/or would like a copy of this document, please ask me and I will provide you with this information. The Counseling unit at Oregon State University Cascades requires that I obtain your (and/or your parent/guardian’s) signature, acknowledging that I have provided you with this information, before I provide you with any professional services. You may end this Agreement at any time.

Nature of Counseling
There may be both benefits and risks while participating in counseling. Counseling may improve your ability to relate with others, provide a clearer understanding of yourself, your values, and your goals. Since counseling may also involve discussing unpleasant parts of your life, you may also experience uncomfortable feelings. Counseling often leads to better relationships, solutions to specific problems, and significant improvement in feelings of distress. Please understand that there are no guarantees of what you will experience. Please discuss any questions you may have with me. You have the right to ask about or to decline any part of your counseling.

Legal/Court Proceedings
My aim is to support clients to achieve counseling goals, not to address legal issues that require an adversarial approach, such as divorce or custody proceedings. As a counseling intern, I am not a legal expert nor am I qualified to make assessments or recommendations to the court about any mental health or custody-related issues. Individuals (and/or parents or guardians) entering counseling are agreeing not to involve the student counselor, site or university supervisor, or OSU in legal or court proceedings or attempt to obtain records of treatment for adversarial legal or court proceedings. This policy prevents misuse of counseling for legal objectives.
Mental Health Emergencies (Harm to Self/Others)

In some instances, you might need immediate help at a time when I am unavailable. These emergencies may involve thoughts of harming yourself or others, or thoughts of committing dangerous acts. If you find yourself in any emergency situation and you are at school, please contact the site or university information listed on this form. If, for whatever reason, that option is not available to you, please contact one of the following:

- 9-1-1
- Deschutes County Behavioral Health Crisis Line: 541-322-7500 (ext. 9 after hours)

Local Emergency Rooms:

- St. Charles Hospital-Bend, 2500 NE Neff Road, Bend, OR 97701,
  - (541) 382-4321
- St. Charles Hospital-Redmond, 1253 NW Canal Blvd., Redmond, OR 97756,
  - (541) 548-8131
- Pioneer Memorial Hospital-Prineville, 1201 NE Elm St., Prineville, OR 97754,
  - (541) 447-6254

Supervision

You have the right to know the name of my supervisor(s) and how to contact her or him. Because of my training, my supervisor may ask about our counseling for confidential supervisory and training purposes. Occasionally, I may find it helpful to consult with other professional staff at the school about a case. If you don’t object, I will not tell you about these consultations unless I feel that it is important our work together. I will note all consultations in my case notes.

Confidentiality

The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about our professional relationship if you (and/or your parent/guardian) sign a written authorization form. There are some circumstances in which a counselor must share information without a client’s consent. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. These circumstances are defined by Oregon State law and include the following:

- If I learn of a specific intent to harm yourself or another person, or to commit an act of violence, it is the counselor’s responsibility to protect you and others. The counselor will inform a family member, an intended victim, or law enforcement as appropriate.
- If I learn that harm or abuse has been done to a child (age 17 and younger), an elderly person, a disabled person, or a mentally ill person, the counselor will make a mandatory report to the appropriate authorities.
- If I am subpoenaed or court ordered to testify in court or to submit records, I may have to give information about you without your permission. Should that situation arise, I will make an effort to contact you. If I am unavailable, the instructor and/or clinical supervisor will disclose this information or appear in court.
Statement of Acknowledgment

I have read, or have had read to me, the above information and have had an opportunity to ask questions about it. I understand my rights to confidentiality, the exceptions to my rights to privacy, and that there are risks associated with counseling. I hereby consent to counseling or, in the event that my child is involved in counseling, I hereby give my consent for that child’s counseling and affirm that I am the legal guardian with the authority to authorize counseling services.

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<thead>
<tr>
<th>Informed Consent for Counseling</th>
<th>Signatures</th>
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<tbody>
<tr>
<td>Client’s Signature</td>
<td>Printed Name</td>
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<tr>
<td>Signature of Parent/Guardian (if client is under 18)</td>
<td>Printed Name</td>
</tr>
<tr>
<td>Student Counselor’s Signature</td>
<td>Printed Name</td>
</tr>
<tr>
<td>Site Supervisor’s Signature</td>
<td>Printed Name</td>
</tr>
</tbody>
</table>
Dear Parent/Guardian,

My name is [your name] and I am enrolled as a Master of Counseling student at Oregon State University-Cascades in Bend, Oregon. I am currently in my school counseling internship (COUN 514/515), which includes working with students at [name of school]. I am under the supervision of the school counselor/administrator, [name of school counselor or administrator]. They can be reached at [site supervisor phone number] or by email at [site supervisor email]. I am also under the supervision of [university supervisor] at Oregon State University-Cascades. They can be reached at [phone number] or by email at [email]. Because of my training, my supervisors may ask about our counseling for confidential supervisory and training purposes. Occasionally, I may find it helpful to consult with other professional staff at the school about a case. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.

The purpose of this document is to give you information about my school counseling services, which can include individual, small group, and large group counseling. If you have any questions about signing this document and/or would like a copy of this document, please ask me and I will provide you with this information. The Counseling unit at Oregon State University-Cascades requires that I obtain your (and/or your parent/guardian’s) signature, acknowledging that I have provided you with this information, before I provide you with any professional services. You may end this Agreement at any time.

There may be both benefits and risks to participating in counseling. Counseling may improve a student’s ability to relate with others, provide a clearer understanding of themselves, their values, and their personal and academic goals. Counseling often leads to better relationships, solutions to specific problems, and significant improvement in feelings of distress. Counseling can also bring about uncomfortable feelings. Please understand that there are no guarantees of what you will experience. Please discuss any questions you may have with me. You have the right to ask about or to decline any part of your counseling.

My aim is to support students to achieve counseling goals, not to address legal issues that require an adversarial approach, such as divorce or custody proceedings. Individuals (and/or parents or guardians) entering counseling are agreeing not to involve the student counselor, site or university supervisor, or OSU in legal or court proceedings or attempt to obtain records of treatment for adversarial legal or court proceedings. This policy prevents misuse of counseling for legal objectives.

In some instances, your dependent might need immediate help at a time when I am unavailable. These emergencies may involve thoughts of harming one’s self or others, or thoughts of committing dangerous acts. If you or your dependent find yourselves in any emergency situation and you are at school, please contact the site or university supervisor information. If, for whatever reason, that option is not available to you, please contact community mental health resources available to and/or given to you by the school.

The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about our professional relationship if you (and/or your parent/guardian) sign a written authorization form. There are some circumstances in which a counselor must share information without a student or parent/guardian’s consent. These circumstances are unusual. If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary. These circumstances are defined by Oregon State law and include the following:

- If I learn of a specific intent to harm yourself or another person, or to commit an act of violence, it is the counselor’s responsibility to protect you and others. The counselor will inform a family member, an intended victim, or law enforcement as appropriate.
• If I learn that harm or abuse has been done to a child (age 17 and younger), an elderly person, a disabled person, or a mentally ill person, the counselor will make a mandatory report to the appropriate authorities.

• If I am subpoenaed or court ordered to testify in court or to submit records, I may have to give information about you without your permission. Should that situation arise, I will make an effort to contact you. If I am unavailable, the instructor and/or clinical supervisor will disclose this information or appear in court.

**Statement of Acknowledgment**

I have read, or have had read to me, the above information and have had an opportunity to ask questions about it. I understand my rights to confidentiality, the exceptions to my rights to privacy, and that there are risks associated with counseling. I hereby consent to counseling or, in the event that my child is involved in counseling, I hereby give my consent for that child’s counseling and affirm that I am the legal guardian with the authority to authorize counseling services.

**Parental/Guardian Permission/Consent Form for School Counseling - Signatures**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Parent/Guardian Name</th>
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<tbody>
<tr>
<td>Signature of Parent/Guardian (if student is under 18)</td>
<td>Date</td>
</tr>
<tr>
<td>Student Counselor’s Signature</td>
<td>Printed Name</td>
</tr>
<tr>
<td>Site Supervisor’s Signature</td>
<td>Printed Name</td>
</tr>
</tbody>
</table>

As part of my program and clinical supervision requirements, I electronically record my counseling sessions. These recordings are reviewed during clinical supervision by my supervisors and/or supervision group for the purposes of facilitating my learning and effectiveness as a developing counselor. Recordings are kept secure and confidential, and they are never shared with any person who is not affiliated with the OSU Counseling program. Recordings are erased after the clinical requirements have been met.

Your signature (as the student/and parent or guardian) below confirms that this form has been explained to you, and that you understand the following:

• I am not required, and I am under no obligation, to have counseling sessions recorded;
• I may withdraw my permission at any time during or after the recording session.
• My (or my dependent’s) care will not change by my decision not to be recorded;
• The contents of this recording will remain confidential within the supervision at OSU Cascades and with my site supervisor;
• Recordings are erased after the clinical requirements have been met;
• I may revoke this consent at any time by submitting to the student counselor a request to withdraw my (as the student, parent/guardian) permission.
• The original copy of this consent form will be kept in my records with this school. This recording will only be used as a tool to help my student counselor in assisting me or my family.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Parent/Guardian Name</th>
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<tbody>
<tr>
<td>Signature of Parent/Guardian (if student is under 18)</td>
<td>Date</td>
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</table>
Form 10: Supervision Agreement
Oregon State University Cascades
Counseling Academic Unit

(Based on the Supervisee’s Bill of Rights)

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory process.

**Supervisee**
- Read the Supervisee’s Bill of Rights and this agreement. Complete the sections on skills, goals, and professional opportunities and bring this agreement to the initial supervisory session.
- Prior to the first supervisory session, read the American Counseling Association Code of Ethics and Standards of Practice.

*Introduction & Expectations of the Supervisory Experience*

**Supervisor**
- Introduce yourself; discuss your credentials, licenses, academic background, counseling experience, and your supervisory style.
- Describe your role as a supervisor: teacher, consultant, counselor, evaluator,
- Discuss your responsibilities: monitoring client welfare, teaching therapeutic skills, providing regular verbal and written feedback and evaluation, and insuring compliance with legal, ethical, and professional standards.
- Ask the supervisee about his or her learning style and developmental needs.
- Help supervisee develop goals and counseling skills.
- Review supervisee's progress regarding Professional Practice Portfolio.

**Supervisee**
- Introduce yourself and describe your academic background, clinical experience and training.
- Briefly discuss information you want to address during the supervisory meetings.
- Describe the therapeutic skills you want to enhance and professional development opportunities you want to experience during the next three months.

*Expectations of the Supervisory Relationship*

**Supervisor & Supervisee**
- Discuss your expectations of the supervisory relationship.
- Discuss how you will work towards establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.
- The supervisory experience will increase the supervisee’s awareness of feelings, thoughts, behavior, and aspects of self, which are stimulated by the client.
- Discuss the role of the supervisor in assisting with this process.
- Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.

**Supervisee**
- Describe how you would like to increase your awareness of personal cultural assumptions, constructs, and ability to work with clients from diverse cultures.

**Supervisor**
● If the supervisee needs to consult with you prior to the next supervision session, discuss how you would like to be contacted. Also, if you are unavailable during a period of time, inform the supervisee of an alternate supervisor who will be available in your absence.

**ETHICS & ISSUES IN THE SUPERVISORY RELATIONSHIP**

● Discuss the Code of Ethics and Standards of Practice. Review key issues not listed in this section.
● A professional relationship is maintained between the supervisor and supervisee. The supervisor and supervisee do not engage in social interaction that interferes with objectivity and professional judgment of the supervisor.
● After the initial supervisory meeting, the supervisee and supervisor can reestablish goals, expectations, and discuss roles of the supervisory process. The supervisor and supervisee provide one another with regular feedback.
● During the initial counseling session, the supervisee will inform the client that they are in training and is being supervised. If the supervisee wishes to audiotape or videotape, the client needs to give written consent.
● Discuss confidentiality and the importance of obtaining a written release from the client prior to consultation with other professionals who are serving the client.
● The supervisor is ultimately responsible for the welfare of the supervisee’s clients. During each supervisory session, the supervisee will review each client’s progress and relate specific concerns to the supervisor in a timely manner.

*Expectations of the Supervisory Process*

**Supervisor**

● Describe your theory of counseling and how it influences your counseling and supervision style.
● Discuss your theory or model of supervision.

**Supervisee**

● Discuss your learning style and your developmental needs.
● Discuss your current ideas about your theoretical orientation.

*Expectations of Supervisory Sessions*

**Supervisee**

● Discuss your expectations about the learning process and interest in reviewing audiotapes, videotapes, and case notes.

**Supervisor**

● Describe the structure and content of the weekly supervisory sessions.
● Discuss your expectations regarding supervisee preparedness for supervisory sessions. (Audiotapes, Videotapes, Case Notes)
● CACREP standards require students in their internship experience to receive a minimum one-hour of individual supervision per week and ninety minutes of group supervision each week.
● The weekly supervisory session will take place face-to-face in a professional environment that insures confidentiality. Decide the location, day, and time.

*Expectations Regarding Evaluation*

**Supervisee**

● Discuss your interest in receiving weekly feedback in areas such as: relationship building, counseling
techniques, client conceptualization, and assessment.

**Supervisor**
- Discuss your style of providing verbal feedback and evaluation.
- Provide the supervisee with a copy of the formal evaluation you will use; discuss the evaluation tools and clarify specific items that need additional explanation.
- Discuss the benefit of self-evaluation; provide a copy of self-evaluation forms, and clarify specific items that need additional explanation.

**I understand and agree to the Supervision Agreement.**

Supervisee's Name: ______________________________________

Signature  ___________________________ Date: ________________

Supervisor's Name:  ______________________________________

Signature  ___________________________ Date: ________________