



TEXAS A&M INTERNATIONAL UNIVERSITY
A Member of The Texas A&M University System

Master of Arts in Counseling Psychology Field Training Handbook

Faculty

Adriana Blasco- Rubio, D.P.C.,
Ediza Garcia, Psy. D.,
Elizabeth Terrazas-Carrillo Ph.D.,
Desi Vasquez, Ph.D.

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Preface

The purpose of this manual is to establish guidelines and procedures for students in the Master of Arts in Counseling Psychology practicum and internship courses. The handbook also details procedures for local training agencies/sites, and the field training supervisors/ faculty at Texas A&M International University, Department of Psychology and Communication.

The following has been set as the framework for professional development of graduate students:

1. Clinical training that develops professional awareness, sensitivity, and competency to address the concerns of various client populations, types of psychopathology, assessment practices, and psychotherapy techniques.
2. Clinical training that fosters professional growth through on-going self-evaluation of one's own personality and biases and its impact on therapeutic work
3. Clinical training that develops an understanding and compliance of the ACA Code of Ethics (See Appendix.)

Coursework Expectations

Fieldwork occurs across three semesters. Students must enroll in the following courses: PSYC 5350 Counseling Practicum, PSYC 5352 Counseling Internship I, and PSYC 5354 Internship II. Students must meet prerequisite coursework before enrolling in either practicum, or internship I/II. There are no exceptions. Students enrolled in the practicum/internship courses are required to complete certain assignments such as video presentations, case conceptualizations, transcriptions, treatment plans, and sample progress notes. Each faculty member will determine the structure of the course requirements. Each course will focus on a pre-assigned theory of practice.

Upon completing the three semesters, students must obtain a total of 600 hours. The breakdown for courses is as follows:

Course	Direct Hours	Indirect Hours	Total Hours
PSYC 5350 Counseling Practicum	80	120	200
PSYC 5352 Counseling Internship I	60	100	160
PSYC 5354 Internship II	100	140	240
			600 total

Duties and Responsibilities

Program Director

1. Responsible for assisting and guiding practicum/internship students in securing a field training site that compliments their coursework, level of competency, and experience of sensitivity to a variety of cultural backgrounds.
2. Primary contact with field training sites and providing the expectations, policies and procedures of the program and that of TAMIU.
3. Maintaining contact with the site supervisors and visiting annually.
4. Responding to the needs of students and their agencies and providing feedback to the training sites.
5. Provides guidance to students in regard to future practicum/internship plans, and professional development through an annual meeting. Reviews evaluations of students from site supervisors and addresses any issues that may arise.
6. Maintains contact with faculty course supervisor and discusses student progress or any issues and needs that may arise.

Practicum/Internship Course Faculty Supervisor

1. Responsible for supervision of students and their site placement in conjunction with the program director.
2. Ensures that students have all proper documentation for site placements and clients and are in compliance with the ACA code of Ethics.
3. Provides guidance and feedback of counseling techniques through discussion of cases and observance of video recordings. All students need to "check-in" regarding their counseling experiences at the start of each group supervision.
4. Reviews and provides feedbacks on student portfolios.
5. Reports to program director if any issues regarding students and their site placements arise, including but not limited to, student's competence, classroom behavior and professional development.
6. Reviews evaluations of site supervisors and discusses evaluations with program director.

Agency Partners

1. Responsible for signing the Memorandum of Understanding (MOU) between the agency and TAMIU/Master of Arts in Counseling Psychology program.
2. Must inform the program director and/or the faculty course supervisor of any changes to their site supervisor or procedures that may affect student placement or that involves the agreement in the MOU.

Site Supervisors

1. Must be licensed clinicians with a Master's degree or higher in Counseling or a related field willing to provide this service to help students in their learning.
2. Ensure student compliance with the ACA Code of Ethics and of informing them and providing training of the practices and policies of that particular training site.
3. Maintain contact with the program director and/or faculty supervisor, and inform of any issues that may arise with student placement and/or progress.
4. Complete student evaluation form at the mid-point and end of each semester and provide student with direct feedback.
5. Provide weekly one-hour supervision.

Students

1. Responsible for familiarizing themselves with the contents of the Field Training Handbook and speaking with the program director of any concerning issues. Failure to comply with handbook policies may affect their program status/timeline.
2. Responsible for studying the ACA Code of ethics and becoming familiarized with its contents.
3. Responsible for reporting to program director or faculty course supervisor if any issues arise with their site placement or supervisor(s), including but not limited to exploitation, workload, inappropriate requests, sexual harassment, or instances of discrimination against student, or danger to student due to agency working conditions.
4. Student must submit an evaluation from their site supervisors to the program director or faculty course supervisor.
5. Responsible for completing a portfolio that demonstrates competence in case management, diagnostic, and observational skills as well as capability to conceptualize clients.
6. Students must coordinate with their site supervisor(s) to schedule one hour of supervision per week.
7. Student who require accommodations are responsible for speaking with their program director, site supervisors and the office of student affairs/disability and counseling services at TAMIU.
8. Obtain student malpractice insurance. Students can obtain information from the ACA web page (<http://www.counseling.org>) or call (800) 347-6647 or (703) 823-9800.

Site Placement Policies and Procedures

1. The program director will inform students of a deadline date to submit their ranking of site placement preferences. It is the responsibility of the student to schedule a meeting with his/her faculty advisor to discuss site placement options and professional goals of the student.
2. It is the responsibility of the MACP faculty to make the final choice of the students site placement. This decision is based on overall student's suitability to the site, competency, interests, and training needs of the program.
3. All field training assignments must be finalized through the Administrative Oversight Agreement (see Appendix.) The agreement should detail the expectations of the agency, TAMIU/program and the student. This includes the number of hours per week the student is to be at the placement, the length of training, the direct and indirect services the student will perform, the name and degree of the supervisor(s), and provisions for supervision and other forms of training.
4. It is the responsibility of the program director and student to inform the agency/site supervisor if a student it to discontinue their site placement due to academic or personal/professional development difficulties. Otherwise it is expected of the student to honor the contract once it has been accepted. Students may not decline a site placement and seek/contract another site unless authorized by the program director.
5. The site supervisor must not be a relative, or friend of the student. Instances in which this cannot be avoided must be discussed with the program director in order to maintain ethical practice.
6. The agency has the right to terminate a student placement if they find the student has violated ethical practices or fails to meet performance expectations. However, the agency considering the termination of a student must contact the program director immediately and present supporting documentation of the grounds for which the student is to be terminated. It is then expected of the program director to create a remediation plan for the student, and in which a committee with the student will be held regarding the reasons for their termination at their placement site.

Supervision and Training Requirements

1. Students must receive supervision/training during the duration of their site placement and coursework.
2. Students may not go unsupervised at their site at any time. If the site supervisor becomes ill, is on holiday or leaves the agency to which the student was assigned, it is the responsibility of the agency to provide the student with an approved substitute.
3. Supervision must be held in a private setting, such as an office, or other private environment. Supervision may not be held in public or informal settings.
4. Supervisors must meet with students regularly, once a week, face-to-face. Supervision and their supervisees must come to an agreement about the date and time of their meetings. If at any time supervision is to be canceled it is also their responsibility to ensure that they reschedule for a different time and date within the same week unless otherwise specified by unexpected circumstance (i.e. supervisor or supervisee is ill, etc.)
5. Supervision should be a learning experience in which the student receives feedback that enhances their case comprehension and develops their professional skills.
6. Both individual and group supervision should focus on the task for which the student is being supervised, i.e., therapy, assessments, etc. Supervision should not consist of matters that are not pertinent to the student's work load, unless such matters are affecting their ability to work effectively. If in group supervision, the time allotted should be appropriate to enable all students to present their work. Group size should be appropriate to be able to allow this.
7. Supervision is not psychotherapy. Though the supervision process requires a student to be self-reflective and be aware of their own self and how that may affect their counseling skills, supervision is to develop the professional and clinical skills of a student, and not to bring about change in their personal matters.
8. If a student believes that they are being improperly supervised it is their responsibility to speak with their supervisor and address the matter. If the circumstance does not allow for discussion with their supervisor it is then the responsibility of the student to inform the faculty course supervisor or program director.
9. Students are not allowed to consult with anyone other than their approved supervisor(s) about matters regarding their case workload. If such a discussion takes place the student must inform their supervisor or faculty course supervisor. This is intended to protect the client's confidentiality and to ensure that students are legally and ethically working in their agencies.
10. Students who need to discuss their cases due to their practicum/internship coursework must inform their agency supervisors immediately and obtain their permission, and client consent. They must also ensure that they complete the appropriate paperwork if any is required.
11. Student should not be charged or required to pay fees to receive supervision at their assigned agency.

Student Expectations

1. Students are expected to meet with the program director to discuss their site placement.
2. Students are expected to behave professionally and ethically at all times within their assigned agencies and in their coursework. It is expected that students will complete the expected paperwork for their site placements in a timely manner, and attend any interviews expected from the agency into which they are placed.
3. Obtain student malpractice insurance. Students can obtain information from the ACA web page (<http://www.counseling.org>) or call (800) 347-6647 or (703) 823-9800.
4. Students are expected to meet the contract requirements and be professional and conscientious of their duties at their assigned agency.
5. Students will accomplish their field placement training and their coursework concurrently. Exceptions are made in the case of extreme need or emergency and should be discussed between the program director, student, site supervisor(s) and faculty course supervisor.
6. Student must complete a minimum number of direct/indirect hours per semester/course. It is the responsibility of the student to verify the expected hours for their practicum or internship level courses.
7. A student may not unilaterally decide to terminate or change their site placement without approval from the program director and their faculty course supervisor.
8. Students are expected to be self-aware at all times and to discuss with the program director/ faculty course supervisor if they are physically or emotionally unfit to fulfil the expectations of their site placement/coursework requirements.

Student Evaluations

Student must be evaluated at their site placements by their site and faculty course supervisor. The student should discuss with both their site supervisor and faculty supervisor their evaluations. The evaluation process for students is ongoing throughout their coursework and years in the program. Students should be informed by both their site and faculty supervisors about their expectations and the competencies that they will be evaluated on. If at any point in time a student demonstrates a lack of competency or other issue in their practicum/internship work, it is the responsibility of the site/faculty supervisor to write a statement of concern to the director. If such a case should arise, the following points are recommended as guidelines:

1. The director/supervisor should arrange a meeting with the student, after meeting with their supervisor(s) to discuss the presenting issues. If due to the presenting issue a separate plan of action is needed for the student that deviates from the normal program curriculum, it is to be noted in writing along with the response of the student.
2. If issue may be resolved after arranging a meeting then no further action is required.
3. If no improvement arises then a formal contract between the student and the program director is required, along with a formal evaluation explaining why the formal contract had to be created.
4. In the case of extraordinary circumstances, the director may place the student on suspension until a complete assessment by the director and fellow faculty members and the student supervisors has been made.
5. If the student fails to comply or does not make any satisfactory improvement by the set timelines in their contracts then the program director, must schedule another meeting with the student and discuss the possibility of expulsion; depending on the severity of the issue.

Appendix: Forms

Table of Due Dates

Form	Portfolio 1	Midterm	Portfolio 2
Ethical Practice Agreement	X		
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT	X		
3-way Agreement	X		
Weekly Log			X
Summary of Hours			X
Evaluation of Student Performance: Supervisor		X	X
Evaluation of Student Performance: Self		X	X
Field Training Self-Evaluation			X
Field Training Site Evaluation			X
Student Evaluation of Site Supervisor			X

Texas A&M International University
Master of Arts in Counseling Psychology

Ethical Practice Agreement

I have read and subscribe to the American Counseling Association (ACA) Code of Ethics and Standards of Practice and the Ethical Principles and Code of Conduct of the American Psychological Association. As a part of this subscription, I understand that it is my obligation to protect the privacy of the clients about whom I have confidential information and not reveal confidential materials (e.g., information, case notes, video tapes, audio tapes) to unauthorized persons, except where state law requires or allows, without the written consent of the client. I agree to keep client materials behind two locks whenever possible and to use pseudonyms on all documentation taken from my site. I am aware that I am prohibited from discussing my clients with anyone except my supervisors, professors and professional colleagues and prescribed to do so only in appropriate situations. I understand and agree to abide by the ACA Ethics and Standards and the Ethical Principles and Code of Conduct of the American Psychological Association. I understand that violation of this agreement, or any other unprofessional behavior, may subject me to civil penalties, as well as exclusion from further Practicum/Internship experiences and suspension from the Master of Arts in Counseling Psychology program at Texas A&M International University.

Printed Name

Student Signature

Date: __/__/__

Texas A&M International University
Master of Arts in Counseling Psychology

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participation in Texas A&M International University's Laredo, TX, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE TAMIU, THE TEXAS A&M UNIVERSITY SYSTEM, THE STATE OF TEXAS, THEIR OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES (hereinafter referred to as RELEASEES from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me. WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with participation in the COUNSELING PRACTICUM (PSYC 5350)/COUNSELING INTERNSHIP I (PSYC 5352)/ COUNSELING INTERNSHIP II (PSYC 5354) including but not limited to contact with program participants and travel associated with such practicum program, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. I understand that TAMIU does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above- named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen(18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed: _____

Print Name: _____ Date: _____

**AGREEMENT BETWEEN THE
QUALIFYING DEGREE PROGRAM,
SUPERVISOR, AND TAMIU MACP TRAINEE**

3-way Agreement

Trainee Name: _____ Date: _____

Agency Name: _____

To the MACP Trainee: First, read, initial, and sign this document. Then, take it to your Clinical Supervisor to read and sign. After you two have signed the contract, your practicum instructor will sign your contract. The trainee should make and distribute photocopies to the Clinical Supervisor and your instructor, and you should keep the original form. **The completed "3-Way Agreement" must be on file before supervised clinical hours begin in order for the hours to count towards practicum hours.** The Clinical Training Faculty is:

_____.

I..... RESPONSIBILITIES OF THE PARTIES

A. TAMIU, Master of Arts in Counseling Psychology, THE QUALIFYING DEGREE PROGRAM

1. Shall approve the placement of each trainee at the supervised setting;
2. Shall have this written agreement with the supervisor and trainee that details each party's responsibility, including the methods by which supervision will be provided;
3. Shall provide forms for regular evaluations of the student's performance at each supervised setting (reviewed twice)
4. Shall coordinate the terms of this agreement with each of the named parties;
5. Shall evaluate the appropriateness of the supervised practicum experience for each trainee in terms of the educational objectives, clinical appropriateness, adequacy of space and census, availability of required supervision, and scope of the license of a Professional Counselor (LPC) as set forth by the Texas State Board of Examiners of Professional Counselors;
6. Shall require that each student gaining clinical hours in a supervised setting procure professional liability insurance;

_____ Initials of Clinical Training Faculty, TAMIU

B. THE SUPERVISOR

1. Shall be responsible for assuring that all clinical experience gained by the trainee is within the parameters of counseling;
2. Will be licensed in Texas;
3. Shall describe in writing on Section II of this document the methods by which supervision will be provided;
4. Shall provide regular progress reports and evaluation of the trainees' performance at the site to the qualifying degree program at the middle and end of each semester;

5. Shall abide by, and require trainees to abide by, the ethical standards promulgated by the professional association to which the supervisor belongs (e.g., APA, ACA);
6. **Shall review and sign** the "Weekly Summary Log of Hours" log;
7. Shall notify the qualifying degree program and the trainee immediately of any action that may affect his or her license;
8. Shall be familiar with and abide by, and require trainees to abide by the laws and regulations that govern the practice of Professional Counselors in the State of Texas;
9. Shall provide the trainee with one **(1) hour of individual supervision**;
10. Shall provide the trainee with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.);
11. Shall complete all the required trainee evaluation forms at mid and final semester, by their prescribed time.

_____Initials of Clinical Supervisor

C. THE TRAINEE

1. Shall maintain a weekly log of all hours of experience gained toward licensure. Logs must be signed each week to avoid loss of supervision signatures due to unforeseen supervisor termination;
2. Shall be responsible, along with his or her supervisor, for providing complete and accurate documentation to the Texas Board in order to gain hours of experience toward licensure;
3. Shall be responsible for learning those policies of the supervised setting that govern the conduct of regular employees and trainees and for complying with such policies. When a formal orientation is not provided, one should be requested by the trainee to first the clinical supervisor, and then to the Clinical Training Faculty if the supervisor is unable to accommodate the request;
4. Shall be responsible for participating in the periodic evaluation of his or her supervised experience and delivering it to the qualifying degree program;
5. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties that may affect the performance of his or her professional duties and responsibilities;
6. Shall abide by the laws and regulations of the State of Texas related to the practice of Professional Counseling and to the ethical code of the American Counseling Association; the American Psychological Association; and the TAMIU MACP ethical/legal guidelines;
7. Shall be aware that the qualifying degree program requires that he or she obtain professional liability insurance while working in a clinical placement;

_____Initials of the Trainee

IIMETHODS OF SUPERVISION

The supervisor is required to monitor the quality of counseling or psychotherapy performed by the trainee by direct observation, audio or video recording, review of progress and process notes or records, or by any other means deemed appropriate by the supervisor and furthermore that the supervisor shall inform the trainee prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling of psychotherapy being performed.

Instructions to Supervisor: Section II of this agreement will serve to inform the trainee about the methods you will use to monitor the quality of his or her performance with clients. (Note: Supervision *must* include direct observation or video recording (or audio recording when video recording is not possible)).

Check all that apply:

_____ Direct Observation

_____ Audio Tape

_____ Video Tape

_____ Evaluate Trainee's Process and
Progress Notes

_____ Student Verbal Report

_____ Role Play

_____ Other
(Describe) _____

III..... ADDITIONS

A. TERMINATION

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement *with* cause shall be in accordance with the academic policies of the qualifying degree program, outlined in this agreement, or the employment or volunteer policies of the supervised practicum setting. Any party may terminate this agreement *without cause* by giving all other parties 30 days notice of the intention to terminate. Termination of the trainee's or supervisor's employment under terms of this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the trainee, the supervised fieldwork setting, or the supervisor, such a decision must include prior consultation with the qualifying degree program and vice versa.

B. CHANGES IN THE AGREEMENT

This agreement must be amended in writing and signed by each party.

C. INDEMNIFICATION

The qualifying degree program requires that each trainee procure professional liability insurance before working with clients in a supervised practicum setting. The supervised practicum setting assumes all risk and liability for the student's performance of services while at the supervised practicum setting.

IV..... TERM OF AGREEMENT

FROM _____ TO _____ (to be filled in by Agency)
(Date this agreement is valid) (Date student expected to leave agency/institution)

SECTION V..... SIGNATURES

Name of Agency: _____

Address and Phone Number: _____

I. For placement setting (Agency Director):

Name (please print)

Title

Email

Signature

Best Phone

Date

II. Supervisor (Primary Site Supervisor):

Name (please print)

Title

Email

Signature

Best Phone

Date

License(s) held: # _____

II. Supervisor (Secondary Site Supervisor):

Name (please print)

Title

Email

Signature

Best Phone

Date

License(s) held: # _____

III. Trainee:

Name (please print)

University Identification Number

Signature

Date

IV. For qualifying degree program (Advisor/Clinical Training Faculty):

_____ <u>MACP Clinical Training Faculty</u>	
Name (please print)	
_____	_____
Signature	Date

REMINDER to the Trainee: Please distribute signed photocopies to those who sign above, filing the original with your advisor. The "3-Way Agreement" must be on file with your advisor, before hours may be counted for practicum.

Weekly Log

Name: _____

Practicum Site: _____

Site Supervisor's Signature: _____

Directions: This log must be completed for each week of the Practicum experience. You can record time in minutes (e.g., 90m.), hours (e.g., 1.5h.), or time spans (e.g., 9:30-11:00). Only record time to the nearest half-hour. Do not log any time less than half-hour. Be consistent with the style in which you complete this log. Clearly specify any activities that you included under "Other".

Week of: ____/____/____ through ____/____/____

Day	Individual Counseling	Group Counseling	Assessment	Psycho-Education	Received Supervision	Training Staffing	Report Writing	Other (Specify)	Total
Sub-totals									

Direct Contact Hours: _____ Indirect Contact Hours: _____ Weekly Total: _____

Summary of Hours

Name: _____
 Practicum Site: _____
 Date: From ____-____-____ to -----____
 Site Supervisor's Signature: _____

	<u>Direct Hours</u>	<u>Indirect Hours</u>
Week 1	_____	_____
Week 2	_____	_____
Week 3	_____	_____
Week 4	_____	_____
Week 5	_____	_____
Week 6	_____	_____
Week 7	_____	_____
Week 8	_____	_____
Week 9	_____	_____
Week 10	_____	_____
Week 11	_____	_____
Week 12	_____	_____
Week 13	_____	_____
Week 14	_____	_____
Week 15	_____	_____
Total Direct	_____	Total Indirect _____
Total Hours: _____		

Summary of Areas

General: _____
 Marriage & Family: _____
 Group: _____
 Individual: _____
 Drug & Alcohol Abuse: _____
 Career & Vocational: _____
 Rehabilitation: _____
 Academic: _____
 Child & Adolescent: _____
 Assessment: _____
 Other (specify): _____

Setting(s) of Practicum

Private: _____
 School: _____
 Hospital: _____
 Volunteer: _____
 Univ. Counseling Center: _____
 Non-profit: _____

Texas A&M International University
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Evaluation of Student Performance: Supervisor

Student: _____

Time point (circle one): Midterm Final

Rating Scale: Below is a five-point scale. Rate the student on each item. A rating of 1 indicates the student failed to demonstrate the behavior at all. A rating of 5 indicates the behavior was almost always present and was almost always performed with ease. Circle the number that most accurately reflects the student's performance while under your supervision this semester.

	<i>Rating</i>				
	Failed To Demonstrate Behavior At All			Behavior Almost Always Present & Performed w/ Ease	

Counseling Competencies

1. Counselor communicated empathy.	1	2	3	4	5
2. Counselor summarized client content accurately and with sensitivity.	1	2	3	4	5
3. Counselor maintained an appropriate structure and flow.	1	2	3	4	5
4. Counselor maintained a working alliance and addressed any alliance ruptures.	1	2	3	4	5
5. Counselor demonstrated cultural openness and humility.	1	2	3	4	5
6. Counselor created and maintained records as required.	1	2	3	4	5
7. Counselor provided evidence-based intervention(s) effectively.	1	2	3	4	5

Professional Competencies

8. Counselor maintained professionalism and adhered to ethical standards.	1	2	3	4	5
9. Counselor shared openly during supervision sessions.	1	2	3	4	5
10. Counselor sought feedback and responded non-defensively.	1	2	3	4	5
11. Counselor demonstrated self-awareness in counseling and supervision.	1	2	3	4	5
12. Counselor collaborated with staff and professional colleagues.	1	2	3	4	5
13. Counselor demonstrated skill in acquiring information using varied technologies.	1	2	3	4	5
14. Counselor demonstrated critical thinking skills.	1	2	3	4	5
15. Counselor engaged in social justice practices.	1	2	3	4	5

Additional Comments Regarding Counselor Performance:

I certify that the above named student completed _____ hours while under my supervision this semester.

Signature: _____ Date: _____

Texas A&M International University
Master of Arts in Counseling Psychology

Evaluation of Student Performance: Self

Name: _____

Rating Scale: Below is a five-point scale. Rate yourself on each item. A rating of 1 indicates failure to demonstrate the behavior at all. A rating of 5 indicates the behavior is almost always present and is almost always performed with ease. Circle the number that most accurately reflects your performance.

Counseling Competencies

	<i>Rating</i>				
	Failed To Demonstrate Behavior At All			Behavior Almost Always Present & Performed W/ Ease	
1. I communicate empathy towards my clients.	1	2	3	4	5
2. I summarize client content accurately and with sensitivity.	1	2	3	4	5
3. I maintain an appropriate structure and flow.	1	2	3	4	5
4. I maintain a working alliance and address any alliance ruptures.	1	2	3	4	5
5. I demonstrate cultural openness and humility.	1	2	3	4	5
6. I create and maintain records as required.	1	2	3	4	5
7. I provide evidence-based interventions effectively.	1	2	3	4	5

Professional Competencies

8. I maintain professionalism and adhere to ethical standards.	1	2	3	4	5
9. I share openly during supervision sessions.	1	2	3	4	5
10. I seek feedback and respond non-defensively.	1	2	3	4	5
11. I demonstrate self-awareness in counseling and supervision.	1	2	3	4	5
12. I collaborate with staff and professional colleagues.	1	2	3	4	5
13. I demonstrate skill in acquiring information using varied technologies.	1	2	3	4	5
14. I demonstrate critical thinking skills.	1	2	3	4	5
15. I engage in social justice practices.	1	2	3	4	5

Additional Comments Regarding My Performance:

Signature: _____ Date: _____

Texas A&M International University
Master of Arts in Counseling Psychology

Field Training Self-Evaluation and Multicultural Development Reflection

The Self-Evaluation is a narrative of (1) fieldwork experience, (2) acquired knowledge and skills, (3) changes in self-awareness and attitudes, and (4) strengths and weaknesses.

The Multicultural Development Reflection is a narrative that addresses the following questions:

1. How does your cultural lens impact your view of clients or the client's presenting issue? What countertransference did you experience?
2. What cultural factors were most significant in understanding your clients and the world in which they live?
3. What is the impact of intersecting identities? How do these intersecting identities impact treatment?
4. What can help address the history of oppression (if it exists)?
5. How did you (or would you) include social justice themes in treatment?
6. How did your cultural identity impact treatment?

Four to six double-spaced total pages are required.

Texas A&M International University
Master of Arts in Counseling Psychology

Field Training Site Evaluation

Directions: Please indicate your level of agreement with each of the following statements regarding

STUDENT INFORMATION	
Student Name:	
Email:	
Banner ID:	Phone:
Intern Status:	
Evaluation Period:	
CLINICAL SITE INFORMATION	
Practicum/Internship Site Name:	
Street Address:	
City:	State:
Zip Code:	Phone:
SITE SUPERVISOR INFORMATION	
Site Supervisor Name:	Title:
Phone:	
Email:	
UNIVERSITY SUPERVISOR INFORMATION	
University Supervisor Name:	Title:
Phone:	
Email:	

the practicum/internship site's capabilities/performance by marking one of the following numbers:

- ✓ 1-2 (i.e. Poor or Marginal Performance);
- ✓ 3-4 (Adequate or Average Performance);
- ✓ 5-6 (Good to Excellent Overall Performance);
- ✓ NA/NO (Not Applicable or Not Observed)

ORGANIZATIONAL EVALUATION

Evaluation Statement	Poor		Adequate		Good		NA/NO	
	1	2	3	4	5	6		
1. Amount of on-site supervision	☐	☐	☐	☐	☐	☐	NA	NO
2. Relevance of experience to career goals	☐	☐	☐	☐	☐	☐	NA	NO
3. Exposure to and communication of site goals	☐	☐	☐	☐	☐	☐	NA	NO
4. Exposure to and communication of site policies/regulations/procedures	☐	☐	☐	☐	☐	☐	NA	NO
5. Exposure to professional roles and functions within the setting	☐	☐	☐	☐	☐	☐	NA	NO
6. Exposure to information about community resources	☐	☐	☐	☐	☐	☐	NA	NO
7. Administrative support for the site counseling program	☐	☐	☐	☐	☐	☐	NA	NO
8. Appropriate supervisee office space and working conditions	☐	☐	☐	☐	☐	☐	NA	NO
9. Appropriate support by site	☐	☐	☐	☐	☐	☐	NA	NO
COUNSELING OPPORTUNITIES EVALUATION								
10. Report writing/record keeping/counseling notes	☐	☐	☐	☐	☐	☐	NA	NO
11. Intake interviewing	☐	☐	☐	☐	☐	☐	NA	NO
12. Programming/planning activities	☐	☐	☐	☐	☐	☐	NA	NO
13. Administration and interpretation of tests	☐	☐	☐	☐	☐	☐	NA	NO
14. Staff presentations/case conferences/staff development workshops	☐	☐	☐	☐	☐	☐	NA	NO
15. Individual counseling	☐	☐	☐	☐	☐	☐	NA	NO
16. Group counseling	☐	☐	☐	☐	☐	☐	NA	NO
17. Family/couple counseling	☐	☐	☐	☐	☐	☐	NA	NO
18. Psycho-educational activities	☐	☐	☐	☐	☐	☐	NA	NO
19. Consultation	☐	☐	☐	☐	☐	☐	NA	NO
20. Support team, collaboration with other professionals	☐	☐	☐	☐	☐	☐	NA	NO
21. Career counseling	☐	☐	☐	☐	☐	☐	NA	NO
22. Program evaluation	☐	☐	☐	☐	☐	☐	NA	NO

RECOMMENDATION								
Evaluation Statement	Poor		Adequate		Good		NA/NO	
	1	2	3	4	5	6		
23. I wholeheartedly recommend this site for future students	☐	☐	☐	☐	☐	☐	NA	NO
Subtotals								
Total								
ADDITIONAL COMMENTS AND/OR SUGGESTIONS								
SIGNATURES								
Student Signature			Printed Name			Date		

Texas A&M International University
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Student Evaluation of Site Supervisor

Directions: Please indicate your level of agreement with each of the following statements regarding the practicum/internship site's capabilities/performance by marking one of the following numbers:

- ✓ 1-2 (i.e. Poor or Marginal Performance);
- ✓ 3-4 (Adequate or Average Performance);
- ✓ 5-6 (Good to Excellent Overall Performance);
- ✓ NA/NO (Not Applicable or Not Observed)

STUDENT INFORMATION								
Student Name:								
Email:								
Banner ID:			Phone:					
Intern Status:								
Evaluation Period:								
CLINICAL SITE INFORMATION								
Practicum/Internship Site Name:								
Street Address:								
City:			State:					
Zip Code:			Phone:					
SITE SUPERVISOR INFORMATION								
Site Supervisor Name:						Title:		
Phone:								
Email:								
GENERAL SUPERVISION COMMENTS								
Evaluation Statement	Poor		Adequate		Good		NA/NO	
	1	2	3	4	5	6		
1. Gives appropriate time and attention in observing, tape processing, and case conferences	?	?	?	?	?	?	NA	NO
2. Accepts and respects me as a person	?	?	?	?	?	?	NA	NO
3. Recognizes and encourages further development of my strengths and capabilities	?	?	?	?	?	?	NA	NO
4. Gives me useful feedback when I do something well	?	?	?	?	?	?	NA	NO

Evaluation Statement	Poor		Adequate		Good		NA/NO	
	1	2	3	4	5	6		
5. Provides me the freedom to develop flexible and effective counseling styles	?	?	?	?	?	?	NA	NO
6. Encourages and listens to my ideas and suggestions for developing my counseling skills	?	?	?	?	?	?	NA	NO
7. Provides suggestions for developing my counseling skills	?	?	?	?	?	?	NA	NO
8. Helps me understand the implications and dynamics of the counseling approaches I use	?	?	?	?	?	?	NA	NO
9. Encourages me to use new and different techniques when appropriate	?	?	?	?	?	?	NA	NO
10. Is spontaneous and flexible in the supervisory sessions	?	?	?	?	?	?	NA	NO
11. Helps me define and achieve specific concrete goals for myself during my practicum/internship experience	?	?	?	?	?	?	NA	NO
12. Gives me useful feedback when I do something wrong	?	?	?	?	?	?	NA	NO
13. Allows me to discuss problems I encounter in my practicum/internship setting	?	?	?	?	?	?	NA	NO
14. Pays equal amount of attention to both me and my clients	?	?	?	?	?	?	NA	NO
15. Focuses on both verbal and nonverbal behavior in me and in my clients	?	?	?	?	?	?	NA	NO
16. Helps me define and maintain ethical behavior in counseling and case management	?	?	?	?	?	?	NA	NO
17. Encourages me to engage in professional behavior	?	?	?	?	?	?	NA	NO
18. Maintains confidentiality in material discussed in supervisory sessions	?	?	?	?	?	?	NA	NO
19. Deals with both content and process when supervising	?	?	?	?	?	?	NA	NO

Evaluation Statement	Poor		Adequate		Good		NA/NO			
	1	2	3	4	5	6				
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision	?	?	?	?	?	?	NA	NO		
21. Helps me organize relevant case data in planning goals and strategies with my client	?	?	?	?	?	?	NA	NO		
22. Helps me formulate a theoretically sound rationale of human behavior	?	?	?	?	?	?	NA	NO		
23. Offers resource information when I request or need it	?	?	?	?	?	?	NA	NO		
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes	?	?	?	?	?	?	NA	NO		
25. Allows and encourages me to evaluate myself	?	?	?	?	?	?	NA	NO		
26. Explains criteria for evaluation clearly and in behavioral terms	?	?	?	?	?	?	NA	NO		
27. Evaluates my counseling performance fairly	?	?	?	?	?	?	NA	NO		
Subtotals										
	Total									
ADDITIONAL COMMENTS AND/OR SUGGESTIONS										
SIGNATURES										
Student Signature			Printed Name			Date				
Evaluation Statement			Poor		Adequate		Good		NA/NO	
			1	2	3	4	5	6		

SIGNATURES

Student Signature			Printed Name				Date					
Evaluation Statement					Poor		Adequate		Good		NA/NO	
					1	2	3	4	5	6		