

NEW JERSEY CITY UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF COUNSELOR EDUCATION

M.A. IN COUNSELING PROGRAM

Practicum and Internship
Site Supervisor Handbook

TABLE OF CONTENTS

Welcome Letter	3
Section 1: BEGINNING SUPERVISION	5
Student-Site Supervisor Supervision Agreement	
Monthly Calendar	
Practicum Weekly Guide	
Internship Weekly Guide	
Supervisor Professional Disclosure	
Site Supervisor’s Form (Student will provide completed copy)	
Supervision Record	
School Counseling Site Experiences	
Clinical Mental Health Counseling Site Experiences	
Section 2: STUDENT SESSION FORMS	19
SOAP Note Guide	
SOAP Note Form	
DAP Note Guide	
DAP Note Form	
Site Supervisor Video Recording Letter	
Permissions to video-record (English)	
Permission to counsel (English)	
Permission to video-record (Spanish)	
Permissions to counsel (Spanish)	
Student Self-Critique of Video-Recorded Session	
Section 3: STUDENT LOGS.....	33
Guidelines for Logs	
Clinical Mental Health	
Counseling Hours Log	
School Counseling	
Hours Log	
Student’s Supervision Notes	
Section 4: SUPERVISOR EVALUATION FORMS	43
Supervisor Midterm Evaluation Letter	
Site Supervisor’s Midterm Evaluation	
Supervisor’s Final Evaluation Letter	
Site Supervisor’s Final Evaluation	



**Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, NJ 07305-1597
Phone 201-200-3400/Fax 201-200-3405**

Dear Site Supervisor:

Thank you for serving as a site supervisor. We are most grateful to you and your institution for your cooperation and help. I will be contacting you during the semester to check in and discuss how our student is progressing.

The purpose of Practicum is to provide the first site experience that introduces the student to doing the work of the counselor. The student will focus on demonstrating and improving counseling skills by working directly with clients individually and in groups under your supervision. Practicum students are on site 1½ to 2 days/nights per week for 10 to 12 hours.

The purpose of Internship is to provide a comprehensive field experience in which the student intern does the work of the counselor under your supervision. The student will engage in a wide range of individual and group counseling, consultation, assessment, psychoeducation and other counselor responsibilities. Internship students are on site 3-4 days/nights per week for 18-24 hours.

The following list from the university-site agreement will help guide your work as a site supervisor.

Responsibilities of the site supervisor: 1) Provide an orientation to the site during the first two weeks of the placement. 2) Provide opportunities for the candidates to perform the work of a counselor under supervision, be available for direction and support; and to have the student's sessions video/audio taped for university supervision. 3) Provide 1 hour per week of individual clinical supervision, sign logs, and complete a midterm and final evaluation.

Please visit our department website for more information on practicum and internship at [Counselor Education Practicum and Internship | New Jersey City University \(njcu.edu\)](https://www.njcu.edu/counselor-education/practicum-and-internship). There you can find the Site Supervisor Handbook [site_supervisor_handbook_revised_fall_2016_0.pdf \(njcu.edu\)](https://www.njcu.edu/counselor-education/practicum-and-internship/site-supervisor-handbook-revised-fall-2016-0.pdf) which provides information including weekly guidelines for Practicum or Internship students and helpful forms. An Orientation to Counselor Supervision is also provided [Welcome, Site Supervisors \(njcu.edu\)](https://www.njcu.edu/counselor-education/practicum-and-internship/welcome-site-supervisors).

If you have any questions, please contact me at aivanova@njcu.edu. Thank you again and best wishes for a wonderful semester.

Respectfully,

Anna Ivanova-Tatlici, LMHC, LPC, NCC
Clinical Coordinator
Department of Counselor Education
New Jersey City University
2039 Kennedy Blvd., Rossey Hall 536
Jersey City, NJ 07305
201-200-3400 Dept. Office; 201-200-2187 Direct
201-200-3450 Fax
aivanova@njcu.edu

Guidelines for Practicum Direct and Indirect Hours

	Practicum Hours	Internship Hours
DIRECT SERVICES	40	120
Face to face direct services with clients including:		
Individual Counseling	26	68
Group Counseling/ Psychoeducational Groups	10	36
Consultation	2	8
School Counselor: Class lesson	2 (SC only)	8
Mental Health Counselor: Assessment/intake/case history	2 (CMHC only)	8
INDIRECT SERVICES*	60	180
Indirect Services in support of direct services such as observation, case conferences, individual and group supervision, completing logs, progress notes, client records, professional development and training, meetings, consultation, presentations, research and advocacy, including:		
Weekly supervision on site	15	15
Group Supervision at university	37	37
Client Progress notes, records	15	60
Research, websites		8
Professional development (online and in person)		16
Licensure Board Meeting		4
Case Study Research and Preparation	4	4
* Students with no school or clinical experiences will complete 20 hours of observation		

The ratio of hours may be adjusted to meet the needs of the site.

Section 1: Beginning Supervision

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

**STUDENT'S SITE SUPERVISOR AGREEMENT
(To be submitted by the second week)**

This agreement provides a description of responsibilities of...

the student supervisee _____, and the
site supervisor_____.

Check One:

Practicum Internship I Internship II Internship IV Internship V

Site Name: _____

Semester/Year: _____

EXPECTATIONS FOR STUDENT SUPERVISEE:

I. COUNSELING PERFORMANCE

- Follow the ACA Code of Ethics, division standards of practice, federal and state statutes and regulations (such as disclosure of licensure status to clients, do not collect fees, know problem or diagnosis for each client).
- Inform and consult with site supervisor, appropriate site personnel, and university supervisor weekly.
- Perform as a professional counselor-in-training to ensure client safety and psychological wellbeing.
- In crises and emergencies (such as duty to warn), practicum/internship students are required to contact site supervisor, inform designated site personnel, and consult with university supervisor immediately.
- Maintain and complete client case notes; adherence to ethical and legal standards for professional counseling.

II. PROFESSIONALISM

- Demonstrate professional counseling disposition with appropriate attire, punctuality, preparedness, and attitude.
- Practice counselor self-care; integrate supervisor feedback, concerning health and psychological wellbeing.
- Exhibit accountability for their counseling skill development and personal growth on a weekly basis.

III. SUPERVISION RESPONSIBILITIES

- Demonstrate knowledge and competence regarding all policies and procedures of the site, institution, university and designated personnel.
- Be prepared to be engaged in individual and group supervision, ready to report on all clients and activities, and provide and accept feedback in a professional manner. Individual supervision:

Day: _____ Time: _____

- Demonstrate communication with on site supervisor about challenges, issues and problems associated with counselor development and growth.
- Demonstrate openness to supervisor and peer feedback; use consultation in developing process notes, journaling, and reflections; and demonstrate compliance on recommendations from supervisor.
- Assume responsibility for all course, certification, and licensure requirements (such as direct/indirect hours/logs and case notes for all clients).
- Maintain current emergency contact information for the site supervisor:

Student's Cell Phone: _____ Home Phone: _____

Emergency Student Contact Name: _____ Phone: _____

EXPECTATIONS FOR SITE SUPERVISOR:

I. SUPERVISION RESPONSIBILITIES

- Provide appropriate information on counselor licenses, certifications, professional experience and demonstrate interest in training practicum/intern students.
- Provide sufficient opportunities for the students to engage in a variety of counseling activities including hourly requirements, individual and group counseling, may view video-recordings for evaluating the student's performance.
- Ensure adequate work space, telephone access, and opportunity for working with staff on professional activities as assigned.
- Communicate regularly with the university supervisor and clinical coordinator by phone regarding the student's professional growth and counselor competence. Required communication is reflected by biweekly contact for Practicum and monthly for Internship.
- Immediately contact the university supervisor and coordinator should any problem or changes in relation to the practicum/intern student, site, and clients.

Site Supervisor's Cell Phone: _____ Emergency Phone: _____

- Provide supervision, direction and intervention in crises situations, emergencies (such as duty to warn, client danger, referral to DYFS) and contact university supervisor.
- Provide university supervisor with an agreeable time for on site visit.
- Recommend resources and support service such as personal counseling as needed.

II. METHOD OF SUPERVISION

- Provide a minimum of one hour per week of individual supervision at a regularly scheduled time and location that involves an examination of students’ work using case notes, an assessment of provided feedback, and may view audio/video tapes, observation, and/or live supervision:

Day: _____ Time: _____

- Maintain supervision meeting notes or use Supervision Form or site form.
- Monitor, review and verify client case notes and reports as per site policies.
- Approve, verify and sign student’s weekly logs, and appropriate documentation at the end of each week.
- Promote professional counselor identity and development by providing challenges and opportunities to improve skills.
- Use appropriate supervision model (such as Discrimination Model of supervision) in the analysis of supervision process.

III. EVALUATION

- Provide written evaluation of the student in the Midterm Evaluation (paper) and Final Evaluation (completed via on-line link) based on criteria established by the University program (including narrative and objective rating scale sections)
- Provide consultation and pertinent information to a university supervisor about the student’s final evaluation.

Supervisor’s Name: _____ Date: _____

Supervisee’s Name: _____ Date: _____

This contract will be valid from: _____ to: _____

MONTHLY CALENDAR

The site supervisor and the Practicum or Internship student will develop a regular weekly schedule that lists the days and times the student will be on site. The schedule will change only with the permission of the site supervisor and notification to the university supervisor.

The Monthly Calendar will include the school's events and holidays including early dismissals, conference and other events that may affect the student's schedule.

The student will submit a copy of the Monthly Calendar to the university supervisor by the second week.

The student should also receive information about school closings, snow days and notifications, and emergency contact information, as well as procedures for signing in and out, ID badges, parking, reporting absences and other information.

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

PRACTICUM WEEKLY GUIDE*

- Weeks 1-2: Orientation to site and site tour.
Review and sign Student-Site Supervisor Supervision Agreement
Develop Monthly
Establish a weekly day and time for the supervision hour
Observe and shadow counselors in individual and group sessions
Check-in with site supervisor frequently
Write a letter introducing themselves to staff and clients and submit to their site supervisor for approval
Site supervisor and university instructor establish a biweekly day and time for telephone consultation (e.g. before student's supervision hour)
- Weeks 1-15: Meet for individual supervision one hour per week
(e.g. discuss clients, progress, reactions, needs, concerns)
Maintain daily list of concerns and questions for the supervision hour
Student updates Individual Supervision Notes each week
Supervisor updates Supervision Notes each week
Complete progress notes and process journal each day.
Complete direct and indirect service logs each day; site supervisor signs weekly.
Copy all logs for site supervisor and yourself.
- End of Month: Obtain site supervisor's approval and signature for Monthly Summary Sheet.
Copy your Monthly Summary Sheet for your supervisor and yourself.
- Biweekly: Consult with university instructor by phone
- Weeks 3-4: Begin meeting individually with 2-3 clients if you have not already started
Co-counsel individual clients and groups with supervisor or other counselors
Adapt video permission forms to site and submit to site supervisor for approval
Meet with 3 long-term clients (as appropriate for client goals)
Complete, critique, and present the first video/audio recorded session in class.
Observe and shadow counselors in individual and group sessions
Observe teachers and classes (School counselors only)
Observe rounds/meetings; observe assessments/intakes (Mental health counselors only)

- Weeks 5-6: Lead 1-2 counseling groups
 Complete the second videotape
 Present first classroom guidance lesson (school counselors).
- Weeks 5-15: Add clients to maintain 3-5 client sessions per week
 Continue leading/co-leading counseling groups and conducting
 Psychoeducation/guidance groups
 Conduct 2 assessments, intakes or case histories (Mental health counselors)
 Conduct 2 classroom presentations such as character education, bullying
 prevention, or college planning (School counselors)
- Week 8: Complete Midterm Evaluation in Tk20
 Complete third video/audio tape or live supervision
- Week 11: Complete fourth video/audio tape or live supervision
- Weeks 13-15: Begin termination and closure if student is not staying on
 Present resource/advocacy project to site supervisor
 Request that supervisor completes final evaluation in Tk20
 Complete additional video/audio recordings or live supervision if needed

*** May be modified with the approval of the site supervisor and university instructor**

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

INTERNSHIP WEEKLY GUIDE*

- Weeks 1-2: Review and sign Student-Site Supervisor Supervision Agreement
 Establish a weekly day and time for the supervision hour
 Site supervisor and university instructor establish a biweekly day and time
 for telephone consultation (e.g. before student's supervision hour)
 Attend site meetings
- Weeks 1-15: Continue to counsel caseload
 Meet individually with 7-8 clients
 Meet 2 counseling groups
 Meet for individual supervision one hour per week
 Maintain daily list of concerns and questions for supervision
 Student updates Supervision Notes each week
 Complete 8 direct hours and 15 indirect hours each week
 Observe and shadow counselors in individual and group sessions to learn
 advanced techniques
 Complete progress notes and process journal each day
 Complete direct and indirect service logs each day and obtain site supervisor
 signature weekly. Copy logs for site supervisor and self
 Supervisor updates Supervision Notes each week
- End of Month: Obtain site supervisor's signature for Monthly Summary Sheet. Copy your
 Monthly Summary Sheet for your supervisor and yourself
- Monthly: University instructor and site supervisor consult by phone
- Weeks 3-4: Add 3-5 new long-term individual clients
 Screen and begin new counseling group or assume leadership for an ongoing
 group
 Complete, critique, and present the video/audio recorded session 1 in class by
 the thirdweek
 Observe teachers and classes (SC)
 Attend case rounds/meetings
 Observe assessments/intakes by site supervisor or counselors (CMHC)
 Attend I & RS meeting (SC)
 Conduct first classroom by this week (SC)

Conduct first intake, case history or assessment by this week (CMHC)
Complete 35 direct hours and 48 indirect hours by the end of four weeks

Weeks 5-6: Lead 2-3 new counseling groups
Complete and present video/audio recorded session 2
Present second classroom lesson (school counselors) (SC)
Conduct second intake, case history, or assessment by this week (CMHC)
Attend Child Study Team meeting (SC)

Weeks 5-15: Add new clients regularly to maintain 7-8 individual client sessions.
Continue leading/co-leading or adding 2-3 counseling groups
Conduct 1-2 Psychoeducation groups
Conduct 2 assessments, intakes or case histories (CMHC)
Conduct 2 classroom guidance lesson (SC)

Week 8: Request Midterm Evaluation to be completed in Tk20
Site Supervisor and Intern review Midterm Evaluation
Complete and present group video recorded session 3
Select client for case study with site supervisor
Complete 70 direct hours and 96 indirect hours by the end of 8 weeks

Weeks 11-12: Complete video/audio recording 4 (group or individual)
Present resource/advocacy project to site supervisor
Present case study to site supervisor and to university class
Complete 100 direct hours and 144 indirect hours by the end of 12 weeks

Weeks 13-15: Begin closure and termination
Provide for client transition to another counselor
Complete additional video recorded sessions if needed
Complete 120 direct hours and 180 indirect hours by semester's end
Request that supervisor completes Final Evaluation in Tk20
Site Supervisor and Intern review Final Evaluation

*** May be modified with the approval of the site supervisor and university instructor**

If Intern is Starting a New Site

- Orientation to new site and site tour
- Write a letter introducing himself or herself to staff and clients and submit to site supervisor for approval
- Observe and shadow counselors in individual and group sessions
- Check-in with site supervisor frequently
- Begin meeting individually with 2-5 clients
- Co-counsel individual clients and groups with supervisor or other counselors to orient self to site policies and procedures
- Adapt video permission forms to site and submit to site supervisor for approval

NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION
SUPERVISOR PROFESSIONAL DISCLOSURE

The National Board for Certified Counselors (2021) recommends that supervisor professional disclosure include 11 areas that reflect understanding of the supervisor's multiple roles. Please share and discuss them at the beginning of supervision with the supervisee. Some areas have been provided on the *Site Supervisor Form*, the *Contract* and in the *Supervisor/Supervisee Agreement*. See below:

1. Business address, telephone number and email of both supervisor and supervisee.
2. Emergency contact information for both supervisor and supervisee.
3. Procedures to follow in a crisis or emergency.
4. The listing of degrees, credentials, and licenses held.
5. General areas of competence in practice for which you can provide supervision.
6. Documentation of your training in supervision and experience in providing supervision.
7. Your model of or approach to supervision, e.g. Discrimination Model, including role of the supervisor, objectives or goals of supervision.
8. Modalities to be used, e.g. live supervision, video-recording, audio-recording and requirements for recordings of sessions.
9. Your evaluation procedures in the supervisory relationship. e.g. Likert scale, narrative.
10. The scope and limits of confidentiality and privileged communication within the supervisory and the university relationship.
11. Exceptions to confidentiality, e.g. danger to self or others; child abuse, abuse of elders or vulnerable persons; court order.
12. Compliance with the American Counseling Association Code of Ethics and the Approved Clinical Supervisor (or other entity) Code of Ethics.
13. Time, length, and location of supervision sessions.



**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

SITE SUPERVISOR AND STUDENT FORM

SITE SUPERVISOR'S INFORMATION	
Name:	
Email Address:	
Cell/Emergency Phone:	
Job Title:	
License/Certification*:	
Degrees/Major:	
Supervision Training Certification:	
Professional Experience (attach resume)*:	

SITE INFORMATION	
Site Name:	
Address:	
Phone:	

STUDENT'S INFORMATION	
Name:	
Address:	
Cell Phone:	
Home/Emergency Phone:	
Site Days/Hours:	

*** If your license/certification and resume are already on file with the current student, then you do not need to resubmit it.**

Expected School Counseling Experience

Date	Experience/Activity*
	Individual Counseling
	Small Group Counseling
	Parent/Family Counseling/Consultation
	SAC groups
	I&RS meetings
	Classroom observations
	Classroom programs/lessons
	CST Evaluation Report/IEP meetings/annual review
	Counseling department meetings
	Faculty meetings
	Parent programs (e.g. back-to-school, junior/senior night, PTA, family night)
	Student orientation program
	In-service program
	Crisis intervention team/emergency response team meeting
	Board of Education meeting
	Faculty/district policy trainings (e.g. suicide, substance abuse, DYFS, bullying)
	Enrollment/new student/withdrawal sessions
	Peer leadership/peer mediation
	Emotional/social skills/character education, code of conduct programs
	Individual student planning
	Transition program
	Community outreach/collaboration program
	School opening day/closing or moving up/graduation
	School wide programs
	College fair/college reps. instant decision day
	Visit to vocation/technical school, out of district placement, or alternative school
	Other:

***Site Supervisor and Practicum/Internship student will select appropriate experiences**

Expected Clinical Mental Health Counseling Experience

Date	Experience/Activity*
	Individual counseling
	Group counseling
	Family counseling
	Crisis Intervention
	Consultation with family members
	Consultation with staff, community resources, or referrals
	Consultation other
	Staff/unit meetings/case rounds
	Case presentation
	Support groups
	Group psychoeducation
	Professional development
	Multidisciplinary team meeting
	Crisis intervention team/CERT meeting
	Assessment/case history
	Testing
	Registration/Intake
	Discharge
	Referral
	Community outreach
	Home visit
	Agency visit
	Hospital visit
	Other

***Site Supervisor and Practicum/Internship student will select appropriate experiences**

SECTION 2: Student Session Forms

SOAP Note Guidelines

Subjective (S):

- What the client tells you
- What pertinent others tell you about the client
- Basically, how the client experiences the world
- Client's feelings, concerns, plans, goals, and thoughts
- Intensity of problems and impact on relationships
- Pertinent comments by family, case managers, behavioral therapists, etc.
- Client's orientation to time, place, and person
- Client's verbalized changes toward helping

Objective (O):

- Factual
- What the counselor personally observes/witnesses
- Quantifiable: what was seen, counted, smelled, heard, or measured
- Outside written materials received
- The client's general appearance, affect, behavior
- Nature of the helping relationship
- Client's demonstrated strengths and weaknesses
- Test results, materials from other agencies, etc., are to be noted and attached.

Assessment (A):

- Summarizes the counselor's clinical thinking
- A synthesis and analysis of the subjective and objective portion of the **notes**
- For counselor: Include clinical diagnosis and clinical impressions (if any).
- For care providers: How would you label the client's behavior and the reasons (if any) for this behavior?

Plan (P):

- Describes the parameters of treatment
- Consists of an action plan and prognosis
- Action plan: Include interventions used, treatment progress, and direction. Counselors should include the date of next appointment.
- Prognosis: Include the anticipated gains from the interventions.

SOAP NOTE

Practicum/Internship Student: _____ Session #: _____

Date/Time: _____ Duration of Session: _____

Client's Name: _____

S – Subjective:

O – Objective:

A – Assessment:

P – Plan:

Student's Signature: _____ Date: _____

DAP Progress Note Guidelines

D – *Data* – a factual description of the session. It generally comprises 2/3 of the body of the note and includes the following information about the general content and process of the session:

- Subjective data about the client – what are his/her thoughts, activities, observations, desires, complaints, and self-reported problems, needs, limitations, strengths, and successes?
- Subjective data about the therapist’s activities and use of self – what is the therapist doing in response to treatment goals/objectives and client needs (e.g., therapeutic techniques being employed)?
- Objective data about the client – what was the therapist observing during the session about the client’s affect, mood, and appearance?
- If therapeutic tasks, homework and/or behavior plans are a part of treatment, include comments about reviewing those items and tweaking assignments.
- Detail activities that reflect a clear association to the goals and objectives noted in the client’s treatment plan.
- Document any referrals you make.

A – *Assessment* – an evaluation by the therapist of current status and progress toward meeting treatment goals. It generally includes information about:

- The therapist’s current working hypotheses about dynamics and diagnoses.
- The therapist’s description of client’s progress in response to the treatment.
- Perceived client insights and motivation to change.

P – *Plan* – statements about what will happen next. It includes two (or three) things:

- When and what is the next session? (e.g., we will continue weekly individual therapy next week). If there will be a gap due to vacation, holiday, etc., note that.
- What is the plan for the next session? (e.g., we will continue to focus on anger management, or we will include spouse and address communication issues).
- If new information becomes available, progress (or the lack thereof) occurs, additional problems arise, or the simple passage of time means a treatment plan update is needed, note that too, as a prompt to do the update next session.

DAP NOTE (CMHC):

Practicum/Internship Student: _____

Date: _____ Time: _____ Client #: _____ Session #: _____

Services:

Frequency of visits:

- | | | | |
|---|---------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> med. check - 1/4 hr. | <input type="checkbox"/> weekly | <input type="checkbox"/> monthly | <input type="checkbox"/> 2 months |
| <input type="checkbox"/> individual therapy - 1/2 hr. | <input type="checkbox"/> 2 weeks | <input type="checkbox"/> 5 weeks | <input type="checkbox"/> 3 months |
| <input type="checkbox"/> individual therapy - 1 hr. | <input type="checkbox"/> 3 weeks | <input type="checkbox"/> 6 weeks | <input type="checkbox"/> prn |
| <input type="checkbox"/> family therapy - 1/2 hr. | <input type="checkbox"/> other: _____ | | |
| <input type="checkbox"/> family therapy - 1 hr. | | | |
| <input type="checkbox"/> group therapy - 1 hr. | | | |

SESSION GOAL: _____

DESCRIPTION: _____

ASSESSMENT/DIAGNOSIS: _____

PLAN: _____

Global Assessment of Functioning: _____

Student's Signature: _____ Date: _____

DAP NOTE (SC):

Practicum/Internship Student: _____

Date: _____ Time: _____ Client #: _____ Session #: _____

Select One: Individual Counseling Group Counseling Class Lesson/Group

SESSION GOAL: _____

DESCRIPTION: _____

ASSESSMENT: _____

PLAN: _____

Student's Signature: _____ Date: _____



**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION
MASTER OF ARTS IN COUNSELING PROGRAM**

PRACTICUM/INTERNSHIP

Dear Site Supervisor:

RE: Session Recordings

Thank you for giving our student the opportunity to work with you. Students completing the Master's Degree in counseling have to video/audio-record four to five sessions per semester. These video recordings are viewed and critiqued by their university supervisors and their Practicum or Internship class for the purposes of supervision and evaluation.

Written permission is required for recording client sessions including parent's permission for minors. Clients are generally comfortable with the recording process and the camera can be placed behind the client if the client or minor's parent/guardian does not want the client to be seen in the video. Clients may turn off the recorder or revoke permission at any time. Sample permission forms are provided. Your site or school permission forms can be used.

We will work closely with you to ensure confidentiality as well as the highest standards for counseling. Recorded sessions and supervision are required for our program and for counseling programs with CACREP accreditation.

Thank you for your professional partnership and support of our graduate counseling students. Please contact me if you have any questions.

Respectfully,

Anna Ivanova-Tatlici, LMHC, LPC



**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION
MASTER OF ARTS IN COUNSELING PROGRAM**

CONSENT TO RECORD COUNSELING SESSION

I _____, grant permission for my Counselor Intern, _____, to counsel me and video and audio record my counseling sessions. My Counselor Intern is an advanced graduate student who is not yet licensed or certified and works under the supervision of _____.

I understand that my Counselor Intern is recording our sessions for my supervision and training. My Counselor's professor and group supervision class may view the recorded session and they will not share information outside the class.

I can turn off the tape at any time or revoke my permission to record with no consequences. I can choose to be seen or just heard in the recording. My name and identifying information will not be disclosed and confidentiality will be maintained within the limits of the law. My parent/guardian also gives permission to record if permission is required.

Client's Signature

Date

Parent/Guardian's Signature
(if the client is under 18 years)

Date

Counselor Intern's Signature

Date

Licensed Supervisor/Counselor's Signature

Date



**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION
MASTER OF ARTS IN COUNSELING PROGRAM**

CONSENT TO RECORD COUNSELING SESSION

I _____, grant permission for my Counselor Intern, _____, to counsel me and video and audio record my counseling sessions. My Counselor Intern is a graduate student who is not yet licensed and works under the supervision of _____. I understand that my Counselor's graduate class and supervisors may see the recording in their class and my information will be kept confidential within the limits of the law. I can choose to be heard and not seen in the recording and I can turn off the tape at any time. My parent/guardian also gives permission to record if permission is required.

Client's Signature

Date

Parent/Guardian's Signature
(if the client is under 18 years)

Date

Counselor Intern's Signature

Date

Licensed Supervisor/Counselor's Signature

Date



**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION
MASTER OF ARTS IN COUNSELING PROGRAM**

CONSENT TO BE COUNSELED BY INTERN

I _____, agree to be counseled by
_____ whom is a Graduate Intern.
Graduate Interns are advanced Counseling Master’s students who are not yet licensed. My intern
works under the supervision of _____ and
confidentiality will be maintained within the limits of the law.

Client’s Signature

Date

Parent/Guardian’s Signature
(if the client is under 18 years)

Date

Counselor Intern’s Signature

Date

Licensed Supervisor/Counselor’s Signature

Date



**NEW JERSEY CITY UNIVERSITY
DEPARTAMENTO DE EDUCACION DE CONSEJERO
MASTERS OF ARTS EN PROGRAMA DE CONSEJERÍA**

CONSENTIMIENTO PARA LA GRABACIÓN DE SESIONES

Por medio del presente, yo _____, autorizo y presto consentimiento a mi alumno de prácticas del programa de consejería, _____, a que reproduzca a través de imagen y sonido mis sesiones de asesoramiento. Mi alumno de prácticas es un estudiante a nivel posgraduado que está por recibir la licencia o certificación pertinente a sus estudios, y que actúa bajo la supervisión de _____.

Es de mi constancia que el alumno asesor grabará las sesiones como parte de mi supervisión y entrenamiento. Igualmente, se me informa que el professor del alumno asesor y los miembros de su grupo de supervision tendrán acceso a las sesiones grabadas, y que los datos obtenidos de las grabaciones no serán divulgadas fuera del grupo.

Asimismo, expreso mi libre decisión en cualquier momento a que no se reproduzcan las sesiones o a que se anule el permiso dado para grabar, sin que ello conlleve consecuencia alguna para mi persona. De igual manera, podré elegir a que sólo se me escuche o que se vea las reproducciones. Se me hace constar que mi identidad e información personal no serán reveladas y que se mantendrán bajo confidencialidad como así estipulan las leyes pertinentes. Finalmente, mis padres o mi tutor encargadode mi custodia, llegado el momento, autorizarían las reproducciones de imagen y sonido, siempre que su permiso fuera requerido.

Firma del cliente

Fecha

Firma de los padres o totor
(si el cliente es menor de 18 años)

Fecha

Firma del alumno asesor

Fecha

Firma del supervisor/consejero licenciado

Fecha



**NEW JERSEY CITY UNIVERSITY
DEPARTAMENTO DE EDUCACION DE CONSEJERO
MASTERS OF ARTS EN PROGRAMA DE CONSEJERÍA**

CONSENTIMIENTO PARA LA GRABACIÓN DE SESIONES

Por medio del presente, yo _____, autorizo a mi alumno de prácticas del programa de consejería a que reproduzca a través de imagen y sonido mis sesiones de asesoramiento. Mi alumno de prácticas es un estudiante a nivel posgraduado que está por recibir la certificación pertinente, y que actúa bajo la supervisión de _____.

Se me informa que los miembros de la clase de mi alumno asesor tendrán acceso a las sesiones grabadas, y que los datos se mantendrán bajo confidencialidad así como estipulan las leyes pertinentes.

Asimismo, expreso mi libre decisión a anular la grabación en cualquier momento o a que se reproduzca el sonido y no la imagen.

Firma del cliente

Fecha

Firma de los padres o tutor
(si el cliente es menor de 18 años)

Fecha

Firma del alumno asesor

Fecha

Firma del supervisor/consejero licenciado

Fecha



**NEW JERSEY CITY UNIVERSITY
DEPARTAMENTO DE EDUCACION DE CONSEJERO
MASTERS OF ARTS EN PROGRAMA DE CONSEJERÍA**

CONSENTIMIENTO PARA ASESORAR

Por medio del presente, yo _____, autorizo un asesoramiento por parte de _____, alumno de prácticas del programa de maestría en consejería. Nuestros alumnos asesores son estudiantes a nivel posgraduado que están por recibir la certificación pertinente.

Mi alumno asesor actúa bajo la supervisión de _____, y Mantendrá toda confidencialidad como así estipulan las leyes pertinentes.

Firma del cliente

Fecha

Firma de los padres o tutor
(si el cliente es menor de 18 años)

Fecha

Firma del alumno asesor

Fecha

Firma del supervisor/consejero licenciado

Fecha

STUDENT'S SELF CRITIQUE OF THE VIDEOTAPED SESSION

(Submit when you present your video recorded session in the group supervision class)

Your Name: _____ Class: _____

Session Date/Time: _____ Duration of Session: _____

Client Code: _____ Age: _____ Sex: _____ Session #: _____

Please attach a copy of your DAP PROGRESS NOTE and Permission to Record (permission form is noted and returned to you for your site).

Session Goal: _____

How you prepared for this Session: _____

Your Session Strengths (what you did well & what you are proud of): _____

Your Session Needs/Weaknesses (what did not go well): _____

If you could conduct the session again, what would you do differently and how might the client respond?

SECTION 3: Student Logs

GUIDELINES FOR LOGS

Complete your **weekly logs and progress notes each day prior to leaving your site.** Client records remain secured at the site and are not to be removed from the site. Plan for sufficient time at your site to complete your logs and notes. If your site requires another log, please consult with your university instructor.

Keep accurate records and double-check your addition. Round the minutes to the nearest quarter, half, three-quarters, or full hour (e.g. $\frac{1}{4}$ hour, $\frac{1}{2}$ hour, $\frac{3}{4}$ or 1 hour). Very brief sessions less than one-quarter hour may be recorded in fractions or minutes e.g. $\frac{1}{6}$ hour or 10 minutes.

You are required to meet for individual supervision a minimum of 1 hour per week. You may have additional individual supervision. List individual supervision and group supervision on the indirect services log.

During your individual supervision hour, your site supervisor signs your weekly **Hours Log**. Make a copy of the log for your site supervisor and for your records. Submit the signed weekly log the next week to your university instructor and keep in your folder.

Enter a note for each individual supervision session on the **Supervision Form**. Your note summarizes the topics and concerns you discussed with your site supervisor.

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

**PRACTICUM/INTERNSHIP
CLINICAL MENTAL HEALTH
COUNSELING HOURS LOG**

Weekly and Cumulative Log Portions of an Hour

[per activity of internship candidate]

[HOME](#)

Site Location:

Week Ending:

Name of Counselor-in-training

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	<u>Total Week</u>	<u>Total to Date</u>
1. Intake								0	0
2. Individual Counseling								0	0
3. Group Counseling								0	0
4. Psychoeducation								0	0
5. Assessment								0	0
6. Consultation								0	0
7. Other:								0	0
Total Direct Contact	0	0	0	0	0	0	0	0	0
1. Professional Meetings								0	0
2. Supervision								0	0
3. Hallway Activities								0	0
4. Record Keeping								0	0
5. Consulting Records								0	0
6. Task Duties								0	0
7. Research / Preparation								0	0
8. Other								0	0
Total Indirect Contact	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0

Supervisor: _____

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION**

**PRACTICUM/INTERNSHIP
SCHOOL COUNSELING
HOURS LOG**

Weekly and Cumulative Log Portions of an Hour

[per activity of internship candidate]

[HOME](#)

Site Location:

Week Ending:

Name of Counselor-in-training

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Week	Total to Date
1. Academic Planning [Individual]								0	0
2. Individual Counseling								0	0
3. Group Counseling								0	0
4. Classroom Guidance								0	0
5. Consultation: Professional								0	0
6. Consultation: Family								0	0
7. Other								0	0
Total Direct Contact	0	0	0	0	0	0	0	0	0
1. Professional Meetings								0	0
2. Supervision								0	0
3. Hallway Activities								0	0
4. Record Keeping								0	0
5. Consulting Records								0	0
6. Task Duties								0	0
7. Research / Preparation								0	0
8. Other								0	0
9. Professional training/Workshop									
Total Indirect Contact	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0

Supervisor: _____

**NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION
PRACTICUM/INTERNSHIP**

**SUPERVISION NOTES FOR INDIVIDUAL SUPERVISION
SESSIONS WITH SITE SUPERVISOR**

Week	Date	Time	Supervision Notes (Concerns, Feedback, Processing, Content, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

SECTION 4: Supervisor Evaluation Forms

Guidelines for Supervisor Evaluation Forms

The site supervisor will receive an email with instructions and a link on how to complete the midterm evaluation in Tk20 by the eighth week of the spring/fall semester. A copy of the midterm evaluation is in this section of the Site Supervisor Handbook.

The site supervisor will use the same link to complete the final evaluation in Tk20 by the fifteenth week of the spring/fall semester. A copy of the final evaluation is in this section of the Site Supervisor Handbook.



**Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, NJ 07305-1597
Phone 201-200-3400/Fax 201-200-3405**

Dear Site Supervisor:

First, I want to thank you for the time and care you have given to work with our student. The support they receive from you is vital and most appreciated by both our program faculty and our counselor-in-training. As a gentle reminder, it is midterm evaluation time and you are asked to answer a few questions that will take about 5 minutes. The instructions for completing the Midterm Evaluation in Tk-20 were already sent out to you. Please make sure to sit with the student during your individual supervision hour and review the evaluation in whatever detail you feel is appropriate. If there are areas needing improvement, we will develop a plan for growth.

If you have any questions, please contact your NJCU faculty supervisor or me. Thank you again for your time and assistance.

Respectfully,

Anna Ivanova-Tatlici, LMHC, LPC, NCC
Clinical Coordinator
Department of Counselor Education
New Jersey City University
2039 Kennedy Blvd., Rossey Hall 536
Jersey City, NJ 07305
201-200-3400 Dept. Office
201-200-2187 Direct
201-200-3450 Fax
aivanova@njcu.edu

Counseling Program
Practicum/Internship Site supervisor's Mid-Term Evaluation
(Completed by Site Supervisor)

Student's Name _____ Date _____

Site Location _____ Site Supervisor _____

____ Practicum Internship ____ I ____ II ____ III ____ IV _____ Semester ____ Year

I. STUDENT PROGRESS

In what areas has the student intern shown strengths?

In what areas has the student showed improvement?

In what areas does the student need to work on?

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree N/A Not Applicable

A score of 3 means that you are functioning at the expected level

II. STUDENT’S PROFESSIONAL SKILLS

1. Accepts supervisor's feedback	1	2	3	4	n/a
2. Maintains client confidentiality	1	2	3	4	n/a
3. Practices ethical behavior	1	2	3	4	n/a
4. Maintains appropriate case notes and records	1	2	3	4	n/a
5. Implements goals and policies of the site	1	2	3	4	n/a
6. Identifies own strengths and weaknesses	1	2	3	4	n/a
7. Works effectively with other professionals	1	2	3	4	n/a

III. STUDENT’S COUNSELING SKILLS

1. Responds appropriately to client	1	2	3	4	n/a
2. Establishes rapport	1	2	3	4	n/a
3. Is sensitive to individual differences	1	2	3	4	n/a
4. Reflects client’s feelings	1	2	3	4	n/a
5. Listens effectively	1	2	3	4	n/a
6. Helps client establish appropriate goals	1	2	3	4	n/a
7. Uses effective interventions consistent with theoretical orientation	1	2	3	4	n/a

IV-A. SCHOOL COUNSELING ONLY

1.Works effectively in the school setting	1	2	3	4	n/a
2.Addresses students’ academic, personal, and career needs appropriately.	1	2	3	4	n/a
3.Collaborates and consults with teachers	1	2	3	4	n/a
4.Addresses developmental needs of students appropriately at this school level (e.g. college planning, behavior, peers, academic skills)	1	2	3	4	n/a
5. Consults effectively with parents	1	2	3	4	n/a

IV-B. MENTAL HEALTH COUNSELING ONLY

1. Conducts intakes and discharges effectively	1	2	3	4	n/a
2. Conceptualizes cases using effective diagnosis and treatment planning.	1	2	3	4	n/a
3. Integrates new session information into ongoing treatment planning.	1	2	3	4	n/a
4. Works effectively with a range of client problems	1	2	3	4	n/a
5. Addresses and corrects clinical errors.	1	2	3	4	n/a
6. Balances responsibilities e.g. sessions, appointments, record-keeping, treatment plans, supervision, and unexpected events	1	2	3	4	n/a

To provide additional comment please do so on a separate paper

Site Supervisor’s Signature _____ Date _____



**Department of Counselor Education
2039 Kennedy Boulevard, Rossey
Hall 536 Jersey City, NJ 07305-1597
Phone 201-200-3400/Fax 201-200-3405**

Dear Site Supervisor:

It's hard to believe that we are at the end of the semester! On behalf of the Counseling Program and our New Jersey City University faculty and administration, I extend our deepest thanks for your work as a site supervisor. Your time, patience, and expertise are invaluable in helping us train the next generation of professional counselors.

The link for the final semester evaluation for our trainee is the same as the one that you received for the midterm evaluation. If your trainee has not completed the required hours, please wait and complete the evaluation when they have completed their hours. Please make sure you review the evaluation with your trainee and also sign their final log. Please complete the evaluation even if the trainee is returning to your site next semester.

If there are areas needing improvement and the trainee is continuing next semester at your site, please develop a plan for growth with the student. Send the plan to me so I can make sure we are all working together to strengthen the student's skills and abilities as a counselor.

If you are not able to locate the previous email with the link for the midterm evaluation, which you will need to complete the final evaluation, please contact me and Elizabeth Hickey at ehickey@njcu.edu.

Thank you again for your time and help.

Respectfully,
Anna Ivanova-Tatlici

Anna Ivanova-Tatlici, LMHC, LPC, NCC
Clinical Coordinator
Department of Counselor Education
New Jersey City University
2039 Kennedy Blvd., Rossey Hall 536
Jersey City, NJ 07305
201-200-3400 Dept. Office
201-200-2187 Direct
201-200-3450 Fax
aivanova@njcu.edu

Counseling Program
Practicum/Internship Site Supervisor's Final Evaluation
(Completed by Site Supervisor)

Student's Name _____ Date _____

Site Location _____ Site Supervisor _____

____ Practicum Internship ____ I ____ II ____ III ____ IV _____ Semester ____ Year

I. STUDENT PROGRESS

In what areas has the student intern shown strengths?

In what areas has student intern showed improvement?

In what areas does the student need to work on?

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree N/A Not Applicable

A score of 3 means that you are functioning at the expected level

II. STUDENT’S PROFESSIONAL SKILLS

1. Accepts supervisor's feedback	1	2	3	4	n/a
2. Maintains client confidentiality	1	2	3	4	n/a
3. Practices ethical behavior	1	2	3	4	n/a
4. Maintains appropriate case notes and records	1	2	3	4	n/a
5. Implements goals and policies of the site	1	2	3	4	n/a
6. Identifies own strengths and weaknesses	1	2	3	4	n/a
7. Works effectively with other professionals	1	2	3	4	n/a

III. STUDENT’S COUNSELING SKILLS

1. Responds appropriately to client	1	2	3	4	n/a
2. Establishes rapport	1	2	3	4	n/a
3. Is sensitive to individual differences	1	2	3	4	n/a
4. Reflects client’s feelings	1	2	3	4	n/a
5. Listens effectively	1	2	3	4	n/a
6. Helps client establish appropriate goals	1	2	3	4	n/a
7. Uses effective interventions consistent with theoretical orientation	1	2	3	4	n/a

IV-A. SCHOOL COUNSELING ONLY

1.Works effectively in the school setting	1	2	3	4	n/a
2.Addresses students' academic, personal, and career needs appropriately.	1	2	3	4	n/a
3.Collaborates and consults with teachers	1	2	3	4	n/a
4.Addresses developmental needs of students appropriately at this school level (e.g. college planning, behavior, peers, academic skills)	1	2	3	4	n/a
5. Consults effectively with parents	1	2	3	4	n/a

IV-B. MENTAL HEALTH COUNSELING ONLY

1. Conducts intakes and discharges effectively	1	2	3	4	n/a
2. Conceptualizes cases using effective diagnosis and treatment planning.	1	2	3	4	n/a
3. Integrates new session information into ongoing treatment planning.	1	2	3	4	n/a
4. Works effectively with a range of client problems	1	2	3	4	n/a
5. Addresses and corrects clinical errors.	1	2	3	4	n/a
6. Balances responsibilities e.g. sessions, appointments, record-keeping, treatment plans, supervision, and unexpected events	1	2	3	4	n/a

To provide additional comment please do so on a separate paper

Site Supervisor's Signature _____ Date _____

