

**Counselor Education PRACTICUM Application**

**Deadline is December 1<sup>st</sup> for Spring Application**

Practicum applicants must complete this form and e-mail the first page only to: [laura.roberts@lehman.cuny.edu](mailto:laura.roberts@lehman.cuny.edu). Once your site has been approved, complete the site supervisor agreement on page 2 and obtain supervisor's signature. Scan both **signed** pages of the Internship Application and upload into Blackboard. Be sure and give one copy to your site supervisor and retain one for your records. **All of the required documents listed in section IV must be uploaded onto Blackboard**

**Section I: Personal Information**

Full Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>	Date:
Address:	<i>Street Address</i>			<i>Apt. #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Phone:	(    )	E-mail Address:		
Semester/Year for which you are applying				

**Section II: Program/Course Information**

Department: <b>Counseling, Leadership, Literacy, Spec. Ed.</b>	Degree: <b>MS. Ed.</b>	Program: <b>Counselor Education/School Counseling</b>
Anticipated Date of Graduation:	Counselor Education Course for which you want to register:	

**Section III: School Site Information**

School Name/#:		Phone:	(    )
Principal Name:		A.P. Name:	
School Address:			
Name of On-Site Counseling Supervisor:		Job Title:	
Total # of Years of Experience as School Counselor/Social Worker/School Psychologist:			
Supervisor Phone:	(    )	Supervisor E-mail Address:	

**Section IV: Documentation Required with Application**

<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Copy of a PPD test completed within the last year (or chest X-ray results)</li> <li>2. <input type="checkbox"/> Fingerprint clearance or proof of DOE employment</li> <li>3. <input type="checkbox"/> Counseling On-Site Supervisor Agreement Form completely filled out</li> <li>4. <input type="checkbox"/> Copy of ASCA liability insurance limits page and current ASCA membership card</li> <li>5. <input type="checkbox"/> Copy of unofficial transcript indicating courses completed at Lehman College</li> <li>6. <input type="checkbox"/> Proof of training in Child Abuse Prevention &amp; Proof of training in Violence Prevention</li> <li>8. <input type="checkbox"/> Handbook Receipts- Student and Site Supervisor</li> </ol>	<p>Please click on all the boxes on the left for which you are providing documentation. If you are unable to provide any of the required document(s) at this time, please indicate below your reason, and the estimated date when you will provide the document(s):</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Section V: Clinical Coordinator Authorization**

The Coordinator's signature indicates that the student has completed the program prerequisites and has the GPA necessary to undertake the practicum next semester.			
Name of the Counselor Education Clinical Coordinator	<b>Laura A. Roberts</b>		
Authorization Signature (of Counselor Education Clinical Coordinator)		Date:	Lehman Extension: <b>8119</b>

**Counselor Education PRACTICUM Site Supervisor Agreement**  
**Deadline is December 1<sup>st</sup> for Spring Application**

Please completely fill out <u>every</u> item on this form			
Counselor Trainee's Name:			
Counselor Trainee's E-mail Address:			
Counselor Trainee's Phone #:		(    )	
Counselor Trainee's Liability Insurance Co. and #:			
Membership (check all that applies)		<input type="checkbox"/> ASCA <input type="checkbox"/> ACA <input type="checkbox"/> Other (please specify):	
Lehman Course #:		Semester/ Year:	
Lehman Faculty Instructor:			
Practicum Site Name:			
Practicum Site Address:			
Practicum Site Phone #:		(    )	
Site Supervisor's Name:			
Site Supervisor's Title:			
Site Supervisor's Phone #:		(    )	
Site Supervisor's E-mail Address:			
Site Supervisor's Advanced Degree(s):		Specialization:	
Site Supervisor's Certification/License:			
Site supervisor's years of experience as a certified/licensed school counselor/mental health professional:			
<p>The above named graduate student has permission to participate in a counseling internship experience at this site under the supervision of the site supervisor. Internship consists of a minimum of 100 hours for the semester (60 hours of indirect and 40 hours of direct service) with a minimum of one hour of supervision per week. It is understood that, with parental consent, some of the direct services provided by the graduate student will be audio and videotaped as part of the Internship course requirement. It is also understood that all ethical guidelines of the counseling profession (American School Counselor Association and American Counselor Association Code of Ethics) shall be maintained. Confidentiality in supervision and course materials will be maintained. Thank you very much for your assistance and cooperation.</p>			
Counselor Trainee's Signature: _____		Date: _____	
Site Supervisor's Signature: _____		Date: _____	



**COUNSELOR EDUCATION/SCHOOL COUNSELING PRACTICUM AND  
INTERNSHIP HANDBOOK RECEIPT - SUPERVISOR**

Dear On-Site Supervisor:

On behalf of the Counselor Education program at Lehman College of the City University of New York, I would like to thank you for agreeing to supervise our school counselor candidate. In order to ensure our program requirements are met, we are issuing you a copy of our Practicum and Internship Handbook for you to read and keep as a resource.

After you have read the handbook, please sign the receipt below and return it to the school counselor trainee so that we may have it for our records. If you have any additional questions or concerns, please contact Professor Laura M. Roberts, Clinical Coordinator, at 718.960.8119

---

My school counselor trainee, \_\_\_\_\_, has provided me with a copy of the School Counseling Practicum and Internship Handbook. I have read the handbook and I am fully aware of the requirements of my practicum or internship candidate including: to provide my student weekly one hour supervision; to support and assess my trainee engage and deliver *appropriate* direct and indirect professional school counseling services; and to support the candidate engage in a minimum of 3 videotaped counseling sessions (individual, group, and developmental lesson plans) that were given parent/guardian consent. I understand the videotapes are confidential in nature and will be used for instructional purposes only.

Name of Site/School:

---

Name of Site Supervisor (Please print):

---

SIGNATURE OF SITE SUPERVISOR:

---

DATE:

---

**COUNSELOR EDUCATION/SCHOOL COUNSELING PRACTICUM AND  
INTERNSHIP HANDBOOK RECEIPT - STUDENT**

As part of your Practicum/Internship application, it is your responsibility to read the Practicum and Internship Handbook and to provide a copy for your on-site supervisor.

Please sign below to indicate your receipt of the School Counseling Practicum and Internship Handbook. Return this along with the signed receipt from your site supervisor as part of your Practicum/Internship application packet. Thank you.

Practicum/Internship Semester: \_\_\_\_\_/Yr: \_\_\_\_\_

Student Name (Please print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



### COUNSELING/CONSULTATION CONSENT FORM

Name of Student: \_\_\_\_\_

Name of Counselor Trainee: \_\_\_\_\_

Name of Site Supervisor: \_\_\_\_\_

I give permission for my child/adolescent to meet with a counselor in training who is a matriculated graduate student in the Counselor Education program at Lehman College of the City University of New York. I understand that the purpose of counseling/consultation is to provide assistance to my child/adolescent and professional support to me in a culturally sensitive context and that the counselor trainee receives supervision from both a professor at the university and from a supervisor at the school. I understand that sessions may be audio/videotaped for educational and supervisory purposes **only**.

I understand that I can choose to stop receiving this service at any time by giving notification to the counselor trainee and that this decision will not result in any loss of other services.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Relationship to child/adolescent: \_\_\_\_\_

\_\_\_\_\_  
Counselor Trainee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School site supervisor

\_\_\_\_\_  
Date

**SCHOOL COUNSELOR TRAINEE TIME LOG**

Name of Counselor Trainee: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Site of Internship/Practicum/  
Pre-Practicum: \_\_\_\_\_

**Directions:** Keep an accurate record of all group counseling, individual counseling, consultation, developmental school counseling lessons, and specific consultation projects focused on school counseling program foundation, management and accountability tasks/artifacts. Additional indirect services such as workshops provided to parents/guardians/educators, professional development and team meetings and supervision sessions/consultations/phone contacts, etc. may also be recorded during the semester at your practicum/internship site. Turn this record in to your professor. At the end of the semester the site supervisor and the school counselor trainee sign off on the form and return it to the faculty instructor. Use additional sheets as needed. Make sure you and your site supervisor have signed and dated each page of this form. Ten hours minimum for pre-Practicum; for Practicum a minimum of 40 hours direct service minimum and 60 hours indirect or collateral service; for Internship a minimum of 240 hours direct service (120 hours each semester) and 360 hours (180 hours each semester) indirect or collateral service hours.

Date	Type of Contact	Time Spent	Direct	Indirect

Total Direct Hours: \_\_\_\_\_

Total Indirect Hours: \_\_\_\_\_

\_\_\_\_\_  
Print Counselor Trainee Name

\_\_\_\_\_  
Print Site Supervisor Name

\_\_\_\_\_  
Counselor Trainee Signature

\_\_\_\_\_  
Site Supervisor Signature