**Clinical Mental Health Counseling Contract**
**Practicum – COUN 686**
**Western Carolina University (Rev. 9/14)**

**Directions**: Please provide the requested information after consulting with your site supervisor. Please return to your university supervisor.

**Student information**:
Name: _____ University Supervisor: _____

Address: _____

_____

Telephone: _____

Email: _____

This practicum will be completed during _____semester, 20_____.
Beginning date: _____ Ending date: _____
Date documentation of liability insurance provided: _____
150 hours will be counted toward satisfactory completion of university requirements during this period.

**Practicum Site Information:**
Agency _____

Address _____

_____

Telephone _____

Site Supervisor _____ Email _____

Position title _____

## Practicum Responsibilities and Duties:

The primary purpose of practicum is the development of competence in individual and small group work. Although other counseling related duties and responsibilities may be undertaken, individual and group work are the major functions expected of the student. Individual supervision is provided on a weekly basis by both the university and site supervisor. Group supervision is provided on a biweekly basis by the university supervisor. Practicum requires a minimum of 8 hours per week on site. The practicum requires a total of 150 hours, of which 40 must be in direct service to clients. We strongly encourage participation in group work as a co-leader. Tape/digital recordings of all ongoing individual sessions are expected and recordings are played only for supervision, strict confidentiality being maintained in the setting. Recordings will be erased or destroyed after supervision. Students are required to submit 10 satisfactory recordings to the university supervisor for review and critique. The university supervisor is responsible for the student's grade after conferring with the site supervisor. Please complete the information on the back of this form.

Below are specific duties and responsibilities to be undertaken by the practicum student for the successful completion of practicum. The practicum student is responsible for making and distributing signed copies of the contract to the university and site supervisor. The practicum student is responsible for obtaining supervisor's initials to document completion of the contract. The university supervisor should be notified by the practicum student of any changes that significantly alter the activities indicated in the contract.

| **Activity** | **Date completed** | **Supervisor initials** |
|---|---|---|
| Conduct ongoing individual counseling with a minimum of 4 clients representing varied gender, ethnic, age, developmental issues, and socioeconomic status. | | |
| Submit 10 satisfactory audio/video taped counseling sessions. | | |
| Strongly encouraged: Lead or co-lead group work for at least 6 sessions. | | |
| Monitor the effectiveness of counseling services provided with either the Session Rating Scale or the Outcome Rating Scale (Miller, Duncan, & Johnson, 2002) | | |
| Additional site specific requirements listed below: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

**Initial**

| | | |
|---|---|---|
| Practicum student signature | | Date: |
| Site supervisor signature | | Date: |
| University supervisor signature | | Date: |

**Conclusion**

| | | |
|---|---|---|
| Practicum student signature | | Date: |
| Site supervisor signature | | Date: |
| University supervisor signature | | Date: |