**CLINICAL SITE APPROVAL REQUEST: SCHOOL COUNSELING**

**COUN 690/693 OR 694/695**

Practicum Semester (Check one)

Fall \_\_\_\_\_\_\_\_\_\_\_\_

Spring \_\_\_\_\_\_\_\_\_\_\_\_

Summer \_\_\_\_\_\_\_\_\_\_\_\_

N/A Change of Site \_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Site Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Site Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Site Supervisor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Site Phone / Extension of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor’s Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you remain at this site for Internship? If Yes, how many Hours will you be at this site for

Internship?

YES NO

Please circle one option above Internship Hours:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total planned internship hours at this site

Supervisor’s VITA/Resume (Please submit an abbreviated professional VITA or resume).

Below is a summary of Practicum (COUN 690) and Internship (COUN 693/694/695) experience requirements. Advanced Internship activities should build upon and exceed those engaged in during COUN 690 Practicum

Students will learn about or participate in the following subjects and activities:

1) The relationship between academic mission of the school and the role of the school counselor

2) Collaboration with other educational professionals

3) The school curriculum

4) Technology available at the school

5) Organizational policies and procedures of the school, including pertinent ethical and legal issues

6) Crisis intervention policies and procedures used at the school

7) Individual and group counseling

8) Service to special needs students

9) Culturally sensitive service to the culturally diverse students enrolled at the school

10) Educational and career planning and counseling

11) Psychoeducational instruction

12) Program design, implementation and evaluation

13) Comprehensive preventive and developmental counseling

14) Consultation and referral services

15) Student advocacy

16) Assessment of students

17) Peer helping, tutoring and mediation programs offered at the school

18) Use, management and presentation of data related to students’ outcomes

19) Presentation of academic and activity calendars

20) Includes a 720- hour clinical experience of which 280 hours is of direct service work

21) A minimum of 10 hours in group work during Internship

22) Includes a minimum of one (1) hour each week of individual supervision by the Site Supervisor

23) Allows student to obtain audio-and/or videotapes of student’s interactions with counselors for

use in supervision

Describe any additional activities the student will be engaged in at the site during Practicum and Internship.

Policies, Procedures and Professional Practice Agreement

This is to confirm that the counseling activities I undertake as part of my supervised field experience for the Department of Counselor Education at The College of New Jersey, Ewing, New Jersey will be subject to the policies, procedures and professional practices of my field site.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Clinical Site Supervisor’s Signature Date

Return to: Clinical Coordinator

Department of Counselor Education

The College of New Jersey

PO Box 7718

Ewing, NJ 08628-0718 Phone: 609-771-2136

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Coordinator’s Signature Date