

**AUGUSTA STATE UNIVERSITY**  
**COLLEGE OF EDUCATION**  
**Department of Educational Leadership, Counseling, & Special Education**

**Counselor Education Training Program**

**PRACTICUM CONTRACT**

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(date) (field site)  
and the Augusta State University Counselor Education Program. The agreement  
will be effective for a period from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ per week for  
(# of. hours )  
\_\_\_\_\_  
(student name)

**Purpose:**

The purpose of this agreement is to provide a qualified graduate student with a clinical practicum experience in the field of counseling.

**The Augusta State University Counseling Program agrees to:**

1. assign a University **Faculty Liaison** to facilitate communication between the University and the site;
2. provide the Site, prior to placement of the student, the following information:
  - a. a profile of the student named above and
  - b. an academic calendar which shall include dates for periods during which the student will be excused from field supervision;
3. notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the Site.
4. assure that the Faculty Liaison shall be available for consultation with both the Site Supervisor and the Student (this person should be immediately contacted should any problem or change in relation to the student, site, or University occur); and
5. coordinate the assignment of a fieldwork grade by the University Supervisor and the Site Supervisor.

**The Practicum Site agrees to:**

1. assign a **Practicum Supervisor** who has appropriate credentials, time, and interest for training the practicum student;
2. provide opportunities for the student to engage in a variety of counseling activities consistent with the CACREP standards for supervision and for evaluating the student's performance (suggested counseling experiences are included in the Practicum Activities Section below);
3. provide the student with adequate work space, telephone, office supplies, and staff to conduct professional counseling activities (consistent with those provided for the Site Supervisor).
4. assure Field Counselor-Supervisor's supervisory contact with the Practicum Student which involves examination of the student's work using audio/visual tapes, observation, and/or live supervision; and to
5. provide written evaluation of the student, based on criteria established by the Augusta State University Program (please see enclosed **Field Counselor-Supervisor's Evaluation Form**).

Within the specified time frame, \_\_\_\_\_ (**Site Supervisor**) will be the primary Practicum Site Supervisor. The training activities (listed below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity that are consistent with CACREP standards. \_\_\_\_\_ (**Faculty Liaison**) will be the University Faculty Member with whom the Practicum Student and Practicum Site Supervisor will communicate regarding progress, problems, and performance evaluations.

# PRACTICUM ACTIVITIES

**1. Individual Counseling**

Personal/Social Nature  
Occupational/Educational Nature

**2. Group Counseling**

Co-leading  
Leading  
Group Type: \_\_\_\_\_  
\_\_\_\_\_

**3. Intake Interviewing:**

Including taking social history information

**4. Testing:**

Administration  
Analysis  
Interpretation

**5. Report Writing:**

Record Keeping  
  
Treatment Plans  
  
Treatment Summaries

**6. Consultation**

Referrals  
Professional Team Collaboration  
Parent Conferences

**7. Counseling/Educational Activities**

Outreach  
Client Orientation  
Contact w/Community Resources  
In-service

**8. Career Counseling**

**9. Individual Supervision**

**10. Group or Peer Supervision**

**11. Case Conferences/Staff Meetings**

**12. Other (Please list)** \_\_\_\_\_

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

Building Principal (School): \_\_\_\_\_ Date \_\_\_\_\_

Internship Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

University Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail back to: Augusta State University, College of Education, Counselor Education Program, Augusta, GA 30904-2200. \_\_\_\_\_

*In addition, all practicum and internship sites must complete a memorandum of understanding with the university, in accordance with current Board of Regents policies.*