

Forward to:
 Internship Coordinator
 Rehabilitation Programs
 314 CEDAR Building
 University Park, PA 16802

Internship approved _____
Number of credits _____
Do you plan to graduate? _____
Current Audit attached? _____

REHABILITATION INTERN INFORMATION:

Address Where You Will Be Living While on Internship (Not Your Site Address)

Permanent
Address: _____

Phone: _____

Fall, 20____ Spring, 20____ Summer, 20____

REHAB 495A CN ED 595C

INTERNSHIP SITE INFORMATION:

Agency Name: _____

County agency is located: _____ Population agency serves: _____

Student Signature: _____ Date: _____ ID#: _____
PSU Email: _____ Other Email address: _____

SITE CLINICAL SUPERVISOR INFORMATION

Last Name: _____ First: _____

Office telephone : _____

Fax: _____ Email: _____

Name of Graduate Degree: _____

Year Earned: _____

Current Job Title: _____

Years of Full-Time Professional Experience: _____

List Certificates/Licenses: _____

Appendix B

Student Acknowledgement of Completion of Pre-Internship Responsibilities

This statement acknowledges that:

1. I have reviewed my transcript with my academic advisor and, with exception of the internship, I have completed all degree requirements. I understand that it is my responsibility to call with my intent to graduate (814-863-9000) within the first two weeks of the stated semester in which I am doing my internship.
2. I understand that in the event that I do not satisfactorily complete courses the semester prior to internship, I will not be able to begin internship. It is my responsibility to notify the internship coordinator and on-site field supervisor if this situation occurs. Any deficiency must be satisfactorily completed before I begin internship.
3. I have submitted the following materials as part of my internship application:
 - Typed-written statement of internship goals
 - Typed-written statement of internship job duties/job description
 - Current resume
 - Internship registration form (blue sheet contained in the internship manual)
 - Recent degree audit (unofficial transcript for master's students) showing all requirements have been met
4. Depending on individual internship settings, I have ascertained from the internship supervisor (field supervisor) or appropriate agency representative whether the following forms are needed, at least 60 days prior to the internship starting date:
 - Child Abuse Background Check form (Act 151 Clearance)
 - Criminal Background Check form (Act 34 Clearance)
 - Malpractice insurance form
5. If any forms are required as noted in statement #4, I verify that I have completed all necessary forms.
6. I have received assurance from the perspective clinical supervisor that this person has a minimum of a bachelor's degree and, at least two years of experience in the field for which I am seeking training (Note: Master's students are required to identify clinical supervisors who have a master's degree and two years clinical experience; if possible certification as a CRC is desirable but not required).

This signed and dated form must accompany all forms as contained in this statement of acknowledgment. Please note that failure to submit all necessary documentation by the required deadlines will result in subsequent delays. Consequently, students who are delinquent in submitting internship materials according to the designated due dates may not be able to start the internship as planned, which would affect graduation, and they will receive one letter grade deduction on their final grade.

My signature below indicates that I have read and understand this statement.

Student Name (Signature)

Date

Student Name (Print)

Student Identification Number

Appendix C (Cont.)

WEEKLY INTERNSHIP LOG (yellow sheet)
THE PENNSYLVANIA STATE UNIVERSITY
REHABILITATION INTERNSHIP PROGRAMS
327 CEDAR BUILDING
UNIVERSITY PARK, PA 16802

Agency: _____

Student: _____

Monday: _____(Date)

Hours: _____.

Tuesday: _____(Date)

Hours: _____.

Wednesday: _____(Date)

Hours: _____

Thursday: _____(Date)

Hours: _____

Friday: _____(Date)

Hours: _____

General Feeling/Comments:

Total hours this week: _____

Total hours overall: _____

Appendix D
Penn State University
Plan of Supervision for Graduate Students in Rehabilitation Counseling

Plan of Supervision for _____

Supervisor's Name _____

Supervisor Survey:

- Previous supervision training? _____ Yes _____ No Number of Hours _____
- Are you a Certified Rehabilitation Counselor? _____ Yes _____ No _____
- Professional memberships (Check all that apply)
- _____ American Counseling Association
- _____ American Rehabilitation Counseling Association
- _____ Association of Counselor Education and Supervision
- _____ National Rehabilitation Association
- _____ National Rehabilitation Counseling Association
- _____ Other _____

Will you agree to provide at least one hour of weekly individual supervision? ____ Yes ____ No

Will the student intern be informed about how to receive additional supervision in the event that you are not available (i.e, as-needed basis, crisis/emergency situations)? ____ Yes ____ No

As group supervision is a requirement of the internship experience requiring the student to attend monthly (all day) sessions at University Park and consistent with requirements by the Commission on Rehabilitation Counselor Certification, will you allow this student to audio/videotape selected client-student intern counseling sessions to be reviewed as part of this supervision? Please note that confidentiality practices consistent with the CRCC Code of Ethics will be adhered to and that these sessions will only focus on student-intern skill development.
_____ Yes _____ No

Methods of Supervision planned (check all that apply):

- _____ Individual (required)
- _____ Audio/video tape review (required for monthly group supervision)
- _____ Co-counseling or live supervision (suggested)
- _____ Non-participant observer in session (suggested)
- _____ Other: _____

Supervisor and Supervisee's Proposed Goals and Objectives for Supervision. (Tentative goals should be indicated here with revisions allowed as the semester begins and the supervisee and supervisor determine a need for revisions.)

Appendix E
Penn State University
INTERN EVALUATION REPORT (Graduate Student)

Student Intern Name (Please Print)	Agency Name				
On-site Supervisor Name (Please Print)	Date				
Unsatisfactory 1	Fair 2	Good 3	Very Good 4	Excellent 5	Not able to assess n/a

General Knowledge and Understanding

Rehabilitation principles and process	1	2	3	4	5	n/a
Psychological aspects of rehabilitation	1	2	3	4	5	n/a
Medical aspects of rehabilitation	1	2	3	4	5	n/a
Community resources	1	2	3	4	5	n/a
Ethical principles and Standards	1	2	3	4	5	n/a
Appropriate legal principles and ethical decision-making models	1	2	3	4	5	n/a
Developing and maintaining a counseling relationship	1	2	3	4	5	n/a
Establishing consumer goals and objectives of counseling	1	2	3	4	5	n/a
Facilitating an individual's independent decision making	1	2	3	4	5	n/a
Multicultural techniques and effectively counseling approaches with culturally diverse consumers	1	2	3	4	5	n/a

Individual Work Qualities

Dependability and punctuality	1	2	3	4	5	n/a
Completeness, accuracy, and neatness of work	1	2	3	4	5	n/a
Amount of work performed and rate of performing work	1	2	3	4	5	n/a
Ability to plan work efficiently and to anticipate problems	1	2	3	4	5	n/a
Initiative and assumption of responsibility	1	2	3	4	5	n/a
Independent judgment and decision making and creativity in problem solving	1	2	3	4	5	n/a

Case Documentation and Case Management

Ability to maintain case records and interpret client-related ideas	1	2	3	4	5	n/a
Ability to determine appropriate client services	1	2	3	4	5	n/a
Ability to help clients develop treatment plans (e.g., IPE, IHP, IEP)	1	2	3	4	5	n/a
Ability to maintain a facilitative relationship with clients	1	2	3	4	5	n/a
Ability to use community resources to provide integrated, comprehensive, treatment programs for clients.	1	2	3	4	5	n/a
Ability to apply academic preparation to field work responsibilities	1	2	3	4	5	n/a
Ability to be empathic and demonstrate sincere client advocacy	1	2	3	4	5	n/a
Obtains pertinent evaluative information	1	2	3	4	5	n/a
Applies realistic concepts of eligibility, feasibility, and susceptibility	1	2	3	4	5	n/a
Helps consumers understand their strengths and weaknesses	1	2	3	4	5	n/a
Follows up adequately before closing a case	1	2	3	4	5	n/a
Maintains adequate case records	1	2	3	4	5	n/a

Interpersonal Relations

Accepts constructive criticism from peers and supervisors, and modifies behavior accordingly	1	2	3	4	5	n/a
Works harmoniously with professional colleagues	1	2	3	4	5	n/a
Adheres to personnel policies and regulations	1	2	3	4	5	n/a

Professional Characteristics

Maintains professional appearance via appropriate attire, grooming, and demeanor	1	2	3	4	5	n/a
Demonstrates self-development capabilities; defines own goals And learning needs; critically evaluates own performance	1	2	3	4	5	n/a
Participates actively in staff meetings and/or professional conferences/workshops	1	2	3	4	5	n/a
Shows evidence of becoming an effective counselor	1	2	3	4	5	n/a
Recognition of professional and ethical conduct	1	2	3	4	5	n/a

Comments

Space is provided below for comments concerning additional performance factors or general feelings and impressions. Please be sure to record supervisor and intern signatures as noted below.

Supervisor's Comments

Student's Comments

Supervisor's signature: _____ Date: _____

Intern's signature: _____ Date: _____

Internship Coordinator's signature: _____ Date: _____

Appendix G

Rehabilitation Counseling Internship Log – Penn State University

Page ____ of ____

Student Name: _____ Student Signature: _____

Semester and Year: _____ Coordinator Signature: _____

Date	Individual Counseling	Group/Family Counseling	Supervision/ Consultation	Case Notes/ Documentation	Related Activities
Total Hours for the Page					
Total Hours					

Please note the numbers of hours (in 15 minute increments) spent on each activity.

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Appendix H

Penn State University

PERMISSION TO RECORD/OBSERVE CONSENT FORM

I, _____, hereby give my
(Name of Client)

permission for the use of recording devices, including audiotaping and/or videotaping,
during my counseling session with

_____ at/from Penn State University
(Name of Student Counselor)

in conjunction with

(Site Name and Address)

I understand that any information obtained during counseling sessions through these
means will be used solely for the purpose of supervision by my counselor's supervisor(s),
and that otherwise this information will be kept strictly confidential.

This authorization will expire on _____ or when I
(Date)

terminate my counseling with the above named counselor. I also understand that any
taped material will be summarily erased after supervision has taken place.

Date

Client Signature

Appendix I
Penn State University
INTERNSHIP SITE AND SUPERVISOR EVALUATION FORM

Student's Name _____ Semester _____ Year _____
 Placement Site _____
 Site Address _____ City _____
 Site Phone _____ Site Supervisor _____
 Type of Clientele _____

Please rate your *site* on the following areas from 1 (very poor) to 5 (very good).

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Adequate assistance in meeting university requirements | 1 | 2 | 3 | 4 | 5 | n/a |
| 2. Staff acceptance of you as a counselor trainee | 1 | 2 | 3 | 4 | 5 | n/a |
| 3. Support and cooperation of the administrative staff | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. Physical facilities (space to work in, phone, etc.) | 1 | 2 | 3 | 4 | 5 | n/a |
| 5. Flexibility of site in meeting student's and client's needs | 1 | 2 | 3 | 4 | 5 | n/a |
| 6. Site requirements were reasonable | 1 | 2 | 3 | 4 | 5 | n/a |

Please rate your *site supervisor* on the following areas from 1 (infrequently) to 5 (frequently).

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. He/she offered constructive feedback | 1 | 2 | 3 | 4 | 5 | n/a |
| 2. He/she provided support when needed | 1 | 2 | 3 | 4 | 5 | n/a |
| 3. He/she provided assistance | 1 | 2 | 3 | 4 | 5 | n/a |
| 4. He/she allowed adequate time for individual supervision | 1 | 2 | 3 | 4 | 5 | n/a |
| 5. He/she helped me integrate theory and practice | 1 | 2 | 3 | 4 | 5 | n/a |
| 6. Over-all evaluation of supervision | 1 | 2 | 3 | 4 | 5 | n/a |

What did you especially like or dislike about the site or supervision?

Please describe how the practicum was a learning experience for you?

Other comments:
