

PRACTICUM CONTRACT
Butler University School Counseling Program

This agreement is made on _____ (date) by _____ (school) and the Butler University Counselor Education Program.

The agreement will be effective for a period from _____ to _____ for _____ (practicum student).

We appreciate your willingness to provide practicum experiences to our school counseling students. The practicum provides an opportunity for advanced masters level students to convert classroom knowledge into practice in preparation for the final internship experience. We hope the following information will provide further understanding of the practicum course and program expectations.

Students must:

- accrue 100 clock hours of school counseling experience or related activities approved by the faculty (e.g., professional development, supervision)
- accrue 40 hours (of the 100) in direct service hours with individuals and groups.
- meet weekly on campus for individual and group supervision.
- present one written case presentation as well as audio and video tapes of counseling and guidance sessions. Students are encouraged to obtain parental permission to tape, but are advised to consult with school personnel on this issue.
- document all hours accrued and have log sheets initialed by the school supervisor.
- be evaluated by the faculty supervisor.
- provide evidence of professional liability insurance coverage.

The site supervisor agrees to:

- orient the student to the school and to the guidance and counseling services.
- assist the student in obtaining clients (students) for both individual and group counseling and guidance experiences.
- help provide or suggest other activities that would be professionally enhancing to the student.
- provide overall coordination of the practicum student's placement as well as consultation and supervision as needed.
- complete evaluation form regarding the practicum student's performance
- review the supervision information at the following website:
<http://blogs.butler.edu/counselorsupervision/>

Site Supervisor: _____ **Date:** _____

Student: _____ **Date:** _____

Faculty Supervisor: _____ **Date:** _____