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Mission and Objectives

The mission of the Master of Science (M.S.) in Rehabilitation Counseling (RCP) is to meet a growing demand for professionally trained rehabilitation counselors in a variety of public and private-for-profit rehabilitation counseling-related areas. Rehabilitation counselors are trained to work with a diversity of persons with physical, mental, developmental, cognitive, and emotional disabilities. Rehabilitation counselors focus on the whole person, not just the disability. Rehabilitation counselors work with the physical, psychological, social, educational, vocational, and spiritual aspects of individuals and their family members, and evaluate barriers that may hinder their ability to make choices, contribute to society, pursue meaningful careers and enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society.

Rehabilitation counselors manage the components important in the rehabilitation process of individuals with physical and mental disabilities. They help prevent fragmentation and gaps in services to people seeking to move from psychological and economic dependence to independence. The counselor draws upon knowledge from several fields, including psychology, medicine, psychiatry, sociology, social work, education, and law.

Curricular content, therefore, includes an understanding of the philosophy, theory, psychological, sociological, and economical principles that constitute the foundations of rehabilitation counseling. The RCP shares a common core of course work that is part of other counselor education programs. The RCP differs from other counseling programs in that students may choose course work that is specific to the field of rehabilitation counseling, such as vocational evaluation, medical aspects, and psychosocial aspects of disability.
Practicum—Fact Sheet
Rehabilitation Counselor Training

PURPOSE
The practicum includes both on-campus classroom experiences [audio-video tapes (if allowed by agency) and individual and group interaction] dealing with rehabilitation counseling concerns, and clinical experiences (off-campus) that facilitate the development of basic rehabilitation counseling skills.

PRACTICUM SITES
Any site that provides rehabilitation or rehabilitation-related services and offers the opportunity to interact with persons/clients with disabilities for the purpose of practicing and recording counseling and interviewing skills is appropriate. These sites will be developed and pre-approved by Clinical Experience Coordinator, and students can express their site preferences through completing the Practicum Request Form/Informational Fact Sheet. All potential practicum sites are to be approved by the Clinical Experience Coordinator. Practicum sites are arranged through an articulation of agreement or memorandum of understanding (MOU) made between Langston University/Rehabilitation Counseling Program and the agency site. The Rehabilitation Counseling Program Clinical Experience Coordinator will seek to negotiate a specific number of slots for students as a part of the articulation of agreement or MOU. It shall also be the coordinator’s responsibility to meet with students and schedule their practicum, inform them of approved sites and other opportunities, and to ultimately facilitate students’ successful placement into an appropriate site.

SUPERVISION
In order to build and develop counseling skills, feedback is necessary. Consequently, students are asked to tape record counseling sessions so appropriate feedback can be provided (if allowed by practicum site). For supervision, students will be assigned to a faculty member who will supervise students. In addition to class group meetings with students, supervisors will meet with each student individually for one hour per week. These meetings will normally occur during summer semester. In cases where practicum is during the Spring or Fall semesters, faculty and students will identify alternate times to meet. Any exception to summer semester practicum courses requires a vote by the faculty. Faculty supervisors will assign recording and case presentation assignments to students and the recordings will be submitted for critique. The individual supervision of five students shall be considered equivalent to the teaching of one three credit hour course.

CREDIT AND CONTACT HOURS
A total of 100 hours is required for three credit hours. The student usually will practice counseling skills 10 hours per week for eight (8) weeks. Another two and one-half hours per week will be devoted to supervision on campus (one hour of individual supervision by a program faculty member or qualified individual working in cooperation with a program faculty member and one-half hour of group supervision).

GRADES
Faculty supervisors in consultation with agency personnel assign grades. Grades are A-F and shall be rendered by the faculty supervisor upon the student’s completion of the practicum and after review of the evaluation(s) by the agency supervisor and the student’s self-evaluations, which are within required course portfolio. Students who do not demonstrate adequate progress
(earn letter grade of D-F) of content knowledge, pedagogy and/or professionalism may need additional support and structure (Action Plan for Improvement) in order to be successful. The clinical experience coordinator, in collaboration with an agency supervisor, academic advisor (where applicable) and chair of the Department of Rehabilitation Counseling and Disabilities Studies will formulate a plan that outlines deficiencies and identifies strategies for meeting expectations within a prescribed timeline. **Students must successfully complete the practicum before they may enroll in an internship.**

**INSURANCE**
Professional liability coverage will be the responsibility of the student. Students must have liability insurance through Langston University in order to engage in practicum and internship. Blanket professional liability coverage is validated on an annual basis, usually beginning May 23rd thru May 22nd of the following year.

**PRACTICUM PORTFOLIO**
Students are required to complete a practicum portfolio. The purpose of the portfolio is to log practicum experiences throughout the duration of training.
STANDARDS FOR PRACTICUM

RCT PROGRAM SUPERVISOR

The RCT faculty has established areas of interest and specialization that translate into individual interests in working with specific sites. For example, substance abuse instructors will want to work with area substance abuse agencies. Also, however, faculty members are assigned to supervise groups of practicum students regardless of their site. This necessitates that the liaison with the site from the faculty may be one person, while another faculty may actually supervise the student’s work. This potential problem will hopefully be solved by good communication between site-faculty-student, while the benefits to this arrangement are the promotion of long-lasting and valuable ties between faculty specialists and agencies, a minimizing confusion of roles, and maximizing closely supervised teaching at the University.

The faculty liaisons will promote the creation of practicum opportunities at area agencies, and will facilitate an understanding of the agency’s roles and responsibilities, the student’s roles and responsibilities, and the teaching supervisor’s roles and responsibilities. These roles and responsibilities will be spelled out by the faculty liaison in a letter of verification (that will include beginning and ending dates, hours of contact, types of duties agreed to, and individual roles and responsibilities), which will be sent by the first week of the new semester in which the student will have the experience.

STUDENT

The student’s responsibilities will include: 1) attendance during each day of assigned contact; 2) following agency instructions and procedures; 3) recording counseling sessions as assigned by RCT faculty supervisor (if allowed by agency). The student should realize that this is a quasi-work situation and that he or she will be evaluated on not only his or her counseling skills, but also work and professional characteristics.

PROCESS

Faculty supervisors will notify students as to which sites are available and approved, and students will then have an opportunity to express their preferences. However, students will have an opportunity at any time to let their advisor know of other potential sites, by completing a Practicum Site Request Form (Appendix D-1). A major factor in site assignment is “first come, first served.” Students who want to participate in the State of Oklahoma “Carl Albert Executive Fellowship Program” (a two year paid practicum/internship) are encouraged to complete an application (See Appendix K-1). Applications can be downloaded online at http://www.ok.gov/opm/State_Jobs/Carl_Albert_Public_Internship_Program.html
AGENCY

Since the practicum is meant for practicing counseling skills learned in counseling courses at Langston University (LU), agency sites will be selected and/or approved by LU Rehabilitation Counseling Training (RCT) faculty according to their ability to provide supervised counseling practice of actual clients. An individual working at the agency must be designated as on-site supervisor. The agency supervisor should report any problems with the student to the student’s faculty supervisor immediately. Likewise, students should report any problems on-site to the on-site supervisor as well as the faculty supervisor. The contact hours necessary for the student to achieve are 100, which are generally two days per week for eight (8) weeks. However, this standard schedule may be amended according to the exigencies of agency scheduling, University programs, etc. Generally, compression of hours is an undesirable situation since practicum is a developmental process where the student matures in counseling practice with time and experience.

The six hours per day practicum need not necessarily involve strictly counseling practice, although the student should have an opportunity to devote as much time as possible to counseling. The other time may be spent observing agency counselors in their work with clients, or becoming familiar with the work of that agency in all its aspects.

Upon completion of the practicum, the agency supervisor will be asked to complete an evaluation form reflecting the practicum student’s performance. This evaluation will aid the RCT faculty supervisor in formulating a grade for the student, as well as determining the continuing needs of the student in the counseling profession (e.g., need for more counseling experience, need for personal counseling by the student, lack of appropriateness of the student for counseling, etc.).

Please see Appendix I-1 for sample evaluation form that will be used by the agency site supervisor for student evaluation.
APPENDIX C-1

Langston University
School of Education and Behavioral Sciences
Graduate Program
Department of Rehabilitation Counseling and Disability Studies

Sections of Practicum Portfolio:

Front Cover Label should have: Special Note: Label should be typed out!
  Content Includes:
  ✓ Name
  ✓ CWID #
  ✓ Course number and title
  ✓ Semester Enrolled
  ✓ Practicum Site Location

Section I (Practicum Agreement)
  Content Includes:
  ✓ Practicum agreement
  ✓ Insurance Certificate [Include proof of payment, i.e. staple receipt to certificate (mandatory)]
  ✓ Practicum Site Request Form
  ✓ Carl Albert Executive Fellowship Contract (If applicable)

Section II (Weekly Practicum Logs)
  Content Includes:
  ✓ Weekly Logs
  ✓ Informed Consent form(s) Special Note: Use informed consent forms ONLY if you video or audio record sessions with clients

Section III (Practicum Projects)
  Content Includes:
  ✓ Projects (3) Presentations (see faculty supervisor for details)

Section IV (Practicum Evaluations)
  Content Includes:
  ✓ Student Vita (most current) Special Note: Synonymous with Resume Evaluation(s)
    ✓ Practicum Student Written Report (Student)
    ✓ Practicum Evaluation Form (Site Supervisor)
    ✓ Student Rating Sheet (Faculty Supervisor)

Section V: (Supplemental Documents)
  Content Includes:
  ✓ CRCC Code of Ethics (Can be retrieved for CRCC website)
  ✓ Any additional documents that you may have that support your practicum experience.
SECTION I
PRACTICUM AGREEMENT

Type student intern name here
Type practicum site location here
SECTION II
WEEKLY PRACTICUM LOGS

Type student intern name here
Type practicum site location here
SECTION III
PRACTICUM PROJECTS

Type student intern name here
Type practicum site location here
Type student intern name here
Type practicum site location here
Type student intern name here
Type practicum site location here
APPENDIX D-1

Langston University
School of Education and Behavioral Sciences
Graduate Program
Department of Rehabilitation Counseling and Disability Studies

PRACTICUM SITE REQUEST FORM

Name: __________________________ Date: __________________________

1. Name of the Company/Organization: __________________________

2. Name of on-site supervisor: __________________________

3. Address/Location of the practicum site: __________________________

4. Contact numbers to practicum site supervisor: __________________________

5. Client demographics that practicum site has: __________________________

6. Professional practices of the site: __________________________

7. What is the mission statement of the site? __________________________

8. What would your role be as a practicum student within the organization? (what would you be doing?) __________________________

9. Start date __________________________ End date (approximately) __________________________

10. On average, how many practicum hours per week will be accumulated? _________

_________________________________________  ______________________________
Student Signature  Site Supervisor Signature

Special Note: All practicum experience activities are to be approved by the Department of Rehabilitation Counseling and Disability Studies before student can officially begin accumulating hours.

Approved __________________________

Denied __________________________

Justification for denial: __________________________
APPENDIX E-1
Langston University
School of Education and Behavioral Sciences
Graduate Program
Department of Rehabilitation Counseling and Disability Studies

PRACTICUM AGREEMENT

_________________________________________ (Student name) is accepted for practicum in

Rehabilitation Counseling at ___________ (Practicum Site Location) __________ during

Indicate Summer/Spring or Fall Semester, 20__. The practicum entails eight hours per
week for a period of 16 weeks (negotiable). During this time, __________ (Student name)______

will be expected to spend at least 50% of his/her time in direct counseling of clients.

Counseling sessions must be audiotaped or videotaped (if allowed by agency) and

permission for taping must be obtained from the client. The student will take appropriate

safeguards to maintain the confidentiality of the tapes, and all tapes will be erased

following supervision. __________ (Student name)______ is also expected to meet with his/her faculty

supervisor at least one hour per week for each week of practicum to review the taped

counseling sessions (if applicable). During practicum, students are expected to abide by

the policies and procedures of the agency or facility serving as their practicum site.

Maintenance of confidentiality of clients, their families, and significant others is to be

followed at all times. Decisions regarding any release of information are to be followed

at all times. Decisions regarding any release of information are to be made by the On-

Site Supervisor. Questions or problems involving the practicum should be immediately
directed to the student’s faculty supervisor at (405) 962-1671.

_________________________________________

Faculty Supervisor

_________________________________________

Site Supervisor

_________________________________________

Rehabilitation Counseling Student
APPENDIX F-1

Langston University
School of Education and Behavioral Sciences
Graduate Program
Department of Rehabilitation Counseling and Disability Studies

PRACTICUM WEEKLY LOG
(Completed by Student)

The student must report briefly each day, giving a breakdown of the contents and the amount of time spent in activities such as observation, client interview; case recordings; reports; letters; conferences with supervisor, staff, or consultants; special meetings; reading related to assignments; case studies and transportation.

Student Name: ______________________________________________________________

Agency or Unit

Practicum Site

Supervisor

Agency Address:

(City) (State) (Zip Code) (Phone Number)

Report for Week of:

Date

Hours

Activities:

Date

Hours

Activities

Student met with faculty, (place your faculty instructor name here) for (place how many hours you met here) to discuss practicum experiences from prior week.
<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Activities</th>
</tr>
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<tbody>
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<tr>
<th>Date</th>
<th>Hours</th>
<th>Activities</th>
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<th>Date</th>
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<th>Activities</th>
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Total hours/week____   Cumulative hours____

__________________________________________  _________________________________________
Student Signature                   Site Supervisor Signature
APPENDIX G-1

INFORMED CONSENT:
Observation and Audio/Video Tape Recording

In order to provide quality counseling services, counselors in training for their master’s degree in the Rehabilitation Counselor Training Program at Langston University are required to receive clinical supervision. To aid in this, counseling sessions are monitored by the use of audio/video tape recordings and/or actual observations of clinical sessions. Information from the client’s clinical case file also may be reviewed. Such information will be treated in accordance with professional ethical standards (i.e. Code of Professional Ethics for Rehabilitation Counselors) and confidentiality will be maintained. This authorization for the use of this information expires when the client is no longer receiving services by a counselor trainee of the Rehabilitation Counselor Training Program. Information will not be released to any other agency without the client’s further written consent.

“I understand that I am not required to participate in this counseling program, but am giving my consent to the matters noted above as a free and voluntary act.”

Date ___________________________ Signature of the Client

Date ___________________________ Signature of the Counselor

Date ___________________________ Signature of a Witness

RIGHTS REGARDING CONFIDENTIALITY

The counseling services offered to counselors in training for their master’s degree in the Rehabilitation Counselor Training Program at Langston University are confidential. This means that we do not release any information about you to any persons who are not directly involved in clinical supervision without your written consent. Danger to self and/or others (i.e. suicide or homicide) may necessitate the breaking of confidentiality without your consent. In addition, by law, we must report suspected child abuse and/or neglect communicated to us by you.

“I have read and understand my rights regarding confidentiality.”

Date ___________________________ Signature of the Client

Date ___________________________ Signature of the Counselor

Date ___________________________ Signature of a Witness
### APPENDIX H-1

**Langston University**  
**School of Education and Behavioral Sciences**  
**Graduate Program**  
**Department of Rehabilitation Counseling and Disability Studies**  
*(Completed by Faculty Supervisor)*

**STUDENT RATING SHEET**

<table>
<thead>
<tr>
<th>Name of Student _______________________________</th>
<th>Site Supervisor’s Name ___________________________</th>
</tr>
</thead>
</table>

| 1. Understanding of Agency organization and functions as well as adherence to agency policy and procedures. | Not Applied or Not Observed | Below Average | Adequate | Above Average |
| 2. Understanding of relationship of Agency to other welfare programs. | | | | |
| 3. Cooperative relationship with staff, other agencies, and individuals. | | | | |
| 4. Professional standards. | | | | |
| 5. Ethical conduct. | | | | |
| 6. General industry and attention to duties. | | | | |
| 7. Insight into problems of the clients. | | | | |
| a. Psycho-social | | | | |
| b. Personal-emotional | | | | |
| c. Vocational | | | | |
| d. Other | | | | |
| 8. Integration of data. | | | | |
| 9. Maintaining relationships. | | | | |
| 10. Developing plans and/or programs. | | | | |
| 11. Maintenance of records. | | | | |
| 12. Use of occupational and educational information. | | | | |
| 13. Coordinating programs and services. | | | | |
| 14. Evidence of professional growth during training period. | | | | |

Additional comments concerning practicum student:

Additional comments concerning apparent weakness in practicum student academic preparation
# EVALUATION OF SUPERVISION EXPERIENCE

Not Applicable     Below Expectations     Meets Expectations     Exceeds Expectations
0…………………….1……………………….2…………………………3

<table>
<thead>
<tr>
<th>ITEM</th>
<th>RATING</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Receptivity to supervision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Uses supervision effectively.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Openness to discussing issues as they relate to clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Openness to discussing issues as they relate to supervision relationship.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

____________________________________  ____________________  ______
Signature of Student                                Date

____________________________________  ____________________  ______
Signature of Faculty Supervisor           Date
# PRACTICUM EVALUATION FORM

*(Completed by Site Supervisor)*

<table>
<thead>
<tr>
<th>Date___________________</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Student______________________________</td>
<td>Agency_____________________________</td>
</tr>
<tr>
<td>Supervisor___________________________</td>
<td>Week Evaluation Conducted__________</td>
</tr>
<tr>
<td>Semester and Course Number__________</td>
<td>Hours Completed____________________</td>
</tr>
</tbody>
</table>

- **Attendance**: ( ) Good ( ) Fair ( ) Poor
- **Work Habits**: ( ) Good ( ) Fair ( ) Poor
- **Dependability**: ( ) Good ( ) Fair ( ) Poor
- **Relationships with People**: ( ) Good ( ) Fair ( ) Poor
- **Initiative**: ( ) Good ( ) Fair ( ) Poor
- **Reliability**: ( ) Good ( ) Fair ( ) Poor
- **Efficiency**: ( ) Good ( ) Fair ( ) Poor
- **Helpfulness**: ( ) Good ( ) Fair ( ) Poor

Specific goals and tasks accomplished in the practicum included:

---

*Site Supervisor Signature*  

*Student Signature*
APPENDIX J-1

Langston University
School of Education and Behavioral Sciences
Graduate Program
Department of Rehabilitation Counseling and Disability Studies
(Completed by Practicum Student)

Description and Student Evaluation

WRITTEN REPORT OUTLINE

As part of your practicum assignment, you are required to provide a written report. This report is due at the end of the internship period and should consider the points outlined.

1. Identify the place and period of your practicum.
   a. Write a narrative description of your overall practicum activities.
   b. Estimate the percent of time spent in various activities.

2. Summarize your personal and emotional reactions and insights in regards to your practicum activities.

   a. What were the satisfactory aspects of your experience?
   b. What were the limitations of your experience?
   c. What additional things could the agency have provided to make this experience more meaningful?
   d. What additional things could your faculty and agency supervisor have done to make this activity more meaningful?
   e. Are there additional emphases in courses that could have been made?
   f. On the scale of excellent, good, satisfactory, and poor, please rate the quality of your practicum experience.