

# Master of Arts in Counseling Saint Martin's University INTERNSHIP CONTRACT

Name of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

SMU Faculty Advisor: \_\_\_\_\_

Date Internship Exploratory Worksheet approved and signed: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Site/Agency Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City/Zip: \_\_\_\_\_

Projected Start and End Dates of Internship: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Intern Duties and Responsibilities:

- Provide *at least* 300 hours of direct service and 300 hours of indirect service
- **Direct Service** must include face-to-face counseling work - this can include individual, couple, family, co-therapy, or group counseling.
- **Indirect Service** can include *orientation*, live and online training, academic reading, counseling related projects (e.g. building treatment plan and discharge summary, case management) classroom participation at the SMU Internship Course, and other tasks as assigned.
- Obtain formative and summative evaluations of counseling performance and ability from the on-site supervisor to integrate and apply learning.
- Participate in weekly interaction averaging one hour per week of individual and/or triadic supervision throughout the Internship with your on-site supervisor.
- Internship students participate in group supervision during class meetings with Internship faculty.
- Obtain a program-appropriate audio/video recording of interactions with clients as outlined in the Internship syllabus.
- Provide on-site supervisor with learning objectives/goals as outlined in the course syllabus.

## On-site Supervisor Duties and Responsibilities:

- Provide the intern with the opportunity to complete *at least* 300 direct service hours as described above and access training required on appropriate administrative programs to complete indirect service tasks.
- Provide Internship trainee with the opportunity to learn about, observe, or co-facilitate groups (where appropriate).
- Provide the intern with an average of one hour per week of individual and/or triadic supervision throughout the Internship.
- Provide Internship trainee assistance in obtaining agency-required releases and client permissions to obtain at least 2 minutes of reviewable audio/video recordings of trainee interactions with a client.
- Complete an evaluation of the intern. Evaluation forms will be provided by the trainee.

## Internship SMU Faculty Duties and Responsibilities

- Provide the Internship trainee with individual and group supervision throughout the duration of the course.
- Facilitate learning that serves the transition from student role to counselor role.

Internship Site Supervisor Name: \_\_\_\_\_

Supervisor Highest Education Earned: \_\_\_\_\_ Supervisor Primary Credential(s): \_\_\_\_\_

Supervisor License Number: \_\_\_\_\_ Supervisor Prior Supervisory Experience: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

MAC Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A signed photocopy of this form should be kept in the Intern's file at their Internship site.*

# Master of Arts in Counseling Saint Martin's University

## INDIVIDUAL GOALS AND OBJECTIVES

Provide information regarding duties/responsibilities for your first semester (calculate hours and % per week):

Duty #1: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Duty #2: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Duty #3: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Duty #4: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Provide information regarding duties/responsibilities for your second semester (calculate hours and % per week):

Duty #1: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Duty #2: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Duty #3: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

Duty #4: \_\_\_\_\_ # hrs \_\_\_\_\_ % of time: \_\_\_\_\_

As a MAC Intern, I agree to provide the Agency the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

As the On-site Supervisor, I agree to provide the Intern the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

As the MAC Chair, I agree to provide the following:

1. *Case consultation and clinical/administrative feedback*
2. *Availability to the Intern and/or the On-site Supervisor to problem-solve issues*
3. *Ethical treatment of all information regarding cases drawn from agency clientele*

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

MAC Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A signed photocopy of this form should be kept in the Intern's file at their Internship site.*