PRACTICUM/INTERNSHIP SITE
SUPERVISOR MANUAL

Department of Educational Studies, Leadership, & Counseling

Questions about this manual may be directed to
Dr. Rebecca Pender
Practicum/Internship Coordinator
(270) 809-6905; rpender@murraystate.edu

Questions regarding a particular student may be directed to the student’s faculty supervisor.
Dear Prospective Supervisor:

Thank you for considering one of our counselors-in-training for a practicum/internship experience in your professional setting. Your willingness to work with this candidate speaks to your interest in supporting the growth and development of a new professional.

The purpose of this manual is to familiarize you with the essential elements of a practicum/internship experience in counseling through Murray State University. This manual provides information regarding the standards for a practicum/internship experience for our students as required by the national accrediting organization, the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The manual also identifies the qualifications required of site supervisors. An orientation/training in supervision is required of all site supervisors and an on-line PowerPoint training is available on our website at http://www.murraystate.edu/Academics/CollegesDepartments/CollegeOfEducation/EducationalStudiesLeadershipandCounseling/CounselingPrograms/fieldexpsupervisionmaterials/supervisioninformation.aspx under Field Experience and Supervision Materials.

Finally, this document will provide information regarding logistical matters such as assessment of the practicum/internship student and the practicum/internship experience, liability insurance requirements, and the formal “memorandum of agreement” utilized by Murray State University.

Should you agree to supervise this counselor-in-training, he/she will contact you in the near future to discuss the university memorandum of agreement and other details regarding the practicum/internship. If you have any questions or desire additional information, please feel free to contact any member of the counseling faculty. Our specialization tracks and contact information are included in Section 1 of this manual.

Sincerely,

The Counseling Faculty at Murray State University
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Introduction to the Counseling Programs at Murray State University

Murray State University offers three counseling options: (a) Master of Arts in School Counseling, (b) Specialist in Education in School Counseling (requires completion of master’s in school counseling), and (c) Specialist in Education in Clinical Mental Health Counseling. While the three programs have different requirements and emphases, administrative procedures for all programs are identical, except in the few cases noted in this manual. The information presented in this handbook is an attempt to communicate as clearly as possible the salient features and procedures of the Murray State University Counseling Program, Department of Educational Studies, Leadership and Counseling (ELC) and general Murray State University Policies.

NOTE: School Psychology is also available as an Education Specialist option.

Master of Arts in School Counseling
The Master of Arts in Education in School Counseling is a 48-hour program designed to prepare individuals to work in mental health, consultative, and leadership positions in P-12 school settings. Upon completion of coursework students will need to apply for school counseling certification via the COE Teaching Education Service Office.

Specialist in Education in School Counseling
Upon successful completion of the 48-hour Masters of Arts in School Counseling program, students can complete an additional 12 credit hours to earn the Specialist in Education Degree (Ed.S.) in School Counseling. Graduates of this program are not eligible for licensure, but could receive a rank change. If students would like to obtain licensure, they should apply for the Ed.S. in Clinical Mental Health Counseling.

Specialist in Education in Clinical Mental Health Counseling
The Specialist in Education Degree (Ed.S.) in Clinical Mental Health Counseling is a 60-hour program that leads allows graduates of this program to be eligible for the National Counselor Exam (NCE). In addition graduates will also become eligible for the Licensed Professional Counselor Associate status (LPCA) in the state of Kentucky. They may apply for the Licensed Professional Clinical Counselor (LPCC) after demonstrating 4,000 hours of post-graduate, supervised counseling as an LPCA.

CACREP Accreditation Standards

The Counseling Program at Murray State University is in the process of pursuing accreditation by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) for the Master of Arts in School Counseling, the Specialist in Education in School Counseling, and the Specialist in Education in Clinical Mental Health Counseling. In accordance with CACREP requirements each option prepares students in the following core areas specified by CACREP:

1. Professional Identity
2. Social and Cultural Diversity
3. Human Growth and Development
4. Career Development  
5. Helping Relationships  
6. Group Work  
7. Assessment  
8. Research and Program Evaluation

CACREP also defines the standards for Professional Practice within the program and the Practicum and Internship requirements.

**Mission Statement**

The mission of the Murray State University Counseling Program is to promote and advocate for mental health through the preparation of theoretically grounded, clinically skilled and culturally competent counselors. By applying these principles, graduates of our program will have a strong professional identity and be prepared for careers as professional counselors in school and/or mental health settings in western Kentucky and other regions.

**Philosophy**

The general philosophy of the counseling program at Murray State University is based upon the following beliefs:

- People have the ability to change.
- The counseling relationship is instrumental to empower clients to change.
- All individuals should be treated with respect, dignity, and worth.
- Through counseling, clients can gain personal awareness.
- Counselors should base their professional practice within the framework of a conceptualized theoretical perspective.
- Counselors recognize the significance of clients’ environments and cultures in the counseling process.

**Valuing Diversity**

The counseling profession is bound to the values of its governing organization (the American Counseling Association). These values include the importance of creating an interpersonal environment that is safe and accepting, with emphasis on the importance of counseling students and professionals being non-discriminatory and respectful of diverse people.
Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or other provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. Telephone: 270-809-3155 (voice), 270-809-3361 (TDD).

**Professional Ethics**

The counseling faculty at Murray State University has adopted the ethical standards set forth by the American Counseling Association (ACA) and the American School Counselor Association (ASCA) as the ethical codes governing the professional behavior of students and faculty members. It is acknowledged that students are in preparation to become helping professionals; nevertheless, the faculty expects students, particularly in their client contacts, field practice assignments, research activities and other experiences involving contact with the public, to conduct their work in accordance with these ethical standards.

**Professional Affiliations**

Helping professionals must continue to seek opportunities for professional development. One avenue for pursuing professional development is involvement in professional organizations at both the national and state levels. Following is a partial list of relevant professional organizations.

- **American Counseling Association**
  www.counseling.org

- **Kentucky Counseling Association**
  www.kyca.org

- **American Mental Health Counselors Association**
  www.amhca.org

- **Kentucky Mental Health Counselors Association**
  www.kmhca.com

- **West Kentucky Mental Health Counselors Association**
  www.yahoo.com/group/WKMHCA

- **American School Counselor Association**
  www.schoolcounselor.org
Kentucky School Counselor Association  
www.kyschoolcounselor.org

West Kentucky Counseling Association  
www.kyca.org/displaycommon.cfm?an=1&subarticlenbr=16

Kentucky Board of Licensed Professional Counselors  
www.lpc.ky.gov

Chi Sigma Iota  
www.csi-net.org

Council for the Accreditation of Counseling and Related Educational Programs (CACREP)  
www.cacrep.org

Faculty

Program Coordinator  
Dr. Samir Patel, Assistant Professor  
(Spatel4@murraystate.edu, 270-809-6123)

School Counseling Coordinator  
Dr. Susana Bloomdahl, Associate Professor  
(sbloomdahl@murraystate.edu, 270-809-6968)

Practicum and Internship Coordinator  
Dr. Rebecca Pender, Assistant Professor  
(rpender@murraystate.edu, 270-809-6905)

Dr. Alan Bakes, Associate Professor  
(abakes@murraystate.edu, 270-809-5313)

Dr. Kristin Douglas, Assistant Professor  
(kdouglas8@murraystate.edu, 270-809-2683)

Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards for Practicum and Internship

Practicum

Students must complete supervised practicum experiences that total a minimum of 150 clock hours over a minimum 16-week academic term. Each student’s practicum includes
all of the following:

1. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

2. Weekly interaction that averages one hour per week of individual and one and a half hours of triadic supervision throughout the practicum by a program faculty member or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.

3. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member.

4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student’s interactions with clients.

5. Evaluation of the student’s counseling performance throughout the practicum, including documentation of a formal midterm evaluation and final evaluation after the student completes the practicum.

Please note: Practicum hours must be completed by the end of the semester. Incompletes are rarely given and will be considered on a case by case basis by the faculty. If an incomplete is granted, the remaining hours must be completed by the university deadline the following semester. If the hours are not completed the student will receive a failing grade and must retake the course.

**Internship**

The program requires completion of 600 hour supervised internships, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. Each student’s internship includes all of the following:

1. At least 240 clock hours of direct service, including experience leading groups.

2. Weekly interaction that averages one hour per week of individual or one and a half hour per week of triadic supervision throughout the internship, usually performed by the onsite supervisor.

3. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.

4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service training, and staff meetings).
5. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision and/or to receive live supervision of his or her interactions with clients.

6. Evaluation of the student’s counseling performance throughout the internship, including documentation of a formal midterm evaluation and final evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

Please note: Internship hours must be completed by the end of the semester. Incompletes are rarely given and will be considered on a cases by case basis by the faculty. If an incomplete is granted, the remaining hours must be completed by the university deadline the following semester. If the hours are not completed the student will receive a failing grade and must retake the course.

Criteria for Site Supervisors

All Counseling students enrolled in practicum or internship must have an appropriately credentialed Site Supervisor. According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2009 Standards, Site Supervisors for students engaged in counseling clinical preparatory experiences must meet the following qualifications:

- Hold a minimum of a master's degree in counseling or a related profession with equivalent qualifications.
- Hold appropriate professional licenses and/or certifications.
- Have a minimum of two years of professional experience in the program area in which the student is enrolled.
- Demonstrate knowledge of the Counseling Program's expectations, requirements and evaluation procedures for clinical experiences.
- Have appropriate training in counseling supervision.

The MSU Counseling Program has made a commitment to have all practicum/internship Site Supervisors trained in counseling supervision. For individuals who have not experienced such training, we offer an annual three-hour workshop on counseling supervision for which attendees can earn CEUs. The date, time, and location for this workshop will be published on our website and provided to potential Site Supervisors via E-mail announcements. Site Supervisors whose schedules do not allow attendance at these events will be provided with materials including a PowerPoint presentation, handbooks, and any needed additional information for their review on an individual basis. All site supervisors must undergo either the in person training or the online training prior to supervising practicum or internship students. This is a requirement set forth by CACREP.
Role of the Site Supervisor

As the cooperating counseling professional who will have direct responsibility for this practicum or internship student, I will be responsible for:

Assistance in Developing the Practicum or Internship Agreement

I will meet with the practicum or internship student to discuss and complete the practicum or internship agreement. During this meeting, I will collaborate with the student in developing their goals for the clinical experience (i.e. what they want to learn, strengthen, gain, etc). I will provide suggestions and guidance in terms of realistic goals and activities that can be completed within the time constraints of this clinical experience. Examples of the expected activities may include a variety of:

1-Individual Counseling  
2-Group Counseling  
3-Intake Interviewing  
4-Testing  
5-Report Writing  
6-Consultation  
7-Psycheducation  
8-Career Counseling  
9-Individual Supervision  
10-Group/Peer Supervision  
11-Case Conferences and/or Staff Meeting

The student will be provided with adequate workspace, telephone, office supplies, and staff to conduct professional activities

Orientation

I will provide an orientation to the practicum or internship site/position. This orientation will include general information about the site, an overview of the administrative structure, and the role of the counseling office within the overall helping community. I will also make sure to introduce the practicum or internship student to other staff at the site and individuals in other areas with whom the student will interact.

Supervision

I hold the appropriate credentials necessary for providing supervision, including a Master’s level degree and appropriate licensing or certification. I will spend a minimum of one hour a week per 3 credit hours of internship or practicum in direct supervision of the practicum or internship student. Initially, sessions may cover such topics as review of the practicum or internship agreement, orientation to the workplace, and start-up work on outlined activities. As the clinical experience progresses, I will spend time reviewing the student's progress in meeting the specific requirements of the agreement, consultation concerning on-going caseload, discussion of professional concerns as they affect the workings of the site, or other relevant topics. I will provide the practicum or internship
student with constructive feedback on his or her performance and share insights and experience with the student for the practicing professional.

**Role Modeling**

I will serve as a professional role model for the practicum or internship student in job performance, personal growth, and professional and ethical behavior. As a site supervisor it is expected that I possess appropriate training, knowledge, and experience in a recognized helping profession, preferably counseling.

**Taping**

I will assist in facilitating the practicum or internship students need to tape as part of their clinical training. I understand that this process facilitates the professional development of students and assists in quality control of services delivered to clients. I will help students identify clients that will be amenable to videotaping of sessions for training and university supervision purposes. I will review videotapes as is appropriate and needed during our weekly one-hour individual supervision sessions.

**Contact**

I recognize that communication with the University is required regarding all practicum/internship students. I will meet with the instructor to review student performance and any concerns. As a practicum or internship site, I realize contact may be by phone or a site visit, to be determined, based on need, by the university course instructor. I may contact the University Supervisor if there is any need to discuss the student’s performance.

**Evaluation**

I will provide on-going feedback to the student concerning his or her performance of agreed upon duties, as well as his or her overall performance and behavior at the practicum or internship site. I will participate in the practicum or internship student’s written mid-semester evaluation. I will set-up a conference with the student to assess his or her work toward the goals that were established at the beginning of the semester. I will conduct a formal final evaluation with the student at the end of the semester and submit to the practicum/internship instructor at MSU a copy of this final evaluation after reviewing it with the student.

**Verification of Practicum/Internship Hours**

I understand the Counseling Program’s need for my signature on all Practicum and Internship forms filed by students. This is a CACREP requirement that was put into effect in Spring, 2012. The faculty cannot accept Weekly Activity logs without the Site Supervisor’s signature. I agree to cooperate in this very important step to strengthen the
Counseling Program.

**Guidelines for Supervision of Students in a Professional Setting**

Listed below are key points for on-site supervisors supervising students through practicum or internship. Your cooperation in providing these experiences for the student will be appreciated.

- Please allow the student to observe you in your role as a counselor, including your counseling with clients, if possible, prior to his/her beginning to provide services. This is an ethical and effective teaching technique, and if the client’s permission is obtained, the counseling is rarely, if ever, impeded.

- Please provide guidance to the student for developing a realistic, well-balanced plan or learning contract, which will meet the course requirements as closely as possible. She/he will share the course syllabus describing those requirements. After you and the university supervisor have approved the student’s contract, a copy will be provided to you.

- Please observe the student at regular intervals as he/she counsels with clients individually and in groups, and performs the various other counselor functions. In addition, please provide feedback and suggestions to the student for improving her/his professional knowledge and skills.

- Please set aside time to meet weekly with your student to review and critique videotapes of individual and group counseling sessions he/she has conducted. Your feedback in this activity will be highly beneficial.

- Please expect the student to conduct her/himself in a highly professional, ethical manner. Should any problems arise regarding this or any other aspect of the practicum or internship, discuss the issue with the student. If the issue of concern to you is not satisfactorily resolved, please feel free to contact the university supervisor as soon as possible so that we may work together to settle the problem.

- Please encourage the student to take advantage of professional development activities for counselors of which you may be aware, such as meetings of professional associations, conferences, workshops, and seminars.

- Please be sure that co-workers and clients (in agencies) or principal, teachers, staff, students, and parents (in schools) are informed that you are supervising a practicum student / intern and are aware that he/she will be providing counseling and related services under your supervision and that of the university supervisor.

Your help as a facilitator in providing the student with access to clients, facilities, and materials is essential and will be appreciated.
Role of the MSU Counseling Faculty

The Faculty as a Whole

Prior to seeking a practicum or internship placement, the counseling program faculty will consider each student’s application, with attention to successful completion of prerequisite coursework and overall readiness to begin the field experience. A member of the faculty will explain to student the requirements for practicum and internship sites and site supervisors, the types of activities in which practicum and internship students should participate, and the application procedure. Ultimately, the faculty must approve the site and site supervisor for each student prior to registration for practicum and internship. The overall goal of the faculty is to support the counselor-in-training and facilitate a positive practicum/internship experience.

Group Supervision

During practicum and internship, students are required to meet for dyadic and/or group supervision class at one of the MSU campuses. A member of the counseling program faculty conducts this supervision. The practicum and internship courses require that students meet in dyadic and/or group supervision for a minimum of one and one half hours per week, scheduled weekly throughout the semester. Students receive credit for hours attended in group supervision towards their required clock hours.

The faculty supervisor will be in contact with the site supervisor on a regular basis through email or by phone. In the event that the site supervisor has concerns about the performance or behavior of a practicum or internship student, the faculty supervisor should be contacted immediately. Faculty contact information is included on page seven of this handbook.

Internship Site Visits

A university faculty member will visit each student’s practicum or internship site at least one time. The faculty member will meet with the site supervisor to discuss the student’s experiences and any concerns that may exist. The visits will be scheduled at a mutually convenient time for the site supervisor and faculty member.
PRACTICUM
&
INTERNSHIP FORMS
MEMORANDUM OF AGREEMENT
BETWEEN
MURRAY STATE UNIVERSITY AND
__________________________________________________
(Name of Site)

This agreement, entered into this ______ day of ____________, 20___,
between Murray State University (Educational Studies, Leadership and Counseling)
Murray, Kentucky, hereinafter referred to as the “University”,
and ____________________________, hereinafter referred to as the “Clinical Facility”, shall govern the use of its facilities by the faculty and students enrolled in
Murray State University.

WHEREAS, the University has students desirous of clinical experience for its
student internships and student practicum in Counseling [hereinafter collectively referred
to as “Clinical Experience”]; and

WHEREAS, it is to the mutual benefit of the Clinical Facility and the University
to cooperate in educational programs; and

WHEREAS, it is in the best interest of the parties hereto to jointly plan for the
organization, administration, and operation of the educational program;

NOW THEREFORE, in consideration of the mutual covenants of each party to be
kept and performed, it is agreed as follows:

ARTICLE I – UNIVERSITY RESPONSIBILITIES

A. The University shall require that each student provide evidence of
immunization(s) or screening(s) in accordance with the Clinical Facility’s standards or
requirements for employees, if any there be. It shall be the responsibility of the Clinical
Facility to advise the University, in writing, of any immunization or screening
requirements of the Clinical Facility prior to assignment of the student to the Clinical
Facility.

B. The standards and philosophy of education, the instruction, and
preparation of all instructional schedules and plans, including hours of clinical
experience, shall be the responsibility of the University. These standards and plans shall
be made available to authorized Clinical Facility personnel.

C. The University shall provide, if requested, copies of insurance policy of
professional liability coverage for students involved in the Clinical Experience with
minimum coverage of one million dollars ($1,000,000.00) per incident and three million
dollars ($3,000,000.00) aggregate, said policy of insurance to be purchased by each
individual student.

D. Supervision of students shall be in such numbers and at such times as the
parties hereto agree.

E. University will ensure counseling students have completed a background
check (if necessary) consistent with District/Agency policy.
ARTICLE II – CLINICAL FACILITY RESPONSIBILITIES

A. The Clinical Facility shall be responsible for and retain absolute control over the organization, administration, operation, and financing of its services and including ultimate responsibility for patient/client care and welfare.

B. The University shall be informed regarding additional research or educational programs, accreditation or other changes in the Clinical Facility that may affect the University.

C. No reduction of staff may be made by the Clinical Facility due to the presence of students and/or University faculty. The Clinical Facility shall retain full responsibility for the care of patients/clients.

D. Available space in the building(s) specified by the Clinical Facility may be established and made accessible to the University faculty and students for classroom instruction, conferences, and library purposes undertaken pursuant to this agreement.

ARTICLE III – JOINT RESPONSIBILITIES

A. The Clinical Facility and the University shall provide liaison for services and educational staffs for regular meetings to assure systematic planning and the exchange of information regarding policy changes, problems, and new developments. The Clinical Facility shall evaluate the student’s clinical performance in consultation with University. The final decision as to grades will be that of the faculty of the University.

1. For Practicum Students: Each student must complete 150 hours with the Clinical Facility, of which 40 hours must be direct contact with patients/clients (individual or group counseling).

2. For Internship Students: Each student must complete 300 hours of which 120 hours must be direct contact with patients/clients (individual or group counseling).

B. The Clinical Facility shall retain the right to control access to its facilities by students and faculty members. In the event the behavior of student(s) or faculty should become disruptive to Clinical Facility, is a violation of Clinical Facility’s Policy or Procedure or its standing in the community, the action shall be reported immediately, in writing, to the appropriate individual of the University as follows:

Point of Contact Name: Dr. Rebecca Pender
Position: Assistant Professor/Practicum/Internship Coordinator
Address: 3220 Alexander Hall
Murray State University
Murray, KY 42071
Phone: 270-809-6095

The Clinical Facility may immediately remove any student. However, prior to dismissal of any student from the Clinical Experience the student shall be given an opportunity to be heard.
C. Each party agrees to cooperate in the other party’s investigation of any incident or accident arising out of the educational program conducted pursuant to this agreement.

D. The maximum number of students per clinical placement shall be agreed upon by the parties, in writing, prior to the first day of clinical experience. The number of students shall be determined by the availability of adequate clinical experience and resources for the students’ learning.

E. The University and Clinical Facility shall carry out the responsibility and obligations under the agreement at all times in compliance with all applicable Federal, State, and local laws, rules, and regulations.

F. Both the University and the Clinical Facility represent that they will comply with all applicable federal and state laws prohibiting discrimination. Each represents that it will not discriminate against any person on the basis of race, color, age, religion, gender, sexual orientation, national origin, handicap, or veteran’s status. Clinical Facility shall obtain written permission from each patient/client authorizing clinical observations and interactions with University students, including video-recording and review of same by University faculty and designated student counseling groups for supervision/evaluation purposes. Copies of said authorizations will be supplied to University.

G. The Clinical Facility shall provide a licensed Facility Preceptor/Site Supervisor to provide supervision for the students. The University shall have the opportunity to review the resume’ of potential preceptors for input regarding their suitability for a particular assignment. Clinical Facility will provide University with the license status of the Facility Preceptor/Site Supervisor prior to the commencement of the clinical assignment. The Facility Preceptor is not an employee of the University but shall at all times be deemed an employee of Clinical Facility.

H. The agreement shall become effective on the date shown and shall remain in full force and effect unless terminated pursuant to paragraph III.H. Unless otherwise terminated, extensions of one (1) year shall be automatic as of each successive calendar date.

I. The contract may be terminated at the will of either party (without cause) upon giving no less than sixty (60) days written notice of the party’s intention to so terminate. It may be canceled at any time upon mutual written agreement. Termination shall be such as to have no negative impact on any student presently involved in an internship or practicum at the Clinical Facility.

J. This agreement may only be amended upon mutual approval, in writing, by both parties.

K. Both parties, by execution of this agreement, do hereby certify that they have the authority to bind their respective institutions.

L. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky without reference to its choice of law provisions; and, in accordance with KRS 45A.245, any action in connection with or arising out of this Agreement shall be filed and prosecuted in the Franklin Circuit Court, Commonwealth of Kentucky or as may otherwise be provided in accordance with Kentucky law.
IN WITNESS WHEREOF, we have hereunto set our hands this ______ day of ___________________________, 20______.

<table>
<thead>
<tr>
<th>MURRAY STATE UNIVERSITY</th>
<th>FACILITY/DISTRICT NAME AND ADDRESS</th>
</tr>
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</table>

Name: ______________________
Title: ______________________

MSU President
MURRAY STATE UNIVERSITY COUNSELING PROGRAM
PRACTICUM/INTERNSHIP FIELD SETTING APPROVAL FORM

Student will obtain the information to complete this form from the proposed field setting supervisor.

STUDENT NAME: _______________________________________________________________

SEMESTER AND YEAR: ___________________________________________________________

(Check Applicable Course)

CNS 790 _____ CNS 794_____ CNS 795_____

FIELD SETTING: _______________________________________________________________

FIELD SUPERVISOR: _____________________________________________________________

TITLE, DEGREE, CERTIFICATES, LICENSES: _______________________________________

DISTRICT (if school): ___________________________________________________________

CHECKLIST:

___ 1. The field setting provides an appropriate private setting for counseling with videotaping capabilities.

___ 2. The field setting provides sufficient number of client hours to meet the departmental requirements for practicum (150 total and 40 direct) and internship (300 total and 120 direct for each internship).

___ 3. The field setting provides the type of clients consistent with my present level of training.

___ 4. The field supervisor meets departmental requirements (e.g. experience, degree, major, certificates, license).

___ 5. Site Supervisor has/will complete a supervision training (either through the state or regionally).

___ 6. The field supervisor will provide one hour per week of 1/1 supervision.

___ 7. Affiliation Agreement between MSU’s Department of Educational Studies, Leadership, and Counseling and field setting is in place.

I certify that the above requirements are met for the above field setting.

Student Signature ___________________________ Date ______________

Field Supervisor Signature ___________________________ Date ______________

Faculty/Practicum-Internship Supervisor/Advisor ___________________________ Date ______________

(signed form will be filed in student’s file)
MURRAY STATE UNIVERSITY COUNSELING PROGRAM
PRACTICUM/INTERNSHIP FIELD SETTING INFORMATION FORM

The information you provide on this form will help to ensure that MSU has an affiliation agreement with your field setting; if not the process of an affiliation agreement will be initiated by the department. It is your responsibility to follow this process to ensure that an affiliation agreement is in place. In addition, a letter will be sent to your field supervisor transmitting pages from the Program Handbook and thanking him/her for their cooperation.

Please include complete address.

Please print the following information.

Date_____________

Student: ________________________________________________________________________________________

Semester and Year: ____________________________________________________________

Course No. ____________ CNS 790, Practicum in Counseling 3 crs.

______________ CNS 794, Internship I 3 crs.

______________ CNS 795, Internship II 3 crs.

Faculty Supervisor: ______________________________________________________________________________

Field Supervisor: ______________________ Phone and email: __________________________________________________________________

Field Placement: ________________________________________________________________________________

(Include school district No. if applicable)

Address: ________________________________________________________________________________________

Street Address City/State Zip Code

Field Setting: Start Date: _________________ End Date: _________________

*Note to Student: Attach Signed Practicum/Internship Field Setting Approval Form

For Department Use Only
Date received ______
Clinical Coordinator Initials: ______
CNS 790 - PRACTICUM APPLICATION

This form must be completed and Submitted by October 1st for Spring Practicum or by March 1st for Fall Practicum. Completion of this form does not guarantee admittance to a practicum section. Once this application has been received and accepted and the section is still open, faculty supervisors will e-mail you to let you know that the registration hold has been removed and you will be allowed to register for practicum. Return to: Dr. Pender, Murray State University, Alexander Hall, Murray, KY 42071 or fax to (270) 809-3799

Name________________________________Date ____________________________

Program: ____________________________Expected Graduation____________________

Address:______________________________________________________________

Phone #:___________________________ E-mail: ________________________________

Intended Semester and year for practicum: FALL ☐ SPRING ☐ Year ______

Type of Settings: Elementary ☐ Middle ☐ Secondary ☐ Agency ☐ Private Prac. ☐

Name of Intended Practicum Site: __________________________________________

Address of Practicum Site: _________________________________________________

Name of Potential Site Supervisor: ________________________________

Eligibility for Practicum
Please check all of the courses you will have completed by the time you start your Practicum. You should have completed a minimum of three of the following classes including CNS 619, Foundational Counseling Skills and CNS 624 Theories of Counseling before you begin your practicum.

☐ CNS 617, Introduction to Counseling Date Complete ________
☐ CNS 618, Issues in Mental Health Counseling Date Complete ________
☐ CNS 619, Foundational Counseling Skills (required) Date Complete ________
☐ CNS 624, Theories of Counseling Skills (required) Date Complete ________
☐ CNS 635, Human Development Date Complete ________
☐ CNS 671, Multicultural Counseling Date Complete ________
☐ CNS 692, Group Counseling Date Complete ________
☐ Other ___________________________ Date Complete ________

Student Signature: ________________________________

For Department Use Only

Date received ___________

Clinical Coordinator

Initials: ________
EVALUATION OF COUNSELING STUDENT
MURRAY STATE UNIVERSITY

PERSON CONDUCTING EVALUATION:
(CIRCLE ONE)

SITE SUPERVISOR FACULTY SUPERVISOR

NAME OF SUPERVISEE: __________________________ DATE: ____________

(CIRCLE ONE)
PRACTICUM INTERNSHIP I INTERNSHIP II

(CIRCLE ONE)
MIDTERM EVALUATION FINAL EVALUATION

Please rate the supervisee on each of the following items from Does not Meet Standard to Exceeds Standard. It is also important for you to review your ratings with the supervisee after you have completed this evaluation. If you are unsure how to rate an item or if the item was not observed then you can use the not applicable (NA) response.

FOUNDATION AND LEADERSHIP

<table>
<thead>
<tr>
<th></th>
<th>Item</th>
<th>Does not Meet Standard</th>
<th>Developing Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Embraces the role of a professional counselor at the clinical site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>2</td>
<td>Understands the role of a counselor in relation to other professionals at the site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>3</td>
<td>Understands the professional issues relevant to the practice of counseling at the site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>4</td>
<td>Demonstrates an understanding of the professional credentials required to practice at the site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>5</td>
<td>Understands the relationship between professional organizations (e.g., ACA, AMHCA, ASCA, etc.) and the site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
</tbody>
</table>
## COUNSELING, PREVENTION, & INTERVENTION

<table>
<thead>
<tr>
<th>Item</th>
<th>Does not Meet</th>
<th>Developing Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Adheres to the mission of the clinical site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>7 Demonstrates a willingness to advocate for the counseling profession.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
</tbody>
</table>

8 Effectively establishes a therapeutic alliance with the client. 0 1 2 3 *

9 Demonstrates self-awareness and empathy to connect with clients. 0 1 2 3 *

10 Effectively addresses and reflects the emotional content provided by the client during the session. 0 1 2 3 *

11 Clearly utilizes a counseling theory to promote the wellness and development of clients during individual, family, and group counseling sessions. 0 1 2 3 *

12* Implements differentiated and individualized strategies to promote client achievement (e.g., school counselors drawing on pedagogical knowledge to improve student achievement or clinical mental health counselors drawing upon addictions knowledge to determine level of care). [SC L3] 0 1 2 3 *

13* Incorporates systemic strategies to promote holistic improvement at and beyond the clinical site. [SC N1] 0 1 2 3 *

14 Clearly differentiates the distinction between health and dysfunction when intervening with clients. 0 1 2 3 *

15 Demonstrates knowledge and understanding of human developmental stages with regards to treatment strategies. 0 1 2 3 *

16 Understands, conducts, and adheres to the policies associated with the site and site procedures (e.g., intakes, biopsychosocials, diagnoses, treatment 0 1 2 3 *
DIVERSITY & ADVOCACY

<table>
<thead>
<tr>
<th>Item</th>
<th>Does not Meet</th>
<th>Developing Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveys a nonjudgmental view toward individuals of differing backgrounds.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Demonstrates appropriate use of culturally responsive counseling during the therapeutic relationship.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Demonstrates multicultural competencies in relation to diversity, equity, and opportunity with regards to client access and development. [SC F1]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Discusses issues of diversity objectively and seeks input from client to understand client’s point of view and adjust treatment accordingly. [CMHC F3]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources. [CMHC D4]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
</tbody>
</table>

DIAGNOSIS, ASSESSMENT, & EVALUATION
<table>
<thead>
<tr>
<th>Item</th>
<th>Does not Meet</th>
<th>Developing Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Appropriately utilizes current diagnostic tools to inform practice and collaborate with other professionals.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>26 Appropriately selects assessments based on client concerns, needs, development and so forth.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>27* Appropriately analyzes and interprets data to inform and increase the efficacy of counseling interventions and/or programs. [CMHC J3]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>28 Demonstrates skill in thoroughly assessing for client strengths, needs, and barriers.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>29 Demonstrates skill in designing treatment plans to enhance client development beyond the clinical site (e.g., social development, academic development, career development, etc.).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>30* Demonstrates skill in screening for critical mental health issues such as addiction, aggression, and danger to self and/or others. [CMHC H3]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM, COLLABORATION, CONSULTATION, & RESEARCH**

<table>
<thead>
<tr>
<th>Item</th>
<th>Does not Meet</th>
<th>Developing Standard</th>
<th>Meets Standard</th>
<th>Exceeds Standard</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Applies and adheres to the record-keeping standards of the site.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>32 Actively seeks supervision to address his/her own limitations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>33 Demonstrates openness to feedback and supervision.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>34 Demonstrates the use of research to inform evidence-based practices.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Supervisee accomplishments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>--------------------------------------------------------------------------------------------</td>
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<td></td>
</tr>
</tbody>
</table>
| 35 | Effectively collaborates with other professionals at the clinical site.                      | 0 | 1 | 2 | 3 | *
| 36*| Ethically collaborates with community resources when necessary to secure assistance for clients and/or their families. [SC N5] | 0 | 1 | 2 | 3 | *
| 37*| Makes appropriate referrals. [SC H4]                                                          | 0 | 1 | 2 | 3 | *
| 38 | Demonstrates a general understanding of consultation.                                        | 0 | 1 | 2 | 3 | *

39. Supervisee accomplishments:

________________________________________
________________________________________
________________________________________

40. Additional areas for growth:

________________________________________
________________________________________
________________________________________

For Faculty Supervisor Use:

Signature of Supervisee  Date

Total points earned     _____ / Total possible points     _____ * 100 = Percentage quotient     _____

Signature of Supervisor  Date
Grading Rubric for Supervisor Evaluation of Supervisee  
(for faculty supervisor use)

Evaluation grades will be assessed given several criteria: (a) percentage quotient from total points earned and total points possible; (b) clinical level of supervisee (i.e., Practicum, Internship I; Internship II); and (c) supervisor setting (i.e., site supervisor, faculty supervisor).

<table>
<thead>
<tr>
<th>Supervision Setting</th>
<th>Site Supervisor Evaluation of Supervisee</th>
<th>Faculty Supervisor Evaluation of Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exceeds Standards (10 points)</td>
<td>Exceeds Standards (19 – 20 points)</td>
</tr>
<tr>
<td></td>
<td>Meets Standards (8 – 9 points)</td>
<td>Meets Standards (16 – 18 points)</td>
</tr>
<tr>
<td></td>
<td>Developing Standards (6 – 7 points)</td>
<td>Developing Standards (13 – 15 points)</td>
</tr>
<tr>
<td></td>
<td>Does Not Meet Standards (0 – 5 points)</td>
<td>Does Not Meet Standards (0 – 12 points)</td>
</tr>
<tr>
<td>Point Distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practicum Evaluation Quotient</td>
<td>68% - 100%</td>
<td>50% - 67%</td>
</tr>
<tr>
<td>Internship I Evaluation Quotient</td>
<td>75% - 100%</td>
<td>57% - 74%</td>
</tr>
<tr>
<td>Internship II Evaluation Quotient</td>
<td>80% - 100%</td>
<td>60% - 79%</td>
</tr>
</tbody>
</table>
PRACTICUM/INTERNSHIP LOG SHEET

Please see your Canvas Site or the Field Work and Supervision Materials page for the Log Sheet.
MURRAY STATE UNIVERSITY COUNSELING PROGRAM

INFORMED CONSENT TO VIDEOTAPE COUNSELING SESSIONS

_________________________________ (name of the practicum/internship agency or setting) provides a variety of services to individuals and their families. It also supports the teaching and training mission of the counseling programs at the Murray State University. Because the agency provides a teaching-training function, permission is frequently requested of its clients to videotape the interviews that are conducted by the professionals-in-training. Video recording the sessions is a significant component of counselor training. However, no recording is ever completed unless the client has given permission to do so. Therefore, we use this consent form to obtain your permission to videotape. Feel free to ask your counselor any questions about the purpose of taping and use of the tapes.

Your signature below indicates that you give _____________ (name of your counselor-in-training) permission to videotape your session and that you understand the following:

1. I can request that the recording device be turned off at any time and may request that the tape or any portion thereof be erased. I may terminate this permission to tape at any time.

2. The purpose of taping is for use in training and supervision. This will allow the above referenced counselor-in-training to consult with his or her assigned supervisor(s) in an individual or group supervision format, who may watch the tape alone or in the presence of other counselors-in-training involved in direct supervision.

3. The contents of these taped sessions are confidential and the information will not be shared outside the context of individual and group supervision.

4. The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission.

5. The tapes will be erased after they have served their purpose.

Name of Client (Please print)

______________________________

Signature                      Date

Witness                        Date
MURRAY STATE UNIVERSITY COUNSELING PROGRAM

VIDEOTAPE RECORDING CONSENT FORM MINOR

I understand that the counseling sessions provided to my child, _____________________ (First & Last Name) by his/her counselor trainee, ________________________________ (First & Last Name) will be recorded via video tape in order to supervise and evaluate the counselor trainee. I further understand that confidentiality of all recorded sessions will be maintained. Only the counselor trainee and his/her supervisor and/or faculty instructor will have access to the recorded sessions. I understand that other counselor trainees may review the recorded sessions for instruction purposes only. My signature below indicates my understanding of and consents for recording sessions with my child:

1. My child, or I can request that the recording device be turned off at any time and may request that the tape or any portion thereof be erased. I may terminate this permission to tape at any time.

2. The purpose of taping is for use in training and supervision. This will allow the above referenced counselor-in-training to consult with his or her assigned supervisor(s) in an individual or group supervision format, who may watch the tape alone or in the presence of other counselors-in-training involved in direct supervision.

3. The contents of these taped sessions are confidential and the information will not be shared outside the context of individual and group supervision.

4. The tapes will be stored in a secure location and will not be used for any other purpose without my explicit written permission.

5. The tapes will be erased after they have served their purpose.

_________________________________ _____________
Parent/Guardian’s Signature         Date

_________________________________ _____________
Client’s Assent/ Consent            Date

_________________________________ _____________
Counselor Trainee’s Signature       Date
MURRAY STATE UNIVERSITY COUNSELING PROGRAM
COUNSELING SUPERVISEE’S EVALUATION OF PLACEMENT SITE

Name of Supervisee: _________________________________________________________________

Name of Placement Site: ______________________________________________________________

Name of Site Supervisor: ______________________________________________________________

Period of Site Placement: _____________________________________________________________

Please respond with a “Y” for “yes” or an “N” for “no” to the following statements regarding the placement site.

___ There was a formal orientation or introduction to training at this site.

___ I received adequate introduction to the site’s policies and procedures and my duties at this site.

___ I received adequate physical space to provide counseling with appropriate confidentiality at this site.

___ I was regularly assigned clients at this site.

___ I had difficulty getting sufficient clients at this site to complete my direct hours requirement.

___ I had difficulty getting opportunities to participate as a co-leader or a leader of counseling groups at this site.

___ I had difficulty getting the necessary equipment and physical arrangements to video tape at this site.

___ I was made a member of the regular staff at this site.

___ I was treated with professional respect by all staff members at this site.

___ I received adequate management and supervision at this site so I never felt unsupported in my decision making.

___ This site provided me with adequate resources to continue my professional development.

___ This site provided me opportunities to learn about applying various counseling theories and techniques.

___ This site provided me opportunities to work with persons representing diversity in our community.

___ I would recommend this site for other interns of the Murray State University Counseling Program.

Other comments I would like to make about this site include:

_________________________________________________________

Signature of Student                                       Date
MURRAY STATE UNIVERSITY COUNSELING PROGRAM

COUNSELING SUPERVISEE’S EVALUATION OF SITE-SUPERVISOR

Name of Supervisee: ____________________________________________

Name of Placement Site: _________________________________________

Name of Site Supervisor: _________________________________________

Period of Site Placement: _________________________________________

Please use the following scale to respond to the statements below:

Highly Unsatisfactory (unethical or illegal)  Unsatisfactory  Adequate  Satisfactory  Highly Satisfactory (good)

1  2  3  4  5

____ This supervisor met with me in a timely manner when I requested it.

____ This supervisor kept regularly scheduled weekly supervision appointments with me.

____ This supervisor helped me identify appropriate learning goals for my clinical experience.

____ This supervisor provided a supportive atmosphere where I felt I could be open about challenges I faced.

____ This supervisor provided helpful information about specific techniques.

____ This supervisor was open to my trying different theoretical approaches.

____ I felt confident of this supervisor’s level of skills.

Other comments I would like to make about this site include:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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MURRAY STATE UNIVERSITY COUNSELING PROGRAM
SITE SUPERVISOR’S EVALUATION OF COUNSELING PROGRAM

Based on your experience with a student from the Murray State University Counseling Program, please indicate the extent to which our program prepares students for their field experiences. Please use the following scale.

0 = Unable to Evaluate, 1 = Unprepared, 2 = Poorly Prepared, 3 = Adequately Prepared, 4 = Well Prepared

Student exhibits:

1. personal and professional growth
   0 1 2 3 4
2. a professional counseling identity
   0 1 2 3 4
3. collegiality
   0 1 2 3 4
4. accountability
   0 1 2 3 4
5. professional leadership
   0 1 2 3 4
6. contact with a professional organization
   0 1 2 3 4
7. high ethical standards
   0 1 2 3 4
8. ongoing professional development
   0 1 2 3 4
9. openness to supervision and/or feedback
   0 1 2 3 4

Student exhibits knowledge in:

10. individual and group counseling theories
    0 1 2 3 4
11. assessment/appraisal processes
    0 1 2 3 4
12. career/lifestyle development theories
    0 1 2 3 4
13. establishing effective counseling relationships
    0 1 2 3 4
14. consultation processes
    0 1 2 3 4
15. human growth and development
    0 1 2 3 4
16. multicultural/pluralistic characteristics of diverse cultural groups
    0 1 2 3 4
Student exhibits skill in:

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<td>17. individual and group counseling theories</td>
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<td>18. assessment/appraisal processes</td>
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<td>19. career/lifestyle development theories</td>
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<td>20. establishing effective counseling relationships</td>
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<td>22. human growth and development</td>
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<td>23. multicultural/pluralistic characteristics of diverse cultural groups</td>
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What would you most like us to know about the students of our program and/or your experiences with them (please use the back if more space is needed)?