**PRACTICUM AND INTERNSHIP AGREEMENT**Please check only **one** Course and **one** Program

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| ***Course*** | ***Program*** |
| [ ]  Practicum | [ ]  Mental Health Counseling - Clinical |
| [ ]  Internship I | [ ]  Mental Health Counseling - Rehabilitation |
| [ ]  Internship II | [ ]  School Counseling |
|  | [ ]  PhD RCRCE |

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| Site Name:        | Date:  |
| Site Address:       |
| City:       | State:    | Zip:       |

I,       ,

have read the North Carolina A&T State University, Department of Counseling, Practicum and Internship Manual. I understand that it is my responsibility to make myself aware of the guidelines and requirements of the Practicum and Internship Manual. I also understand that it is my responsibility to follow the guidelines of this manual and that my failure to do so will result in an unsuccessful grade for Practicum/Internship as well as my possible removal from the program.

During my upcoming field experience, I understand that I will be required to meet with my Site Supervisor for individual and/or triadic supervision (1 hour/week) and my University Supervisor for group supervision (1.5 hours/week) and individual supervision as needed. I will also be expected to create program-appropriate audio recordings and/or live supervision of my interactions with clients at my site for review by my University Supervisor.

I also understand that if my On-Site Supervisor and/or the University Supervisor deem that I am not demonstrating satisfactory practicum/internship knowledge, skills, or dispositions I will be notified in writing and a remediation plan addressing areas of concern will be developed for me. If I continue to display unsatisfactory knowledge, skills, and/or disposition I may be dismissed or terminated from the practicum site and the Counseling Program.

I also understand that if I am dismissed from the site by the site supervisor, I will not complete my practicum or internship experience during the semester dismissed. If I am removed from more than one site, I will have to meet with representatives from my department (e.g., academic advisor, department chair, and practicum/internship coordinator) and could be dismissed from the program.

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| **Student’s Signature**  |  |  | **Date** |
|  |  |  |  |
| **Notary Name (printed)** |  |  |  |
|  |  |  |  |
| **Notary Signature** |  |  | **Date** |