Department Companion Mark 
Text reads: Boise State University, College of Education, Department of Counselor Education

## Counseling Internship Agreement

This agreement is entered into by and between, **Boise State University,** College of Education, Department of Counselor Education, 1910 University Drive, Boise, Idaho 83725-1721, (208) 426-1219,

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency or School:** | | | | |  | | | | | | |
|  | Street Address: | | |  | | | | | | | |
|  | City: |  | | | | State: |  | Zip: | |  |  |
|  | Phone: | |  | | | | | |  | | |

***And***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Counselor Intern Name:** | | | | | | |  | | | | | | | | | Student Number: | | |  | |
|  | Street Address: | | | |  | | | | | | | | | | | | | | | |
|  | City: | | |  | | | | State: | |  | | Zip: | |  | | |  | | | |
|  | Phone (Cell/Home): | | | | |  | | | | | | | | | Phone (Work): | | |  | | |
| For the purpose of providing an internship experience in counseling for the above -named intern, in concurrence with the three credit Boise State University Course: | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | Internship I (COUN 526) | | | | | | or | |  | | Internship II (COUN 528) | | | | | |  | | |

**The term of this agreement is from:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date: |  |  | End Date: |  |
| Start and end dates listed on this form must remain within single-semester start and end dates | | | | |
| Under this Agreement, the intern shall complete a minimum of \_\_\_\_ contact hours. Intern must have the opportunity to gain direct service hours to reach the minimum of 140 direct contact hours across all sites. | | | | |

**It is Mutually Agreed…**

***A. That the above named agency or school******will*** provide the following services and supervision from a Master’s degree or above experienced counselor:

* Orientation to the agency or school and definition **in writing** of specific intern duties.
* **Weekly** review of the intern’s performance via a **minimum of a one-hour individual meeting** with the intern and review of the intern’s weekly internship log (Supervisor signature indicates agreement with log entries) resulting in a supervision/intern hourly ratio of 1:20 minimum.
* Supervision of the intern to be done in accordance with the guidelines established by the agency or school or as determined by regular personnel, keeping in mind the Association of Counselor Education and Supervision guidelines for supervisors.
* Supervision to be performed by:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | |  | | | |
| Degree/Year: | |  | | | | | Major Field of Study: | | | |  | | |
| Degree/Year: | |  | | | | | Major Field of Study: | | | |  | | |
| Current Licensure/Certifications: | | | | |  | | | | | | | | |
| IBOL Registered Supervisor | | | |  | | Yes | |  | No | | |  | |
| Do you have a minimum of two years post-masters experience in counseling? | | | | | | | | | | | | | |
|  | | | |  | | Yes | |  | No | | | |  |
| Relevant Work Experience: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Supervisor email address: | | |  | | | | | | | | | | |
| Supervisor phone number: | | | |  | | | | | | | | | |

***B. That the Counselor Intern will:***

* Work primarily with the following clients (list specific groups such as school grade level(s), age-range(s) of client, presenting concerns, etc.):

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* Be at the agreed upon location(s) on the following days at the following times (be specific):

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* Follow through with the assigned **specific** duties and responsibilities (as identified below) according to agency or school policy, in an ethical and professional manner.

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* Attend regularly scheduled group supervision meetings.
* Keep a current log of internship hours, including weekly summaries which will be reviewed and signed by the Site Supervisor and available on demand to Site and Campus Supervisors.

***C. That Boise State University, through its Counselor Education Department, will:***

* Advise the student/intern as to program requirements involved in the internship;
* Provide regular group supervision meetings to discuss common problems and experiences as well as to assist the student/intern in case study presentation and other areas of concern;
* Maintain periodic contact with the Site Supervisor to discuss the student/intern’s progress, including no less than one on-site visit by the intern’s Campus Supervisor; and
* Maintain appropriate records for registration and grading.

It is the expectation of the counselor intern, school/agency, and Boise State University that the above terms be met for the duration of the counselor internship. Should it become apparent that the terms are not being met by any of the parties, it is imperative that all three parties discuss their concerns and arrive at solutions within a reasonable time-frame and at the earliest possible date. Any revisions of the elements listed in this contract must receive the full approval of all involved parties before the student is permitted to begin/continue counting hours.

**The Following Signatures Verify Agreement To The Above Stated Conditions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This section to be completed by the Counselor Intern |  |  | |  |  |  |  |
|  | Counselor Name (Print) | |  | Signature |  | Date |
|  | Title: | Boise State Master of Arts in Counseling Student / Counselor Intern | | | | |
|  | | |  | | | | |
| This section to be completed by the Site Supervisor |  |  | |  |  |  |  |
|  | Supervisor Name (Print) | |  | Signature |  | Date |
|  | Title: |  | | | | |
|  | | |  | | | | |
| This section to be completed by the Site Authority Representative |  |  | |  |  |  |  |
|  | Supervisor Name (Print) | |  | Signature |  | Date |
|  | Title: |  | | | | |
|  |  |  | (Example: Principal / Agency Director) | | | | |

All fields above this line must be completed before submitting for the following university signatures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This section to be completed by Boise State the Campus Supervisor |  |  | |  |  |  |  |
|  | Supervisor Name (Print) | |  | Signature |  | Date |
|  | Title: |  | | | | |
|  |  |  |  | | | | |
| This section to be completed by the Boise State College of Education Dean’s office |  |  | |  |  |  |  |
|  | Supervisor Name (Print) | |  | Signature |  | Date |
|  | Title: | College of Education – Office of the Dean | | | | |

This agreement must be fully approved and signed before the counselor intern may begin counting hours. Hours worked outside the Start/End date listed on page one, or that occur before the final signature date on this page are not to be counted on the summary log for the semester.

The student will receive a digital copy of the completed form and should keep a copy for their personal files, as well as distribute to their site supervisor. The original document will remain with the department in the student’s permanent file.