



4. Will support the practicum student in obtaining experiences that approximate the *ASCA National Model* recommendations.
5. Will be involved in the evaluation of the practicum student's performance.
6. Will provide adequate workspace, telephone access, office supplies, and staff to conduct professional activities.
4. Will provide supervisory contact which involves the examination and observation of the practicum student as he or she enacts various school counseling roles for a minimum of one hour per week.
5. Will provide a written evaluation of the student based on the criteria established by the APCE counseling faculty.

**The Practicum Student agrees:**

1. To perform in a professional manner that is consistent with the ACA and ASCA Code of Ethics. He or she is aware that any breach of these ethics or any unethical behavior will result in removal from the practicum and a failing grade. Documentation of such behavior will become part of the practicum student's permanent record.
2. To be available to the on-site supervisor and the University Practicum Supervisor for conferences.
3. To keep the University Practicum Supervisor informed regarding the practicum experience.
4. To comply with the rules, policies, and regulations of the school (e.g., staff development, schedules, code of conduct, and



Professional Development Activities

- \_\_\_\_\_ Observe special education classrooms
- \_\_\_\_\_ Attend meetings addressing Section 504
- \_\_\_\_\_ Attend a school board meeting
- \_\_\_\_\_ Discuss ethical issues at the school and in the department
- \_\_\_\_\_ Participate in advocating for the profession or on behalf of students
- \_\_\_\_\_ Attend school and district workshops and seminars

Other Activities Unique to this Site and to this Practicum

---



---

Authorized by:

School Principal (name/title)	Signature	Date
-------------------------------	-----------	------

On-site Supervisor (name/degree/license)	Signature	Date
------------------------------------------	-----------	------

6 L W H 6 X S H U Y L V R U D Q G R U 3 U D F P	6 L W H 6 X S H U Y L V R U D Q G R U 3 U D F P
-------------------------------------------------	-------------------------------------------------

School address	City	State	Zip
----------------	------	-------	-----

7 R E H F R P S O H W H G E \ 8 Q L Y H U V L W \ ) L H O G 3 O D F H P I

6 L W H 6 X S H U Y L V R U D Q G R U 3 U D F P

8 Q L Y H U V L W \ 6 L W H 3 O D F H P H Q W & R R U G L Q D W R U 6 L J Q D W X U H

3 U R J U D P & R R U G L Q D W R U 6 L J Q D W X U H ' D W H

' H D Q R I W K H & R O O H J H R I ( G X F D W L R Q D Q G % H K D Y L B W D O 6 F L H Q F H V