ADRE 6991- INTERNSHIP SITE AGREEMENT

**Department of Addictions and Rehabilitation Studies**

**East Carolina University**

(Please Type or Print)

**Directions**: Please provide the requested information after consulting with your site supervisor. Please return to your internship instructor.

**Student information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: (non-ECU) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ECU) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Internship Site/Field Site Supervisor Information:

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisory Training (e.g., LPCS, CCS, or clinical supervision specific training):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Information:**

This internship will be completed during \_\_\_\_\_\_\_\_\_\_\_\_semester, 20\_\_\_.

Beginning date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**600 total hours (direct *and* indirect contact)** will be completed for satisfactory completion of university requirements during this period.

**DARS Internship Responsibilities and Duties**:

A DARS intern is expected to engage in all duties typically performed by a counselor employed in the setting in which the intern is placed. In addition to counseling duties, time may be spent in staff meetings, writing case notes, participating in professional development activities, conferring with site supervisor, etc. Individual supervision is provided by the site supervisor on a weekly basis. Group supervision is provided on a weekly basis by the faculty supervisor. Internship requires that at least **240 hours** of the intern’s time must be spent in **direct service** to clients. The intern is expected to follow the assigned internship setting’s calendar during internship. The faculty supervisor is responsible for the intern’s grade after conferring with the site supervisor.

Interns are required to provide their individual site supervisors multiple opportunities for observation of direct services to clients; these observations may be live and/or audio and/or video sessions. **Interns are required to submit three counseling cases with audio/video recording for discussion during group supervision sessions.** These recordings will only be used for supervision and strict confidentiality will be maintained in the setting.

The focus of supervision is on development of the intern’s overall competence as a professional counselor and is not limited to those skills involved in direct services to clients. The following grid lists are specific duties and responsibilities to be undertaken by the intern for the successful completion of the internship. The intern is responsible for obtaining supervisor’s initials to document completion of the contract. The faculty supervisor should be notified of any changes that significantly alter the activities of this contract.

**Responsibilities are to include but are not limited to the following:**

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| **Field Site Activities** |
| Develop 3 Professional Development Goals for internship and submit by the third week of the semester |
| Lead or co-lead ongoing group counseling |
| Participate in a professional development activity (e.g. conference/workshop attendance, presentation at conference, submit an article, etc. |
| 3 Audio or video recording of counseling sessions with accompanying case presentation documentation |
| Case File assignment |
| Midterm Evaluation completed by site supervisor |
| Final Evaluation completed by site supervisor |
| Hours Log and Supervision Log (signed by site supervisor) |
| **Course Components** |

|  |  |  |
| --- | --- | --- |
| Internship student signature: | X | Date: |
| Site supervisor signature: | X | Date: |