

**DEPARTMENT OF REHABILITATION COUNSELING**

**INTERNSHIP FORMS**

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# **Internship Forms**

## **Internship Self-Tracking**

This form is for the convenience of the intern in tracking progress through the internship process.

## **Application for Internship**

This application is to be filled out by the student and signed by the Faculty Advisor and Faculty Supervisor/Clinical Coordinator prior to the assignment of an internship site.

## **Internship Contract**

This contract is developed by the student in conjunction with the On-Site Supervisor. The contract outlines the Department's educational expectations, the student's educational expectations and the On-Site Supervisor's concurrence that these expectations will be met in the internship.

## **Statement of Intern Responsibility**

This form is designed to ensure all contributing members of the student's internship experience are aware of the conditions of the internship and the commitment of the intern.

## **Intern's Evaluation of the Internship Site**

These two forms (Mid-semester evaluation and End of Semester Evaluation) are designed to give the intern an opportunity to share with the faculty advisor many of the conditions of the internship site.

## **On-Site Supervisor's Internship Evaluation Form**

This form is required to be filled out and signed by the On-Site Supervisor. The On-Site Supervisor is to document the progress the intern is making at mid-semester and at the end of the semester. During the mid-semester grading period the On-Site Supervisor is to fill out the form and sign in the appropriate place and either mail a photocopy of the evaluation to the Faculty Supervisor/Clinical Coordinator or the student may deliver it one of them.

## **End of Semester Self-Evaluation**

This is the intern's culminating evaluation of the just completed internship process.

## Internship Self-Tracking Supervised Clinical Internship

Intern's Name:

Internship Site:

Intern's Phone Number:

Internship Site Phone Number:

On-Site Supervisor:

On-Site Supervisor's Phone Number:

This checklist is designed to assist you in organizing the requirements of your internship. Please print, using black ink. In each section ensure the Specific Requirements have been met and recorded.	Date Completed
<b>Before Starting the Internship</b>	
Readiness to Participate (transcript submitted to Advisor indicating successful completion of 24 semester hours including RHAB 611 and RHAB 691). If in the process for L.P.C. the requirement is 30 hours of successful course work completion, if the internship is to count toward residency hours. (600 hours out of 4000).	
Internship site selected and Advisor notified	
Selected Internship Site has a signed agreement with the Department	
Completed face-to-face interview with Clinical Programs Director	
Submitted the co-signed "Internship Contract" Form	
Submitted signed "Internship Application" Form	
Submitted signed "Internship Responsibility" Form	
<b>Mid-Semester</b>	
Submitted the <b>Intern's Evaluation of the Internship Site (Mid-Semester) Form</b>	
Submitted mid-semester copy of the <b>On-Site Supervisor's Internship Evaluation Form</b>	
<b>End of Semester</b>	
Submitted the <b>Intern's Evaluation of the Internship Site (End of Semester) Form</b>	
Submitted the <b>Post-Internship Self-Evaluation Form</b>	
Submitted end of semester copy of the <b>On-Site Supervisor's Internship Evaluation Form</b>	

## Application for Supervised Internship

Submit completed copies of the following to the Clinical Coordinator for your permanent student file:

- a. Internship application signed by faculty advisor
- b. Typed, proofed resume (2 copies)
- c. Most recent transcript of completed courses (listing completed prerequisites for internship). The recommended prerequisite courses include RHAB 525, 611, 612, 633, 640, 642, and 691.

Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Permanent Address (if different from above):

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fill in the following:

1. I anticipate starting my internship at the beginning of:

Fall \_\_\_\_ (Year); Spring \_\_\_\_ (Year); Summer \_\_\_\_ (Year)

2. Approximate starting dates:

Beginning: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Ending: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

3. The setting will be (circle one):

State Rehabilitation Facility

Hospital or Psychiatric Center

Private Rehabilitation Facility

Juvenile/Family Court

Correctional Facility

ORS

Other (Specify) \_\_\_\_\_

### Application for Supervised Internship (cont'd)

4. The location of the Internship site is: \_\_\_\_\_
5. I plan to devote \_\_\_\_\_ hours/week on site.
6. I will register for \_\_\_\_\_ Internship Credit Hours per semester for a total of \_\_\_\_\_ semester hours.
7. My intended graduation date is: \_\_\_\_\_ (month) \_\_\_\_\_ (year).

8. Describe internship setting and type of clients with whom you will be working:

Faculty Advisor's Signature indicates Intern has completed all prerequisites and has the Advisor's approval of the proposed Internship placement. The Clinical Coordinator's signature indicates has approval of the proposed Internship placement. Both signatures must be included before the internship can be initiated.

\_\_\_\_\_  
**Faculty Advisor**  
**Date:**

\_\_\_\_\_  
**Faculty Supervisor/Clinical Coordinator**  
**Date:**

Every effort will be made to respond to Interns' requests, but all placements are contingent upon availability of faculty supervisors and appropriate sites as determined by Department of Rehabilitation Counseling faculty and the Clinical Coordinator.

## Statement of Intern Responsibility

This agreement will be completed in triplicate, the original will be filed with the University Faculty Supervisor, one copy will be retained by the Intern and one copy will be submitted to the On-Site Supervisor. This agreement is subject to the following three conditions: (1) Supervised clinical practice hours completed prior to the execution of the agreement will not count toward the 600 hour requirement and (2) Duties outlined below may be subject to revision, pending all parties' approval.

*The Intern agrees to the following responsibilities:*

The Intern will maintain appropriate professional demeanor and meet responsibilities assigned by the Internship Supervisor. The Intern will adapt to the setting and respect individuals representing other disciplines and orientations.

The Intern is responsible for negotiating specific goals, objectives, job responsibilities and performance expectations with the On-Site Supervisor. These should be completed and attached to this agreement.

Intern's Full Name: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

On-Site Supervisor's Name: \_\_\_\_\_

University Faculty Supervisor's Name: \_\_\_\_\_

Supervised Clinical Practice Beginning Date: \_\_\_\_\_

Supervised Clinical Practice Ending Date: \_\_\_\_\_

( ) Part-time (# of hours per week) \_\_\_\_\_ ( ) Full-time (# of hours per week) \_\_\_\_\_

**Intern:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**On Site Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**University Faculty Supervisor/ Clinical Coordinator:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

## Internship Contract

Intern:	Telephone:
Social Security Number:	
Site Supervisor:	Telephone:
Site:	Hours per week on Site:

The University's Learning Objectives for this Internship include:

1. The Intern will demonstrate the ability to practice rehabilitation counseling in a legal and ethical manner and will show understanding of the history, philosophy, and structure of the rehabilitation delivery systems.
2. The Intern will demonstrate the ability to practice rehabilitation counseling with individuals, groups, and/or families.
3. The Intern will demonstrate the ability to practice rehabilitation counseling in rehabilitation planning and case management.
4. The Intern will demonstrate the ability to practice rehabilitation counseling by using knowledge of vocational and career development.
5. The Intern will demonstrate the ability to practice rehabilitation counseling through the identification and utilization of assessment information.
6. The Intern will demonstrate the ability to practice rehabilitation counseling in job development, placement, and job retention.
7. The Intern will demonstrate the ability to practice rehabilitation counseling by using information from rehabilitation research.

The Intern's Learning Objectives for this Internship include (For additional objectives use the reverse side of this form):

- 1.
- 2.
- 3.
- 4.

I have read the learning objective above and agree to provide experiences which will give the Intern the opportunity to achieve those objectives. If this Intern has been employed by my facility, I certify the basis of the relationship between my facility and the Intern will be that of tutor and student rather than employer and employee.

**On-Site Supervisor:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

I have read the learning objectives above and agree to work with the Intern and Site Supervisor to ensure the Intern receives experiences which allow achievement of the objectives.

Faculty Supervisor/Clinical Coordinator  
**Date:** \_\_\_\_\_

**Intern's Evaluation of the  
Internship Site  
(Mid-Semester)**

<b>Intern:</b>  <b>On-Site Supervisor:</b>  <b>Agency Administrator:</b>	<b>Agency Name:</b>  <b>Agency Address:</b>  <b>Telephone No.:</b>
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Please review your experiences on your internship and respond to the items below. Explain in detail all items marked "Unsatisfactory" on the reverse side of this evaluation.	Unsatisfactory	Satisfactory
1. My arrival at the internship site was appropriately expected.		
2. The staff had been oriented regarding my relationship with the agency and my duties.		
3. My On-Site Supervisor welcomed me to the agency and was pleased I would be working with him/her.		
4. When I arrived there was a place for me to keep my belongings (coat, umbrella, purse, books, etc.)		
5. An orientation to the agency and the work I would be doing was scheduled for me within the first week.		
6. I began seeing clients of the agency within a reasonable period of time.		
7. I had a very good understanding of my role and my responsibilities in the agency and with clients of the agency.		
8. I was given a place (office) to provide counseling services to the agency's clients.		
9. The office to which I was assigned provided adequate privacy to fulfill my assignments.		
10. All assignments and changes in my assignments were clearly explained to me.		
11. The agency personnel treated me as a professional.		
12. The On-Site supervisor treated me as a professional.		
13. I was treated with respect by the agency personnel.		
14. I was treated with respect by my On-Site Supervisor.		
15. I received the regularly scheduled one-hour per week face-to-face on-site evaluation and feedback.		
16. The agency was supportive of the supervision I received.		
17. My On-Site Supervisor had a positive, professional attitude regarding the regularly scheduled one-hour per week face-to-face supervision he/she provided.		
18. The agency personnel included me in activities of the agency.		
19. I felt as if I were a fellow professional of the agency.		
20. I was recognized for the contributions I made to the agency.		
21. I was included in professional staff meetings.		
22. I had an appropriate variety of professional tasks, duties, and assignments.		

**Intern's Evaluation of the  
Internship Site  
(End of Semester)**

<b>Intern:</b>  <b>On-Site Supervisor:</b>  <b>Agency Administrator:</b>	<b>Agency Name:</b>  <b>Agency Address:</b>  <b>Telephone No.:</b>
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Please review your experiences on your internship and respond to the items below. Explain in detail all items marked "Unsatisfactory" on the reverse side of this evaluation.	Unsatisfactory	Satisfactory
1. I had a very good understanding of my role and my responsibilities in the agency and with clients of the agency.		
2. I was given a place (office) to provide counseling services to the agency's clients.		
3. The office to which I was assigned provided adequate privacy to fulfill my assignments.		
4. All assignments and changes in my assignments were clearly explained to me.		
5. The agency personnel treated me as a professional.		
6. The On-Site supervisor treated me as a professional.		
7. I was treated with respect by the agency personnel.		
8. I was treated with respect by my On-Site Supervisor.		
9. I received the regularly scheduled evaluation and feedback.		
10. The agency was supportive of the supervision I received.		
12. My On-Site Supervisor had a positive, professional attitude regarding the regularly scheduled one-hour per week face-to-face supervision he/she provided.		
13. The agency personnel included me in activities of the agency.		
14. I felt as if I were a fellow professional of the agency.		
15. I was recognized for the contributions I made to the agency.		
16. I was included in professional staff meetings.		
17. I had an appropriate variety of professional tasks, duties, and assignments.		

## On-Site Supervisor's Internship Evaluation

<b>Intern Name:</b>	<b>Time spent in direct supervision:</b>	
<b>Supervisor:</b>	<b>Intern hours per week in agency:</b>	
<b>Agency:</b>	<b>Address:</b>	
<b>Total # Hours Mid-Term:</b>	<b>Total # Hours Final:</b>	
Key for evaluation responses:		
1. Strong	Intern completed task better than expected	
2. Satisfactory	Intern completed task as expected	
3. Needs Attention	Intern did not complete task as expected	
4. Not Observed		
	Mid-Term	Final
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling in a legal and ethical manner and has shown understanding of the history, philosophy, and structure of rehabilitation delivery systems.		
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling with individuals, groups, and/or families.		
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling in rehabilitation planning and case management.		
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling by using knowledge of vocational and career development.		
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling through the identification and utilization of assessment information.		
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling in job development, placement, and job retention.		
<input type="checkbox"/> The Intern demonstrated the ability to practice rehabilitation counseling by using information from rehabilitation research.		
Mid-semester Evaluation and Recommendations:		
End of Semester Evaluation and Recommendations:		

**ON-SITE SUPERVISORY COMMENTS**  
**(If additional space is needed, please attach separate sheet.)**

Based upon the Internship experiences would you employ or recommend for employment this professional rehabilitation counselor? (If no, please specify in detail).

Comments or Suggestions:

Have you reviewed this evaluation with the Intern?

Mid-term:      Yes \_\_\_\_      No \_\_\_\_      Acknowledge \_\_\_\_\_(INTERN PLEASE INITIAL)

Final:          Yes \_\_\_\_      No \_\_\_\_      Acknowledge \_\_\_\_\_(INTERN PLEASE INITIAL)

Mid-Term:

End of Term:

**Supervisor's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This evaluation will become part of an Intern's permanent university record.

## End of Semester Self-Evaluation

Name:

Internship Site:

The internship is designed to help you acquire proficiency in applying the theoretical knowledge gained in your graduate studies in an actual work setting. The internship experience helps you assess and test philosophies and attitudes within the context in which rehabilitation counseling decisions are made. This self-evaluation is an opportunity for you to evaluate your internship experiences and to assess your strengths in Rehabilitation Counseling.

How long after beginning your Internship were you assigned your first client?

As a result of the Internship experience, please describe your strengths as a Rehabilitation Counselor:

As a result of the Internship experience, please describe your weaknesses as a Rehabilitation Counselor:

How would you rate your overall performance in the Internship (e.g., initiative, interest, dependability, professional and ethical behavior, judgment, etc.)?

**End of Semester Self-Evaluation (cont'd)**

In what work settings or situations do you think that you would be most successful? (Why?)

In what academic area(s) would you have liked to have more preparation? Were there areas in which you felt overly prepared?

In what ways do you feel you benefited most from your experience?

Additional comments: