Name: _________________________________ is eligible to engage in a school counseling internship having completed all prerequisite coursework and practicum requirements. Simultaneous with the internship, the student will be enrolled in a seminar conducted by the school counseling program. The student is required to complete two semesters of internship in a school setting, each consisting of 300 hours of supervised field experience, for a total of 600 hours. In addition to field supervision, three site visits will be arranged by University faculty over the course of the year. During those visits, the intern, site supervisor, and University supervisor will meet to discuss internship requirements and student progress.

The student will:

1. Abide by all school rules, policies, and regulations.

2. Exhibit professional behavior and adhere to ethical codes of conduct.

3. Maintain strict confidentiality of information obtained during internship.

4. Attend all days of assignment and notify both the University and site supervisors in case of absence due to illness or other emergencies.

5. Attend all staff meetings as the internship requires.

6. Maintain a daily log and portfolio of internship activities to be submitted at the end of the field experience.

7. Attend all supervision sessions at the internship site and weekly seminars at the University.

8. Receive a grade of B or above for two consecutive semesters to complete internship requirements. A grade of F will be assigned if dismissed from internship due to ethical violations.

(see next page)
I have reached an agreement with the field site that the setting will provide experiences to demonstrate school counseling competencies outlined in the *Massachusetts Model for Comprehensive School Counseling Programs* and the *American School Counselor Association National Model*. The internship will be supervised by a licensed school counselor.

**Field Supervisor:**

Name:_____________________________________ Title:________________________

Department of Elementary and Secondary Education School Counseling License Level (initial, professional) and Number:________________________

________________________________________

E-Mail:____________________________________ Phone:________________________

School Name and Address:_________________________________________________

________________________________________

Grade Levels at school:____________________________________________________

**AUTHORIZED SCHOOL ADMINISTRATOR:**

DESE requires that field supervisors have received a summative evaluation rating of proficient or higher on their most recent evaluation. Your signature below confirms that this is true for the above-named field supervisor.

________________________________________

Authorized School Administrator Date

________________________________________

Student signature Date Field Supervisor Date

________________________________________

UMB Program Director Date University supervisor Date