Name: ________________________________ is eligible to engage in a school counseling (guidance) practicum having completed prerequisite coursework. Simultaneous with the practicum, the student will be enrolled in a seminar conducted by a school counseling program faculty member. The student is required to complete 100 hours of supervised field experience.

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 practicum.

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 practicum requires.

6. Maintain a daily log to be submitted at the end of the field experience.

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

8. Receive a grade of B or above to complete practicum requirements. A grade of F will be assigned if dismissed from practicum due to ethical violations.
I have reached an agreement with the field site that the setting will provide practicum experiences to demonstrate school counseling competencies outlined in the *Massachusetts Model for Comprehensive School Counseling Programs* and/or the *American School Counselor Association National Model*. The practicum will be supervised by a licensed school counselor.

**Field Supervisor:**

Name:_________________________        Title:_________________________

School Counseling License Level (e.g., Initial, Professional): _________

Licensed in State of:_________        License Number:_________

E-Mail:_________________________        Phone:_________________________

School Address:______________________________________________________

Grade levels in this school:_____________________________________________

___________________________________________         _____________________________________________
Student signature         Date        Field Supervisor                  Date

___________________________________________         _____________________________________________
University supervisor                Date        Authorized School Administrator   Date

___________________________________________         _____________________________________________
UMB Online Program Coordinator                  Date