**Indiana University of Pennsylvania**

**Department of Counseling and Human Development**

**FIELD EXPERIENCE HANDBOOK**

**Counselor Education & Supervision**



**Fall 2024-Spring 2025**

**Important Note: Information contained in this handbook is subject to change. (Handbook Revised 5/2024)**

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# Introduction

Welcome to your field experience! It is the Department’s hope that this culminating experience is both fruitful and beneficial. This handbook is structured in a chronological manner. That is, by reading this important guide, you will understand the process as you prepare, conduct, and terminate your field experience. A few introductory notes may be of help to you:

## Catalog Description

**COUN 960 Doctoral Field Experience in Counselor Education (3 Credits)**

Apply counselor education knowledge and skills in a 300-hour [total of 600 hours across two semesters] intensive capstone field experience in three of the following five areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. Under supervision, experience is gained in a customized field setting relevant to student's professional goals. Repeated for a maximum of 6 credits.  Prerequisite: COUN 860, COUN 870, COUN 880, COUN 890, COUN 900, COUN 910, COUN 920, COUN 930, and COUN 940.

## Course Description

This course is meant to be a culminating course that facilitates the transition between your doctoral program and entry into the next phase of your career in the counseling profession. This course is intended to enhance your abilities to effectively offer supervisory and educational services to students or clients in a university, school, or clinical mental health setting.

While the Faculty Supervisors (course instructors) will have different syllabi for this course, much of it will be identical. All students, regardless of the section, will have the same required hours, summative assignment, and necessary forms to complete for the field experience. However, each Faculty Supervisor will also have their own course requirements.

## Course Objectives

 Upon completion of this course, students will successfully:

* GENERAL
	+ Doctoral students will complete a field experience that totals a minimum of 600 hours (over two semesters). The 600 hours must include supervised experiences in counseling, supervision and at least one more of the three remaining doctoral curricular areas (supervision, teaching, research and scholarship, leadership and advocacy). (6.C.2)
	+ During field, participate in an average of one hour per week of individual and/or triadic supervision. (6.C.6)
	+ During field, participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the experience. (6.C.7)
* COUNSELING:
	+ integrate and apply theories relevant to counseling and conceptualize clients from multiple theoretical perspectives (6.B.1.b, 6.B.1.c)
	+ demonstrate evidence-based counseling practices (6.B.1.a)
	+ articulate methods for evaluating counseling effectiveness (6.B.1.d)
	+ use ethical and culturally relevant counseling in multiple settings (6.B.1.e, 6.B.1.f)
	+ create a comprehensive presentation proposal that could be submitted to a professional conference (6.B.4.i)
* SUPERVISION:
	+ understand the purposes and demonstrate knowledge of theoretical frameworks and models of clinical supervision (6.B.2.a, 6.B.2.b)
	+ formulate a personal style of clinical supervision, delineate roles and relationships of clinical supervision, and demonstrate clinical supervision skills (6.B.2.c, 6.B.2.d, 6.B.2.e)
	+ assess supervisees’ developmental level and other relevant characteristics (6.B.2.f)
	+ describe modalities of clinical supervision, including individual, triadic, and group supervision (6.B.2.g)
	+ illustrate appropriate use of technology in clinical supervision (6.B.2.h)
	+ demonstrate administrative procedures and responsibilities related to clinical supervision (6.B.2.i)
	+ implement evaluation, remediation, and gatekeeping in clinical supervision (6.B.2.j)
	+ apply legal and ethical issues/responsibilities in clinical supervision (6.B.2.k)
	+ use culturally relevant strategies for conducting clinical supervision (6.B.2.l)
* TEACHING:
	+ demonstrate humanistic instructional and curriculum design, delivery, and evaluation methods relevant to counselor education (6.B.3.h)
	+ implement screening, remediation, and gatekeeping functions relevant to teaching (6.B.3.i)
	+ administer assessment of student learning and professional dispositions (6.B.3.j)
	+ utilize ethical and culturally relevant strategies used in counselor preparation (6.B.3.l)
	+ provide mentoring in counselor education (6.B.3.m)
* RESEARCH AND SCHOLARSHIP:
	+ demonstrate the application of research designs appropriate to quantitative and qualitative research questions (6.B.4.a)
	+ apply models and methods of instrument design, program evaluation and/or other appropriate research methods (6.B.4.e)
	+ articulate research questions appropriate for professional research and publication (6.B.4.g)
	+ create a comprehensive presentation proposal that could be submitted to a professional conference (6.B.4.i)
	+ identify potential grants for a research project (6.B.4.k)
	+ utilize ethical and culturally relevant strategies for conducting research (6.B.4.l)
* LEADERSHIP AND ADVOCACY:
	+ Apply theories and demonstrate skills of leadership (6.B.5.a)
	+ exhibit the role of counselors and counselor educators advocating on behalf of the profession and professional identity (6.B.5.i)
	+ apply models and competencies for advocating for clients at the individual, system, and policy levels (6.B.5.j)
	+ demonstrate leadership strategies in relation to diversity, equity, inclusion, and social justice issues (6.B.5.k)
	+ utilize ethical and culturally sustaining leadership and advocacy practices (6.B.5.l)

## Questions About Field Experience

The content of this handbookwill no doubt answer many of your initial questions. However, it is also understood that unique questions will likely arise regarding your field experience. Please feel free to address such questions with the Doctoral Clinical Coordinator, Dr. Sibyl West (swest@iup.edu) or the Doctoral Program Coordinator, Dr. Holly Branthoover (hbrnthvr@iup.edu).

## Site Supervisors

As a student completing field experience, this handbook is written as a resource for you. However, please make sure that your Site Supervisor has a copy. It will be critical for them to have a copy to further understand the IUP Department of Counseling and Human Development’s process for the field experience.

Finally, please know that this handbook is reviewed periodically to ensure that the information is clearly explained and up to date. If you have feedback about the field experience process or documentation materials, please talk with the Doctoral Clinical Coordinator, Dr. Sibyl West (swest@iup.edu) or the Doctoral Program Coordinator, Dr. Holly Branthoover (hbrnthvr@iup.edu).

## Additional Helpful Information

* Information about counselor licensure in Pennsylvania can be found at https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter49/chap49toc.html
* As an IUP student, you have many rights related to IUP’s administration of Title IX regulations.  It is essential for you to become familiar with some important resources. Please read the information contained in the Sexual Violence/Sexual Harassment, Students of Concern, and Protection of Minors Reference Manual and the Where to Turn For Help handout. These documents can be accessed through the following links:
**Manual:** <http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=186815&libID=186832>
**Handout:** <http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=188396&libID=188413>

# Overview of Requirements

The field experience provides supervised placement for CES students across the five required CACREP areas. The exact plan and scope of the field experience will be determined by the field experience student, Faculty Supervisor, and Site Supervisor on an individual basis. However, the following are the minimum requirements for this experience.

## Required Hours

Doctoral students in Counselor Education and Supervision are required to complete a 600-hour field experience. Students may have a maximum of three field experience sites per semester. Students are required to complete 300 hours each semester. **Students are *not* permitted to complete all 600 hours of field experience hours in one semester.**

The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). All students must include counseling and supervision as two of their areas. Doctoral students must be covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision field experience.

## Clarification of Duties

The field experience duties will vary from site to site and student to student; however, it is important that students communicate with sites prior to their field experience and outline projected duties in their field experience plan. Duties should be congruent with the identified CACREP area and closely align with the tasks typical to the professional responsibilities in the identified setting. All duties performed must be appropriate for a Doctoral-level counselor to be counted as field experience hours. The program is designed to prepare students as a Counselor Educator in academia or a counseling leader and supervisor in a clinical setting. The field experience activities must be consistent with the professional responsibilities in these settings.

## Additional Requirements

* Complete and submit the Field Experience Application (Appendix A).
* Complete required paperwork prior to the start of field and submit by the specified due date to the Doctoral Clinical Coordinator (Appendices A-C).
* By the specified due date, verify that you have obtained the required clearances so they will be current for the duration of field experience and will not expire anytime during the field experience. Students must also renew their liability insurance in a timely manner, so it remains current for the duration of field experience. These documents must be submitted to Castlebranch (See Appendix J for details).
* After all student and site materials are reviewed and found to meet eligibility requirements, students will receive an e-mail from the Doctoral Clinical Coordinator regarding their status for field experience. **Studeents may not begin working at their site until they have received this approval from the Doctoral Clinical Coordinator.**
* Develop and negotiate a Field Experience Learning Contract (Appendix D) with the Site Supervisor.
* Maintain Field Log (Appendix I) that provides a tally of hours and activities completed during field experience.

**Note: It is the student’s responsibility to keep copies of final signed field experience logs.**

* Complete the Summative Assignment for the field experience.
* Attend weekly individual and/or triadic supervision with the Site Supervisor and group supervision with the Faculty Supervisor.

## Dates of Field Experience

The field experience will begin on the first day of the IUP semester and end on the last day of semester finals. There are some possible exceptions to these dates:

* If there is pre-requisite training that is required by the site before the semester begins (e.g. HIPPA training, in-service meetings, etc.), a letter or an e-mail from the Site Supervisor detailing the required training/dates must be sent to the Doctoral Clinical Coordinator for approval in advance.
* If the student needs to continue between concurrent field semesters for client continuity of care or for an extenuating circumstance, preapproval must be obtained through the Faculty Supervisor (See Appendix K).
	+ If the student is working on projects in preparation for the semester, they can accrue hours with the approval of the site supervisor or Faculty Supervisor. Examples of this can include course preparation, supervision preparation, preparation for a leadership/advocacy project which will be executed during that semester, etc.

***IMPORTANT NOTE:***

All Field students are required to complete Counseling and Supervision as two of their core areas. Supervision must take place at IUP.

## Accruing Field Experience Hours

It is expected that field experience students will accrue their hours over the entire duration of the semesters. In certain circumstances, students may complete their hours prior to the end of the semester. In these instances, students are required to amend their internship plan and submit the amendment to the faculty supervisor. Students may only complete one of their three field experience areas (counseling, teaching, supervision, research and scholarship, or leadership and advocacy) early per semester. **Student *cannot* complete all 600 hours of their field experience in one semester.** **Students must be actively accruing hours in at least one of the five areas for the duration of the semester even if this means they have accrued more than the minimum number of hours needed.**

**Doctoral Field Experience Sample Structure for Counselor Education and Supervision**

**Indiana University of Pennsylvania**

**(adapted from Kent State University Internship Manual, 2017)**

|  |  |  |
| --- | --- | --- |
| **COUNSELING** | **SUPERVISION** | **LEADERSHIP** |
| **100 hours minimum****Must be at least one semester*** 50 direct hours
* 10 hours supervision minimum
* 40 indirect hours

*Placements can be at a Clinical Mental Health Agency, College, K-12 School or other advisor approved setting**Approved Supervisor*:Individuals serving as doctoral counseling internship supervisors have (a) a minimum of a master’s degree, preferably in counseling or a related profession; (b) active certifications and/or licenses in their geographic location required for practice, preferably in counseling or a related profession, (c) a minimum of two years independent professional experience; (d) relevant training fro in-person and/or distance counseling supervision; (e) relevant training in the technology utilized for supervision; and (f) knowledge of the program’s expectations, requirements, and evaluation procedures for students.* must complete supervision training
* Experienced SC– minimum 3 years of experience
 | **150 hours minimum****Must be at least one semester (with the exception of the Super GA position)*** 40 hours = Supervise at least 3 supervisees
* 10 hours of supervision-of-supervision minimum
* 50 hours of viewing sessions, supervision notes, etc.

 *Approved Supervisor:*Individuals serving as supervisor must have (a) a doctorate in counselor education or a graduate degree and specialized expertise to advance the student’s knowledge and skills and (b) knowledge of the program’s expectations, requirements, and evaluation procedures for students. * Experienced SC – minimum 5 years of experience
 | **100 hours minimum****Can be 1 or 2 semesters*** Local, state, regional, national, int’l leadership roles/officer positions in counseling
* Activities may include officer duties, non-visual roles in leadership
* Students must provide an explanation, examples, and plan for hours
* Leadership hours may NOT be accrued for conference volunteer duties
* Leadership hours may be obtained through activities such as Coordination of Workshops in CES
* Creating service-learning projects
* Conference organization
* Involvement in an Interest Network (plan and hour break down required) Product and audit trail of what is accomplished = emails, bylaws, etc.
* 10 hours supervision minimum

*Approved Supervisor:* Individuals serving as supervisor must have (a) a doctorate in counselor education or a graduate degree and specialized expertise to advance the student’s knowledge and skills and (b) knowledge of the program’s expectations, requirements, and evaluation procedures for students.  |

|  |  |
| --- | --- |
| **RESEARCH & SCHOLARSHIP** | **TEACHING** |
| **100 hours minimum****Can be 1 or 2 semesters*****Examples: Manuscripts***One manuscript – research or conceptual Fall semester of prep = 100 hours; IRB approval is the first semester “product” for research, rough draft of manuscript for conceptualSpring semester product = 100 hours and submission to a journalCo-authorship will be considered but may reduce the number of obtainable hours***Examples: Grants and Fellowship Submission***Timelines need to be established within the Internship PlanPreparation and development hours versus submission hours can be accruedType of grant will be considered – regional, national, training, research, etc. No travel grants can be used towards internship hours***Examples: Scholarship Paradigm***- Book chapter***Examples of Presentations – Counseling Related, AERA (not APA)***

|  |  |  |
| --- | --- | --- |
|  | Submitted Only | Presented Only |
| Local  | 20 | 30 |
| State  | 20 | 30 |
| Regional  | 40 | 60 |
| National/International | 40 | 60 |

* 10 hours of supervision minimum

*Approved Supervisor*: Individuals serving as supervisor must have (a) a doctorate in counselor education or a graduate degree and specialized expertise to advance the student’s knowledge and skills and (b) knowledge of the program’s expectations, requirements, and evaluation procedures for students.  | **100 hours minimum****Can be 1 or 2 semesters**Can include hours as the Instructor of Record for master’s-level counseling related courses or co-teaching10 hours of supervision minimum *Approved Supervisor*: Individuals serving as supervisor must have (a) a doctorate in counselor education or a graduate degree and specialized expertise to advance the student’s knowledge and skills and (b) knowledge of the program’s expectations, requirements, and evaluation procedures for students.  |

# Pre-Field Experience Planning

Students **must** follow the subsequent steps to have a successful field experience.

|  |  |
| --- | --- |
| Step 1:**Attend Field Experience Meeting** | Students Become Familiar With:1. Appendix A – Field Experience Application
2. Field Experience Planning Schedule
3. Professional Liability Insurance Requirement
4. Clearances, Protection of Minors Training, and TB Test Requirements
5. ACA Code of Ethics
6. Affiliation Agreement Information
7. IUPs Application for Eligibility to Teach Graduate Courses

Students Submit:1. Appendix A
2. Complete IUPs Application for Eligibility to Teach Graduate Courses for those choosing teaching option. More information and application can be found at: <https://www.iup.edu/graduatestudies/resources-for-faculty-and-staff/eligibility-to-teach-graduate-courses-and-to-serve-on-thesis-or-dissertation-committees/application/>
 |
| Step 2:**Review Handbook and Eligibility Requirements** | Eligibility Requirements Include:1. Minimum of 3.00 GPA in Doctoral degree program
2. All program course prerequisites have been completed
 |
| Step 3:**Site Selection** | 1. **Review site requirements specified in Appendix C**.
2. Identify potential field experience using the guidelines below:
* Site must satisfy all field experience site requirements (see Appendix C)
* Site should meet your personal and professional goals
* Students are permitted to do the field experience at their place of employment if the site meets all site requirements.
1. Select your top choice as a field experience site and contact the site for an informal interview. Be prepared to do the following:
* Provide a copy of the *Field Experience Handbook* & your résumé to site personnel
* State why you want to explore field experience opportunities at their site
* Determine if the site can meet the field experience requirements
* Determine if there is a mutual agreement for placement
* Complete Appendix B (Student Documents)
* Work with Site Supervisor to complete required site paperwork (Appendix C)
 |
| Step 4:**Submit Required Paperwork by Due Date\*** | To the Doctoral Clinical Coordinator:1. Appendix B – Field Experience Student Documents (2 pages)
2. Appendix C – Field Experience Site Documents (4 pages)
3. Administrator Letter (if completing field experience at place of employment)

To Castlebranch:1. Updated Required Clearances & Protection of Minors Training2. Renewed Liability Insurance (cannot lapse; update in a timely manner) \***Important note:** You must obtain and submit the required clearances and protection of minors training so these documents will be current for the duration of your entire field experience. **This means that these documents must be valid until the last day of finals week at the end of the entire field experience.** Failure to meet the established deadlines will result in a delay in registration for field and possible referral to the Student Development Committee. |
| Step 5:**Field Experience Approval**  | Students are approved for field when the student qualifications and site qualifications are met. After all student and site materials are reviewed and found to meet eligibility requirements, you will receive an e-mail from the Doctoral Field Experience Coordinator stating that you are approved for field experience. |

# Field Experience Responsibilities

## Doctoral Clinical Coordinator’s Responsibilities

* Conduct the Field Experience Orientation Meeting.
* Secure Appendices A, B, & C from students and create folders for the students.
* Verify student eligibility for field experience by reviewing the signed Field Experience Application Forms.
* Verify site has a current Affiliation Agreement with IUP or provide new affiliation agreement to the Dean’s Associate for Educator Preparation who secures the authorized signature from the university.
* Sign Field Experience Agreement between site, student, and department*. Please Note*: The Department of Counseling and Human Development has the discretion to refuse a site or remove students from a site if necessary.
* Notify students of field experience approval after student & site qualifications are determined to be met.
* Distribute approved student folders to Faculty Supervisors.

## Faculty Supervisor’s Responsibilities

* Ensure completion of field experience student’s forms.
* Complete an initial orientation contact for Site Supervisors.
* Conduct end of semester contact with Site Supervisors and other contact as needed.
* Establish course guidelines and requirements.
* Provide an average of 1.5 hours per week group supervision for field experience students.
* Verify that the students have proof of current professional liability insurance.

## Site Supervisor’s Responsibilities

* Site supervisors must complete the required online IUP Site Supervisor training prior to the start of the semester (found at https://www.iup.edu/counseling/site-supervisor-doctoral/).
* Oversee the field experience student’s work for the purpose of facilitating personal and professional development and improving professional competence.
* Schedule with the student individual/triadic supervision for the required number of hours.
* Provide opportunities for a variety of Doctoral level duties for the field experience student.
* Arrange for an appropriate work area for the field experience student.
* Introduce the student to administration and staff with whom they will work.
* Maintain contact with the Faculty Supervisor by responding to contacts and if any problematic situations arise.
* Engage in active supervision.
* Complete required university evaluation at the end of the semester (Appendix E) & review with student.
* Ensure that the student immediately notifies the Faculty Supervisor of any critical incidents involving that occur at the site.

## Field Experience Student’s Responsibilities

* Ensure Site Supervisor meets all supervisor qualifications as noted below:
* Submit all required paperwork/clearances by due date to Castlebranch. This includes ensuring that all clearances, protection of minors training, and liability insurance is current for the duration of the field experience and will not expire during the field timeframe. **This means that these documents must be valid until the last day of finals week at the end of the entire field experience.**
* Renew liability insurance so it remains current for duration of the field experience.
* Act professionally and ethically at all times by agreeing to follow the ACA and/or ASCA Code of Ethics.
* Work with the Site Supervisor to create the Field Experience Learning Contract (Appendix D).
* Request assistance from the Site or Faculty Supervisor as needed.
* Maintain accurate field experience logs and complete all course requirements.
* **Failure to comply with the policies contained in this manual may result in removal from the field experience and possible referral to the Student Development Committee.**

# Finishing the Field Experience

## Field Experience Student Checklist

When coming to the end of your 300-hour semester experience, certain paperwork must be completed.

* Ensure that your final log documents the necessary total on-site hours (minimum 300 PER SEMESTER).
* Complete the evaluation form: “Field Experience Student’s Self-Evaluation” (Appendix F).
* Consider writing a “thank you” letter to the Site Supervisor as well as their immediate supervisor.
* Complete the evaluation form “Field Experience Student’s Evaluation of Site Supervisor” (Appendix H)and submit to your Faculty Supervisor at the end of the semester. You also have the option to share the feedback with your site supervisor, but this is not required. *If site supervisor is an IUP faculty member, the student does not need to complete an evaluation (Appendix H).*
* Evaluate your Faculty Supervisor by completing the student evaluation instruments that are administered at the end of the semester.
* Ensure that your summative assignment is completed during the duration of your field experience.

## Site Supervisor Checklist

* Complete the Site Supervisor’s Evaluation of Field Experience Student (Appendix E)
* Review your final evaluation of the field experience student with the student.
* Provide a signed copy of the evaluation (Appendix E) to the Faculty Supervisor. This feedback is critical in determining the field experience student’s final grade. A copy of your evaluation will be placed in the field experience student’s academic file.

## Faculty Supervisor Checklist

* Review the field experience student’s logs, evaluations, and quality of completed required coursework (including participation in group supervision).
* Ensure all course requirements have been met and assign final grade.
* Complete Faculty Supervisor’s Evaluation the field experience student (Appendix G).
* If requested, the Faculty Supervisor can take part in the student offering feedback to the Site Supervisor.
* If requested, the student may request to offer face-to-face feedback to the Faculty Supervisor.
* Deposit signed logs, completed Appendices E-H, and summative assignment to the Doctoral Clinical Coordinator at the end of the semester.

The Department of Counseling and Human Development hopes you will have an excellent field experience and wishes you the best during the next step of your journey!

# Appendices

## Appendix A: Field Experience Application

Name:                                Date:

Address:

Phone: C:                      H:                     W:

Student ID#:                      E- mail:

Cohort:                      Advisor Name:

Campus Location: *[ ]*  Indiana *[ ]*  Pittsburgh East

Program: *[ ]* Ph.D.in Counselor Education and Supervision

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**General Field Information:**

Semester(s) of Placement: [ ]  Fall 2024 [ ]  Spring 2025

AREA 1: [ ]  Counseling [ ]  Supervision [ ]  Teaching [ ]  Research & Scholarship [ ]  Leadership & Advocacy

Supervisor Name:                           Location:                           Hours Planned:

AREA 2: [ ]  Counseling [ ]  Supervision [ ]  Teaching [ ]  Research & Scholarship [ ]  Leadership & Advocacy

Supervisor Name:                           Location:                           Hours Planned:

AREA 3: [ ]  Counseling [ ]  Supervision [ ]  Teaching [ ]  Research & Scholarship [ ]  Leadership & Advocacy

Supervisor Name:                           Location:                           Hours Planned:

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

**Application Check List:**

I have met with my advisor & attest that the field semester(s) requested are consistent with my plan of study.

 [ ]  I also attest that I will have completed all of the prerequisite courses for the field experience.

[ ]  I understand my approval for field experience is based on both my clearances/liability/TB test compliance and a site that meets all departmental requirements.

[ ]  I understand that deadline for all required field experience materials is       .

Field Experience Student Signature Date

**­­­­­­­­­­­­­­­­Office Use Only:**

Clearances are in compliance. [ ]  YES [ ]  NO

Liability insurance is current. [ ]  YES [ ]  NO

Liability insurance will need to be renewed during the field experience. [ ]  YES [ ]  NO

Department Contact for Clearances Signature

## Appendix B1: Field Experience Student Documents

### Field Experience Item Checklist

Name:

The following items must be submitted to the Doctoral Field Experience Coordinator by the specified due date. Please submit all items together as a complete packet. Complete the form below (place a **√** next to the items you are submitting) and include this checklist as the first page of your completed field experience paperwork.

[ ]  Appendix B: Field Experience Student Documents (2 pages total)

[ ]  Appendix C: Field Experience Site Documents (4 pages per CACREP AREA)

[ ]  Administrator Letter (if completing field experience at place of employment)

The above materials must be submitted to your assigned OneDrive folder.

**Questions can be directed to:**

**Sibyl West, Ph.D., Doctoral Clinical Coordinator**

**Department of Counseling and Human Development**

Phone: 724-357-2306 or 412-824-1999 E-mail: swest@iup.edu

-

* By the specified due date, I verify that I have obtained and submitted the required clearances so the documents will be current for the duration of my entire field experience and will not expire during the field timeframe.
* I also verify that my liability insurance is current and will expire on        (date).
* I agree to renew my liability insurance before the expiration date, so it remains current during the duration of field experience.
* I will submit all renewals to Castlebranch.

Department of Counseling and Human Development

206 Stouffer Hall

Indiana, PA 15705

1175 Maple Street

Indiana, PA 15705-1058

Phone: 724-357-2306

Field Experience Student Signature Date

(Appendix B: Page 1)

**Appendix B2: Field Experience Student Documents**

### Field Experience Student Agreement

Please **initial** boxes beside each statement indicating your agreement.

      I hereby attest that I have read, understand, and agree to follow the information contained in the Field Experience Handbook. I also understand that all forms in this document cannot be altered in any way.

      I hereby attest that I have read and understand the American Counseling Association Ethical Standards (all students) and American School Counselor Association Ethical Standards (school counseling students) and will practice my counseling in accordance with these Standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from the field experience, a failing grade, other disciplinary action, and/or possible removal from the program. Documentation of such behavior will also become part of my permanent record.

      I attest to the fact that I have purchased and will provide evidence of professional student liability insurance that is in full force for the entire duration of my field experience. I have verified that the minimum limits of this policy are $1,000,000.00 per claim and an aggregate of $3,000,000.00 per occurrence.

      I attest that I obtained and submitted the required clearances, protection of minors training, and TB

test so the documents will be current for the duration of my entire field experience and will not expire during the field experience timeframe. I understand that will not be approved for field experience if I fail to comply with this Departmental policy.

      I attest that I have read the information contained in the Sexual Violence/Sexual Harassment,

Students of Concern, and Protection of Minors Reference Manual and the Where to Turn For Help handout. These documents can be found at the links below:

 Manual: <http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=186815&libID=186832>

 Handout: <http://www.iup.edu/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=188396&libID=188413>

      I agree to adhere to the administrative policies, rules, standards, and practices of the field experience site.

      I understand that my responsibilities include keeping my Faculty Supervisor informed regarding my field experiences.

      I understand that I will not be issued a passing grade in the field experience unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete all course requirements.

      I agree that if I am still finalizing a field experience site and cannot submit Appendix C by the due date, I will provide justification on Appendix B that demonstrates that I am working to secure a site. I understand that I am responsible for updating the Field Experience Coordinator every three weeks via email regarding the status of the remaining paperwork submission. I understand that if I do not provide the update, it will be assumed that I will not be completing field experience and that I will disenroll from the field experience class. I understand that my failure to do so could result in referral to the Student Development Committee.

Field Experience Student Signature Date

## Appendix C1: Field Experience Site Documents

### Site Information Sheet

**THE INFORMATION CONTAINED IN THIS APPENDIX DOES NOT SUPERSEDE THE OFFICIAL AFFILIATION AGREEMENT BETWEEN IUP AND THE SITE.**

Please print the information below as soon as a site is identified. The forms in this Appendix must be submitted by the specified due date prior to beginning the field experience. **Submit appendix C packet per CACREP AREA completed this semester.**

Semester(s) for this Site: [ ]  Fall 2024 [ ]  Spring 2025

Doctoral Area: [ ]  Counseling [ ]  Supervision [ ]  Teaching [ ]  Research & Scholarship, or

[ ]  Leadership & Advocacy

Placement Site

& Address:

School District

(If applicable):

Site Supervisor’s Name:        Title:

Site Supervisor’s E-mail:

Site Supervisor’s Telephone:

Setting (Select One): [ ]  School [ ]  Agency Other:

Field Experience Student Name:

Address:

Telephone:        (home)        (cell)

Email:

Is this site your place of employment: [ ]  yes [ ]  no (If yes, you must submit a letter from administrator- see page 23.)

**TO BE COMPLETED BY FACULTY**

Date of site orientation contact:        Notes:

Date of mid-semester site visit:        Notes:

Date of end of semester contact:        Notes:

**Appendix C2: Field Experience Site Documents**

### Checklist for Site

Student Name:        Supervisor Name:

This checklist must be completed by the Site Supervisor. Please initial each item below indicating agreement and provide verification signature at the bottom of the page. Please refer to the “Doctoral Internship Structure for Counselor Education and Supervision” section for site supervisor requirements.

1. Site Supervisor for counseling core area possesses a) a minimum of a master’s degree in counseling or a related profession, with preference for a doctoral degree, (b) relevant certifications and/or licenses, (c) relevant training in counseling supervision, and (d) knowledge of the program’s expectations, requirements, and evaluation procedures for students. Site Supervisors for all other areas must have a Ph.D. in Counselor Education and Supervision
2. Site Supervisor agrees to provide required individual and/or triadic supervision per week and complete required evaluations of the student.
3. All ***direct counseling hours (for counseling placements only)*** must be face-to-face, in-person, and at the site location, or telehealth with the permission of site. The only potential exception to this policy may be for home-based counseling. Home-based counseling will be permitted if the site ensures the student has access to the Site Supervisor or a qualified supervisor designee (Master’s Degree in counseling or closely related clinical profession with relevant certifications and/or licenses, three years of post-Master’s Degree counseling experience, and practicing in a clinician or clinical supervisor role, with supervision training completion). The designee’s information must be reported to the Faculty Supervisor. The site will also provide the student with appropriate training, safety measures, and supervision for these duties.

a.       Site will permit session recording (audio/video) for supervision at IUP, **OR**

b.       Site will permit on-site observation by Faculty Supervisor as necessary.

1. Site Supervisor agrees to follow all requirements specified in the field experience handbook. This includes ensuring that the field experience student immediately reports any critical incidents that occur at the site to the Faculty Supervisor.

1. Site agrees to provide a variety of training experiences consistent with the learning contract developed with the site supervisor.
2. If the field experience site is also the student’s place of employment, then the student's administrator will also sign below and provide a letter indicating approval of the field experience and including other requirements of the administrator letter (see below).

Site Supervisor Signature Date

Agency Administrator Signature Date (if site is location of employment)

**Appendix C3: Field Experience Site Documents**

### Doctoral Site Supervisor Qualifications Form

***Note: This page should be completed by the Site Supervisor.***

Student Name:        Supervisor Name:

I have read, understand, and agree to follow the ACA Code of Ethics, including but not

limited to Section F: Supervision, Training, and Teaching ([www.counseling.org](http://www.counseling.org)) and Chapter 49 of the Pennsylvania Code: State Board of Social Workers, Marriage and Family Therapists and Professional Counselors and Professional Counselors-Licensure of Professional Counselors (<http://www.pacode.com/secure/data/049/chapter49/chap49toc.html>). I also agre to complete the required online IUP Site Supervisor training prior to the start of the semester (found at <http://www.iup.edu/page.aspx?id=179522>).

**[ ]  Yes** **[ ]  No**

Have you ever had ethical violations or disciplinary action taken against you in your role as a counselor during the past five years [ ]  **Yes** **[ ]  No**

If yes, please explain:

I verify that all information reported on this document is correct to the best of my knowledge. If any information is found to be untrue, the IUP Department of Counseling and Human Development has the right to remove a student from the field experience. This could also jeopardize future field placements.

Site Supervisor Signature Date

##

## Appendix C4: Field Experience Site Documents

### Affiliation Agreement Form

**Department of Counseling and Human Development**

**This form is to be completed and submitted for all potential field experience sites.**

Please see procedure on next page.

**Student Name:**

**Program:** Ph.D. in Counselor Education and Supervision

**School District/Agency Site:**

I checked the Master List of Fully Executed Agreements and there is a valid affiliation agreement for the site listed above [ ]  *YES* *[ ]  NO*

**If no current affiliation agreement exists, IUP will contact the site to request a new Affiliation Agreement. Please provide additional site information below:**

**Site Contact Name:**

**(i.e. Superintendent, Agency Director, or other person who has signature authority for the site; this is usually NOT the site supervisor)**

**Site Contact Title:**

**Site Contact E-Mail:**

**Site Address:**

**Site Phone Number:**

***FOR OFFICE USE ONLY***

*AA current on wiki?* *[ ]  YES* *[ ]  NO*

*If* ***YES****, AA is dated*

*If* ***NO****, AA request submitted on*

 *AA approved on*

*Field Experience Coordinator Signature*

### Procedure for Requesting & Obtaining Affiliation Agreements

1. Students will identify a field site that meets the Department of Counseling and Human Development requirements.
* Students access Field Experience IWIKI at https://iwiki.iup.edu/spacedirectory/view.action

(type or copy this link in web browser)

* Note: To access this page you must login with your IUP Username and Password
* Click on Internship Agreements Field Experiences
* Click on Documents
* Then click on Excel Spreadsheet with Fully Executed Agreements
* Click on the Excel spreadsheet to open
* Download the file by clicking on the “Download” arrow in the upper right-hand corner
* In the Excel file, scroll down until you get to the COEC agreements
* See if your identified site has an Affiliation Agreement and is categorized in either **COEC COUN or COEC EPP**. Other categories such as EDSP & EDEX do **not** apply to Counseling Field Experience sites
* If YES, complete the first part of the Affiliation Agreement Form (Appendix C)
* If NO, complete both parts of the Affiliation Agreement Form (Appendix C)
1. If NO Affiliation Agreement Exists

	1. Students should identify the person at the school district or agency that has the authority to sign the affiliation agreement. For schools this is typically the **District Superintendent**. For agencies this is typically the **Agency Director**. **This is usually not your site supervisor.** Students should obtain the needed contact information for this person and site.
	2. Students should then complete both parts of the Affiliation Agreement Request Form (Appendix C: Page 4).
	3. **Please note**: Affiliation Agreements are valid for five years and are designed to cover an entire school district or agency (rather than a single location).
2. IUP Process for Obtaining the Affiliation Agreement
* If it is determined that an Affiliation Agreement is needed, the Department of Counseling and Human Development clinical coordinator will work with key personnel at IUP to send an affiliation agreement to the site.
* After the site returns a signed agreement, the Affiliation Agreement will be processed at IUP. The fully executed agreement will then be mailed to the contact person at the site.

### Administrator Letter Requirements & Sample

An Administrator Letter is required if field experience is at the student’s place of employment and must be completed by an administrator who can sign on behalf of the school/organization/agency. This letter must contain:

* Acknowledgment that the field experience student will be completing Doctoral level counseling work during field experience hours.
* Acknowledgment that the student will be completing field experience work in at least two-hour increments of time (total field experience work for the week still must total 20 hours [300-hour field experience].

Please see the example provided below.

Dear Dr. West,

I am writing this letter in support of John Smith doing his field experience with The Site, which is also his place of employment. For his field experience, he will be providing Doctoral level counseling services in at least two-hour blocks of time. In this doctoral level position, John will be providing individual counseling, group counseling, intakes, and assessment services. He will have the opportunity to accrue the required direct and indirect hours for this field experience. Please contact me with any questions.

Thank you,

Jane Jones
Administrator

## Appendix D: Learning Contract

**Doctoral Program in Counselor Education and Supervision**

Student Name:        Supervisor Name:

This Learning Contract establishes the goals and activities in which the field experience student will engage during her/his placement. As these activities will influence the Field Experience Evaluation, they should be specified in behavioral terms to make it clear for the Site Supervisor and student to assess. Space is provided for several activities under each goal area, though the exact nature and number will be determined in a collaborative effort between the Site Supervisor and field experience student. The contract should include duties for field experience students to accrue the 300 field experience hours necessary EACH semester.

**I. Identify CACREP Doctoral Core Area**

(counseling, teaching, supervision, research, and scholarship, leadership, and advocacy)

a.

**II. Describe the Activities at the Site and How they are Related to CACREP Doctoral Core Area**

 a.

 b.

 c.

d.

e.

**III. Create Experience and Site-Specific Goals that can be Measured**

a.

 b.

c.

d.

e.

**IV. Describe How you will Show Outcomes of the Goals listed Above (e.g. teaching evaluations, meeting minutes, materials created, data analysis, journal article submission). Note this does not including site supervisor evaluation**

a.

b.

c.

d.

e.

**Site Supervisor Signature Date**

**Field Experience Student Signature Date**

**Faculty Supervisor Signature Date**

## Appendix E: Site Supervisor’s Evaluation of Field Experience Student

**Fulfillment of Doctoral Counseling Learning Contract**

Directions: As SITE SUPERVISOR, please complete this form in triplicate.

Copies go to: (1) I field experience student; (2) Faculty Supervisor; and (3) for your records.

The areas and specific activities listed below should be taken from the Field Experience Learning Contract. You may choose to attach a copy of the contract and provide your assessment directly on it. Please rate the field experience student on the activities using the following scale.

A – Functions extremely well and/or independently.

B – Functions adequately and/or requires occasional supervision

C – Requires close supervision in this area.

NA – Not applicable to this training experience.

Field Experience Student:

Site Supervisor:

**Learning Contract Activities**

**Rating**

**Goals:**

**a.**

**b.**

**c.**

**d.**

**e.**

**Other Activities**

**a.**

**b.**

**c.**

**d.**

**e.**

**Additional Comments**

What grade do you recommend for this student? [ ]  A [ ]  B [ ]  C [ ]  F [ ] Incomplete to Finish Hours

Site Supervisor Signature Date

[ ]  I have had the opportunity to review this evaluation.

Field Experience Student Signature Date

## Appendix F: Field Experience Student’s Self-Evaluation

**Fulfillment of Doctoral Counseling Learning Contract**

Directions: As FIELD EXPERIENCE STUDENT, please complete this form in duplicate.

Copies go to: (1) field experience student; (2) Faculty Supervisor.

The areas and specific activities listed below should be taken from the Field Experience Learning Contract. You may choose to attach a copy of the contract and provide your assessment directly on it. Please rate yourself on the activities using the following scale.

A – Functions extremely well and/or independently.

B – Functions adequately and/or requires occasional supervision

C – Requires close supervision in this area.

NA – Not applicable to this training experience.

Field Experience Student:

Site Supervisor:

**Learning Contract Activities**

**Rating**

**Goals:**

**a.**

**b.**

**c.**

**d.**

**e.**

**Other Activities**

**a.**

**b.**

**c.**

**d.**

**e.**

**Additional Comments**

What grade do you believe you earned for this semester’s field experience?

 [ ]  A [ ]  B [ ]  C [ ]  F [ ] Incomplete to Finish Hours

[ ]  I have had the opportunity to review this evaluation.

Field Experience Student Signature Date

## Appendix G: Faculty Supervisor’s Evaluation of Doctoral Field Experience Student

\*only needed if faculty supervisor was not also the site supervisor

Field Experience Student:

Site Supervisor:

Faculty Supervisor:

Directions: As FACULTY SUPERVISOR, please complete this form in duplicate.

Copies go to: (1) field experience student and into (2) field experience student file.

The areas and specific activities listed below should be taken from the overall semester. Please rate the field experience student on the activities using the following scale.

A – Functions extremely well and/or independently.

B – Functions adequately and/or requires occasional supervision.

C – Requires close supervision in this area.

NA – Not applicable to this training experience.

**Learning Contract Activities**

**Rating Goals:**

**a.**

**b.**

**c.**

**d.**

**e.**

**Other Activities**

**a.**

**b.**

**c.**

**d.**

**e.**

**Additional Comments**

Faculty Supervisor Evaluation Grade: [ ]  A [ ]  B [ ]  C [ ]  F [ ] Incomplete to Finish Hours

Faculty Supervisor signature Date

[ ]  I have had the opportunity to review this evaluation.

Field Experience Student Signature Date

## Appendix H: Field Experience Student’s Evaluation of Site Supervisor

This evaluation is to be completed at the end of the semester and submitted to your Faculty Supervisor. It is optional to share a copy of this evaluation with the Site Supervisor. *This form does not need to be completed for IUP Faculty supervisors.*

Name of Site Supervisor:

Period Covered:       to

Directions: Circle the number that best represents your evaluation of the Site Supervisor.

 **Poor Satisfactory Exceptional NA**

 1 2 3 4 5 6 0

1. Gives time and energy in discussing *[ ]* *[ ]* *[ ]* *[ ]*

 responsibilities.

2. Recognizes and encourages further  *[ ]  [ ]  [ ]  [ ]*

 development of my strengths and

 capabilities.

3. Provides useful feedback  *[ ]  [ ]  [ ]  [ ]*

4. Provides the freedom to develop

 flexible and effective leadership styles.  *[ ]  [ ]  [ ]  [ ]*

5. Is spontaneous and flexible in  *[ ]  [ ]  [ ]  [ ]*

 supervisory sessions.

6. Helps me to define and achieve  *[ ]  [ ]  [ ]  [ ]*

 specific, goals for the profession and myself.

7. Encourages and listens to my ideas  *[ ]  [ ]  [ ]  [ ]*

 and suggestions for developing

 my skills.

8. Helps me define and maintain ethical  *[ ]  [ ]  [ ]  [ ]*

 and professional behavior.

 9. Maintains confidentiality in  *[ ]  [ ]  [ ]  [ ]*

 material discussed in supervisory

 sessions.

10. Deals with both content and affect  *[ ]  [ ]  [ ]  [ ]*

 when supervising.

11. Offers resource information when  *[ ]  [ ]  [ ]  [ ]*

 needed.

12. Explains his/her criteria for evaluation  *[ ]  [ ]  [ ]  [ ]*

 clearly and applies it fairly when

 evaluating my performance

**Additional Comments and/or Suggestions:**

Field Experience Student Signature Date

## Appendix I: Field Experience Log Sample

Indiana University of Pennsylvania

Department of Counseling and Human Development

1175 Maple Street, 206 Stouffer Hall

 Indiana, Pa 15705

 (724) 357-2306

|  |
| --- |
|  |
| **Name:** |  |
| **Week of (date):** |  |
| **Area:**(counseling, teaching, supervision, research and scholarship, leadership, and advocacy) |  |
| **Field Experience Faculty Supervisor:** |  |
| **Field Experience Site:** |  |
| **Supervision with Site Supervisor:** |  |
| **Activity Description:** |  |  |  |
| **Total Direct Hours:** |  |  |  |
| **Total Indirect Hours:** |  |  |  |
| **Total Week:** |  |
| **Total to Date:** |  |

Site Supervisor's Signature:                    Date

Doctoral Student Signature:                       Date

## Appendix J: Clearance Policy

**Professional Liability Insurance and Clearances Required by Program**

 **Department of Counseling and Human Development**

Revised June 28, 2021

**CastleBranch Clearance Management System**

All counseling students must obtain the required clearances and liability insurance as specified in this policy. All documents must then be uploaded to the CastleBranch system. See instructions at the end of this policy for account setup, information about fees, and steps for uploading documents.

**Professional Liability Insurance and Clearances Required by Program**

***Clinical Mental Health Counseling/Counselor Education and Supervisor:***

Professional Liability Insurance ($1 million per claim/$3 million per occurrence coverage)

Federal Fingerprinting Clearance (DHS), within the last 5 years

Protection of Minors Training, less than one year old

Act 34: Pennsylvania Access to Criminal History (PATCH) Clearance, less than one year old

Act 151: Child Abuse Clearance, less than one year old

***School Counseling***

Professional Liability Insurance ($1 million per claim/$3 million per occurrence coverage)

Act 24: Arrest/Conviction Report and Certification Form

Act 34: Pennsylvania Access to Criminal History (PATCH) Clearance, less than one year old

Act 151: Child Abuse Clearance, less than one year old

Act 114: Federal Fingerprinting Clearance (PDE), within the last 5 years

Act 126: Child Abuse Recognition and Reporting Act (Protection of Minors), less than one year old

TB test, less than one year old (school districts may require shorter time periods at practicum or field placement)

**New Student Clearance Requirements**

After admission and between July 1 – August 15\*, all students must obtain all required clearances and upload the documents to the CastleBranch system. Note that the documents must be dated within this timeframe and cannot be documents obtained prior to July 1.

**Policy for Obtaining Liability Insurance**

All students must obtain professional liability insurance and submit the proof of the insurance policy.

**Procedure for Obtaining Liability Insurance**

Liability insurance may be purchased through any appropriate insurance carrier. **Liability insurance limits of 1 million: 3 million are required by the university.** Two options often used by counseling students include:

1. HPSO Professional Liability Insurance

1-800-982-9491

<http://www.hpso.com>

Approximately $37.00 per year for students

1. You may also join the American Counseling Association at [www.counseling.org](http://www.counseling.org). Student members receive professional liability insurance through HPSO as part of their membership.

**Policy for Updating Liability Insurance and Clearances**

Students are responsible for keeping liability insurance and all clearances updated for the duration of the degree program. Renewals also need to be dated between July 1 to August 15. Students are also responsible for uploading all updated documents into CastleBranch before they expire. Failure to provide updated liability insurance and clearances would prevent a student from enrolling or continuing in classes.

Students engaging in practicum and field experiences must follow the clearance deadlines that are communicated by the clinical coordinator. As part of the approval process, students entering these clinical experiences may need to renew clearances early. For students enrolled in either practicum or field experience classes, all clearances MUST be valid and **not** expire during the semester. Non-compliance with this departmental policy may result in disenrollment from the clinical class(es), referral to the student development committee, or other actions.

Doctoral students who are ONLY completing dissertation (no courses) are not required to update clearances.

**Clearance Findings**

If a student has a finding on any clearance(s), the student should contact the Clinical Support Services Contact in the Dean’s Office in the College of Education and Communications. Prior to any practicum or field experience, this IUP representative is required to contact potential sites to disclose and discuss any findings.

Clinical Support Services

College of Education and Communications

Stouffer Hall, Room 104

1175 Maple Street

Indiana, PA 15705-1058

Phone: 724-357-2485

**Procedures for Obtaining Clearances**

1. PA Criminal Record Check – This is included in the CastleBranch fee and they will obtain.
2. PA Child Abuse History Clearance – May be done online at <https://www.compass.state.pa.us/CWIS>. This clearance is free for students.
3. Federal Criminal History Record – Your application can be made online at [www.identogo.com](http://www.identogo.com).

MorphoTrust Service Code:  1KG6RT (School Students)

1KG6ZJ (CMHC and CES Students)

* 1. Click on Get Fingerprinted
	2. Select State
	3. Click Digital Fingerprinting
	4. Click on FBI History Check
	5. Schedule an appointment
	6. Complete Information
1. Protection of Minor and Act 126 – complete training via [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) and submit certificate of completion.
2. \*Arrest/Conviction Form and Certification – This is required under Act 24 of 2011. This form is available on the Pennsylvania Department of Education website. <http://www.education.pa.gov/documents/teachers-administrators/background%20Checks/arrest%20or%20conviction%20form.pdf>
3. \*TB test for students in the school counseling program, it is a requirement of the Pennsylvania Department of Education to have proof of a negative tuberculosis test prior to any placement in a school district. There are two options for getting this testing:
	1. You may go to any general practitioner of your choice, either electing to self-pay or utilize your private health insurance benefits.
	2. If you are unable to pay for the testing, testing is available at no charge from the Allegheny County Health Department.

**\*School counseling students only or if required by the site**

**All clearances and insurance documents must be uploaded in CastleBranch by August 15 of each year.**

How to Place Order Place Order for CastleBranch:

* Select Program Select package
* To place your order go to: To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:
	+ View order results
	+ Manage requirements
	+ Complete tasks
	+ Upload documents
	+ Place additional orders

Please have ready personal identifying information needed for security purposes. The email address you provide will become your username.

* Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

## Appendix K: Request to Extend Field Experience

Indiana University of Pennsylvania – Department of Counseling and Human Development

**Field Experience Student:**

I,        , am requesting to extend my field experience from        to
 (Student name) (Date)
       for the purpose of client continuity of care or due to other extenuating circumstances. I understand that
 (Date)
my course grade is based on my performance and will be evaluated by my faculty supervisor in consultation with my

faculty supervisor designee (if applicable) and site supervisor.

 Field Experience Student Signature Date

**Site Supervisor:**

 I,       , approve the field experience extensions for client continuity of care or
 (Site Supervisor)
other extenuating circumstances and agree to provide one hour a week of supervision during this time.

 Site Supervisor Signature Date

**Assigned Faculty Supervisor:**

 I,       , approve the Field Experience extension for client continuity of care or
 (Assigned Faculty Supervisor)
other extenuating circumstances. I agree to issue an “L” grade since the student’s work is expected to extend beyond the

given semester. I also agree to change the “L” grade to a course grade. I have arranged for
 (Faculty Supervisor Designee)
to be the faculty supervisor designee during this time. This person will be the faculty contact available during this time if

crisis or other issues arise. He/she can be reached at:        or       .
 (Phone Number) (Email)

 Assigned Faculty Supervisor Signature Date

**Faculty Supervisor Designee (if applicable):**

 I,       , agree to be available for crisis or other critical issues that arise and will
 (Faculty Supervisor Designee)
consult with the faculty supervisor for grade conversion.

 Faculty Supervisor Designee Signature Date

 Assigned faculty supervisor must make copies of this completed form and must distribute a copy to the Field Experience Student, Site Supervisor, Assigned Faculty Supervisor, Faculty Supervisor Designee (if applicable), and the Doctoral Field Experience Coordinator.

**Indiana University of Pennsylvania**

## Appendix L: Critical Incident Response:

### Sequence Documentation Policy

**Directions:** Critical incidents may arise at practicum and field experience sites. A criticalincident is a situation that causes or has the potential to cause harm to an individual or group within the practicum or field experience setting. The critical incident requires an immediate response to assess and/or address the potential consequences of the incident. Some examples of critical incidents include but are not limited to: alarming behavior including student/client suicidal or homicidal indications; death of a student/client; injuries/accidents requiring medical attention; injury to student/client, IUP counseling student, or team member when on site; or any other crisis issues that occur in the practicum/field experience site. When critical incidents arise that directly involve the IUP counseling student, the policy below must be followed. TheCritical Incident Response: Sequence Documentation Form must be completed within 48 hours of the incident, unless otherwise required by the faculty/site supervisors involved. An IUP student who does not comply with this policy will result in referral to the Student Issues Committee.

**If a critical incident occurs at a practicum or field experience site that directly involves the IUP counseling student, the following steps must be taken.**

**Step 1: In consultation with the IUP Faculty Supervisor, the IUP counseling student must follow the school**

 **or agency policies to deal with the critical incident. The assumption is that the school/agency and**

 **site supervisor are practicing in accordance with ethical standards and legal practices.**

**Step 2: The IUP counseling student must immediately report the critical incident to both the:**

**1) Site Supervisor in person or by phone and send follow-up e-mail documenting the conversation**

 **AND**

**2) Faculty Supervisor in person or by phone and send follow-up e-mail documenting the**

 **conversation.**

**Step 3: The IUP Faculty Supervisor must call the Site Supervisor to discuss the critical incident.**

**Step 4: The IUP counseling student and IUP Faculty Supervisor must each document the sequence of**

**events related to the critical incident response using the form on the next page. The IUP Faculty**

**Supervisor must place the completed forms in the student’s practicum or field experience file.**

**Step 5: The IUP Faculty Supervisor must notify the Department of Counseling and Human Development Clinical**   **Coordinator about the critical incident and provide copies of the completed critical**

 **incident documentation forms.**

**Step 6: The IUP Department of Counseling and Human Development Clinical Coordinator will notify the**

 **Department of Counseling and Human Development Chairperson (if necessary) and College Dean (if**  **necessary) about the critical incident.**

**Policy Approved 10/31/2012**

**Indiana University of Pennsylvania**

### Critical Incident Response: Sequence Documentation Form

**Person Completing Report:**

**Practicum/Field Experience Site:**

**IUP Faculty Supervisor** **Site Supervisor**

**IUP Course Number and Name:**

**Date of Incident:** **Time of Incident:**

**Brief Description of Critical Incident:**

**Provide a Timeline of the Sequence of Events and Action Taken at Each Event**

**(including dates, times, and when notifications were made):**

**Signature of Person Completing Form:** **Date:**

# Reserving a Room for VALT Recording Sessions Using 25Live: Indiana

\*\*Please place request 48 hours before reservation to ensure it gets approved\*\*

\*\* Schedule no more than 2 weeks in advance \*\*

* Please confirm the desired date and time with your client before scheduling.
* Scheduling, editing, and cancelling events are all subject to approval.

\*\*A real, live person is responsible for approving and modifying events, so please plan ahead and be considerate of others using the system.

**To Sign In to 25LIVE:**

Go to IUP’s 25Live website: <https://25live.collegenet.com/pro/iup#!/home/dash>

* Click on “Sign In” in the top right corner of the page.
* Sign in using your IUP credentials.
* If you are signed in, your name will appear on the top right.

You should now be on the “dashboard.”

\*Return to dashboard at any time by clicking “25Live Pro” in the red bar across top of page.\*

* From the dashboard, on the left under “Quick Search”, find the box that says “Search Locations.”
* Type “Stouffer” into the Search Locations box.
* Click on the star to the left of the five rooms available for recording: STOUF 207, STOUF 208, STOUF 215, STOUF 216, and STOUF 217.
* This will allow you to easily view the rooms available for VALT recording.
* Near the top of the page it says, “Select Object” and there are two drop-down search boxes. One should say “Locations” and one says “Saved Searches (optional).”
* Click on the drop-down “Saved Searches” box and select “Your Starred Locations.”
* This will allow you to view the schedule for only the five rooms available for VALT recording.
* Above the list of rooms on the left, click “Availability Weekly” to view open times.
* Click the box above the calendar that says “Include Requested” so that you do not request a time that someone else has already requested.

**Submitting an Event Request Form:**

\*\*Again, be sure to click the box above the calendar that says “Include Requested” so that you do not request a time that someone else has already requested.\*\*

* Once you have found an available date, time, and room, you can click and drag the time you would like to reserve. That will bring up the Event Form.

**OR**

* Once you have found an available date, time, and room, you can click the “Event Form” button in the red bar at the top of the page.
* Fill out all the required information (marked with “required”).
* Please be sure to use the following information when filling out the boxes for “Event Name”, “Description of Event”, and “Primary Department or Organization.”

Event Name: Class (including section), the word “Recording”, and your first and last initials

Ex. COUN 617-001 Recording, M.G.

Description of Event: Academic Event

Primary Department or Organization: COUN

* Be sure to enter the proper date, time, and room number if starting from a blank form.
* You can search your starred rooms in the locations box within the Event Form.
* At the bottom right-hand corner of the page, preview your request and double-check that all the information is correct.
* Click “Save” to submit.
* You will receive an email at your IUP address indicating your request was received.
* You will receive 3 total emails as your request is received (modified), then approved.

**Please Note:** None of the emails will specifically say the event is approved, but when you click on the event details link, it will show up as confirmed.

**Editing:**

* Go to your Event Form (the easiest way is using the email link you were sent when you requested the event; there is a link in all 3 emails).
* On the right side, near the top of the page, click the link that says “Edit Event.”
* Edit any details needed and click “Save” at the bottom of the page.

**Please Note:** Edits made to your event must still be approved before they are confirmed.

**Canceling:**

* The system will not allow users to delete or cancel events.
* If you know you need to cancel your request, please send an email to cbarber@iup.edu and expect responses to come only during regular business hours.

# Reserving a Room for VALT Recording Sessions Using 25Live: Pittsburgh East

\*\*Please place request 48 hours before reservation to ensure it gets approved\*\*

\*\* Schedule no more than 2 weeks in advance \*\*

* Please confirm the desired date and time with your client before scheduling.
* Scheduling, editing, and cancelling events are all subject to approval.

\*\*A real, live person is responsible for approving and modifying events, so please plan ahead and be considerate of others using the system.

**To Sign In to 25LIVE:**

Go to IUP’s 25Live website: <https://25live.collegenet.com/pro/iup#!/home/dash>

* Click on “Sign In” in the top right corner of the page.
* Sign in using your IUP credentials.
* If you are signed in, your name will appear on the top right.

You should now be on the “dashboard.”

\*Return to dashboard at any time by clicking “25Live Pro” in the red bar across top of page.\*

* From the dashboard, on the left under “Quick Search”, find the box that says “Search Locations.”
* Type either “Pittsburgh” or “Monroeville” into the Search Locations box.
* Click on the star to the left of the three rooms available for recording: MONRV 902, MONRV 908, and MONRV 910.
* This will allow you to easily view the rooms available for VALT recording.
* Near the top of the page it says, “Select Object” and there are two drop-down search boxes. One should say “Locations” and one says “Saved Searches (optional).”
* Click on the drop-down “Saved Searches” box and select “Your Starred Locations.”
* This will allow you to view the schedule for only the three rooms available for VALT recording.
* Above the list of rooms on the left, click “Availability Weekly” to view open times.
* Click the box above the calendar that says “Include Requested” so that you do not request a time that someone else has already requested.

**Submitting an Event Request Form:**

\*\*Again, be sure to click the box above the calendar that says “Include Requested” so that you do not request a time that someone else has already requested.\*\*

* Once you have found an available date, time, and room, you can click and drag the time you would like to reserve. That will bring up the Event Form.

**OR**

* Once you have found an available date, time, and room you can click the “Event Form” button in the red bar at the top of the page.
* Fill out all the required information (marked with “required”).
* Please be sure to use the following information when filling out the boxes for “Event Name”, “Description of Event”, and “Primary Department or Organization.”

Event Name: Class (including section), the word “Recording”, and your first and last initials

Ex. COUN 617-501 Recording, M.G.

Description of Event: Academic Event

Primary Department or Organization: COUN

* Be sure to enter the proper date, time, and room number if starting from a blank form.
* You can search your starred rooms in the locations box within the Event Form.
* At the bottom right-hand corner of the page, preview your request and double-check that all the information is correct.
* Click “Save” to submit.
* You will receive an email at your IUP address indicating your request was received.
* You will receive 3 total emails as your request is received (modified), then approved.

**Please Note:** None of the emails will specifically say the event is approved, but when you click on the event details link, it will show up as confirmed.

**Editing:**

* Go to your Event Form (the easiest way is using the email link you were sent when you requested the event; there is a link in all 3 emails).
* On the right side, near the top of the page, click the link that says “Edit Event.”
* Edit any details needed and click “Save” at the bottom of the page.

**Please Note:** Edits made to your event must still be approved before they are confirmed.

**Canceling**

* The system will not allow users to delete or cancel events.
* If you know you need to cancel your request, please send an email to rmuth@iup.edu and expect responses to come only during regular business hours.

# VALT Student User Guide

The following guide was designed to help students navigate the VALT system and website. This document will cover the primary sections of VALT including: how to log-in, how to record, how to review and edit clips, how to upload footage taken outside of VALT, and how to access resources to troubleshoot.

**LOG-IN**

* Before logging in:
	+ Make sure you are either **connected to the IUP Wi-Fi network or the IUP VPN.** For instructions on how to access the IUP VPN, please refer [**here**](https://www.iup.edu/itsupportcenter/get-support/iup-network/virtual-private-network-vpn.html)**.**
	+ From there, please make sure you are using google chrome for your browser.
	+ Next, enter the appropriate link according to your campus:
		- Indiana: [valtstf.coe.iup.edu](http://valtstf.coe.iup.edu)
		- Pittsburgh East: [valtpe.coe.iup.edu](http://valtpe.coe.iup.edu)
	+ Once you have accessed the appropriate website for your campus, under the general log-in, click “Log-in with SSO”.
	+ This will take you to the IUP log-in page, where you should enter your credentials.
	+ Upon entering your IUP login, you should now have access to the VALT website.

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**TO GAIN ACCESS TO COUNSELING ROOMS:**

* Your instructor will share with you how to gain access to the counseling rooms so that you can record sessions

**OBSERVE**

**\* \* RECORDINGS CAN BE STARTED FROM A COMPUTER OR CELL PHONE DEVICE\*\***

* Via the main menu on the left, clicking the observe tab will first present you with a list of camera feeds based on each counseling room at your particular campus. For those conducting sessions in person and on campus, the observe tab is how you will record your sessions.
* First, you must select the room that you will be using for your session.
* Once your room is chosen, the VALT website will bring up live feed from this room.
* From here, you will see a menu of options running above the feed that includes record, prepare, lock, and create sharing link.
* To record, you will press the record button which is highlighted red. Before the system even begins to let you record, you must enter the necessary information when prompted. This will include:
	+ Counseling student name (your name)
	+ Course number and section
	+ Faculty Supervisor
	+ Client initials
	+ Session number
	+ Any general notes, if applicable
* Also under the information page, you will see the “sharing” tab
	+ Your instructor will inform you on whether you will use this tool
	+ Through the sharing tab, you can share recordings with your professor, supervisor, or other students.
* It is not necessary to engage with the evaluation, author, or retention tabs unless asked to do so by your instructor.
	+ For retention, the default setting will keep all videos and clips “forever”. At the end of the semester, students must go into the system to manually delete all videos or clips, or set a specific date for them to be deleted in the retention section.
* At this point, you can click “start recording”.
* Once you start recording, the video feed should be highlighted in red.
* If you need to briefly pause at any point, you may hit the pause button located in the menu running above the video feed. Upon being ready to resume, you may click “resume recording” to continue your recording.
	+ (Your instructor will inform you of whether this is allowed or not)
* Upon the completion of your session, you will hit “stop” from the menu running above the video feed. To ensure your click was intentional, the system will ask you again if you want to stop your recording. Click “stop” again to officially end the recording.
* Your recording will now be available under the review tab of the main menu for viewing, editing, etc.

**REVIEW**

This will show you all the recordings you have permission to view.

You can click on a recording and review the whole thing, add **markers** to it, or create **clips** out of parts of the recording.

**Making a Clip**

Making a new clip will create a separate file of a clip from a recording. The original recording remains intact.

**TO USE:**

* From the Review page, click on the recording. (It should start playing on a new page)
* Click on the “Tools” button located at the top of the video box (It has a scissor icon next to it)
* Drag the two yellow triangles to select the beginning and end of your clip
* Click the “create clip” button on the left side of the recording.
* Clip will automatically be saved as your original recording name with (clip) at the end.

**To rename the clip:**

* Go back to REVIEW page
* Click on the clip recording
* Click the “Information” button at the top of the video box
* Enter the new name on the left in the box that says “Counseling student name”
* Click the save button

**Adding a Marker to a Recording**

Adding a new marker will put a color mark at a certain time at the bottom of the video and will also put written details about your mark on the top left part of the screen on your video.

**TO USE:**

* Click on the recording. (It should start playing on a new page)
* **Pause the recording where you would like to place a marker.**
* Click on the “Marker” button near the top left of the video box
* On the left side of the page new options pop up. Click “Add New Marker”.
* To the right of “marker template” you can change the color of the mark (default is red)
* You MUST call the marker something in the “Marker Name” box
* You may use the optional drop-down menus to highlight basic skills, Individual and group skills or leave them blank according to faculty instructions
* Click “save marker” at the bottom of the options
* Press play on the video to see the marker
* There will now be a drop-down menu at the top left of the video box that you can use to bring up any of the marker points you have added to the recording.
	+ Once clicked, the video will jump to that point automatically.

**The marker will stay on the screen for 12 seconds unless you put a new marker in the recording within 12 seconds from the last marker.**

**\*\*\*\*IMPORTANT: MARKERS FROM ORIGINAL RECORDING DO NOT EXIST IN NEW CLIPS\*\*\*\*\***

**\*\*\*\*MAKE CLIP FIRST, THEN ADD MARKERS\*\*\*\*\*\*\***

**Deleting/Editing a Marker on a Recording**

* From the Review page, click on the recording
* Click the “markers” button at the top of the video box
* Click the “select marker” drop-down menu and select the marker you would like to edit or delete.
* To edit, simply change the name or skill information in any of the boxes and click “save marker” button.
* To delete, click the delete button at the bottom left. A pop up will ask you if you are sure before deleting the marker. You may then delete or cancel.

**UPLOAD**

* For those conducting sessions remotely, via zoom, etc., the upload tab via the main menu on the left will allow you to upload your session videos to the VALT system.
* First, click the upload tab via the main menu on the left.
* Next, enter the necessary information when prompted. This will include:
	+ Counseling student name (your name)
	+ Course number and section
	+ Faculty Supervisor
	+ Client initials
	+ Session number
	+ Any general notes, if applicable
* If asked by your instructor, this menu will also allow you to select those within the VALT system whom you wish to share your video with. This will most likely include your instructor, and any additional supervisors.
	+ To do this, start by clicking the “sharing” tab.
	+ Next, find the appropriate parties by typing their name in the search bar. Check the box next to their name(s) to share the recording that follows.
* It is not necessary to engage with the evaluation, author, or retention tabs unless asked to do so by your instructor.
	+ For retention, the default setting will keep all videos and clips “forever”. At the end of the semester, students must go into the system to manually delete all videos or clips, or set a specific date for them to be deleted in the retention section.
* Finally, under the last tab of the menu - “file” - you will be able to upload your video.
	+ Click file
	+ Click choose file
	+ Select your file
	+ Click “save”.
* Your upload will now be available under the review tab of the main menu for viewing, editing, etc.

**HELP**

In the top right corner, you will see your name, the date, and the time. There is a small arrow to the right of this that gives you options for settings, help and to logout. Click **HELP** on the drop-down menu to access tutorials and manuals.

For your convenience, some direct quick links are provided below:

* [VALT wiki](https://ipivs.info/wiki/index.php/Home)
* [Training videos](https://ipivs.info/wiki/index.php/VALT_Training_Videos)
* [IVS Help](https://ivs.help/)

**If you need further help beyond what is provided by VALT, contact your instructor.**