Department of Counselor Education

Site Supervisors’

PRACTICUM HANDBOOK

Master of Counselling Program

Kelowna

Revised: January 2015
Practicum Handbook
(For Student and Supervisor)

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Introduction (and notes for supervisors)

Thank you for volunteering to supervise a practicum student from Gonzaga University’s Department of Counselor Education. Grounded in the Jesuit tradition, we strive to model and instill in our students those dispositions appropriate to the counseling profession.

The Master of Counselling program is designed to educate and train Canadian residents who might not otherwise have such opportunities. The Program requires 43 semester credits implemented over a two-year period and is designed to prepare students for either school or agency counseling.

Students complete a three-part series of clinical training including 350 hours of placement in the field, at least 250 of which are spent in providing direct services to clients. The following information and attached forms are intended to assist you in the process of guiding our students through their practicum placements with your agency or school. Should you have any questions or concerns regarding these or any other issue related to our students, please let us know at (800) 533-2554, Extension 6290. We will work diligently to provide the information you seek.

Contractual Arrangements

A critical component between two parties working together is the agreement made between these parties as to how they will interact. An agreement form is included in the Forms section of this document which details responsibilities associated with each person in this triadic arrangement—student, site supervisor, and Program. In addition, many agencies require a written contract between themselves and the University. Also in the Forms section, you will find a sample contract protocol which can be modified to meet the needs of your agency. Please note that these two forms must be completed and submitted prior to Practicum placement.

Practicum Placements, Hours, and Types of Practicum Activities

The Practicum experience is designed to allow students to apply and synthesize knowledge and skills they have learned from course work and to acquire working knowledge of record keeping, available resources, and office protocol. Initially, students regularly observe and receive feedback from the field supervisor. In most cases, students will carry an active caseload of clients by the beginning of the Spring semester.

The Practicum is designed to refine counselling and interviewing skills, and to develop and practice new skills while in a closely supervised environment. This includes individual, family and group counselling skills for agency placements as well as classroom guidance lessons and communications with parents, faculty, and administration for school placements. Through individual and group supervision, the student can expand his or her
repertoire of counselling techniques and interpersonal relationship skills. In the practicum, students will be expected to demonstrate a commitment to implementing and expanding the following skills:

- Establishing and maintaining a helpful and supportive counselling/therapeutic relationship.
- Development and application of appropriate individual, family and group counselling techniques.
- Maintaining client records, scheduling client appointments, learning about and using community resources when appropriate.
- Working effectively, observing, and occasionally co-leading with supervisors and colleagues.
- Analysis and presentation of counselling sessions and case studies.
- Continued development of professional behavior.
- Enthusiasm for and commitment to the counselling profession.
- A continued willingness to learn.
- Continued development of personal traits, which are conducive to effective counselling, learning and professional development.

**Note.** The Canadian Counselling and Psychotherapy Association (CCPA) has established specific minimum hourly requirements for each practicum placement experience. These requirements will be met according to Association standards. The CCPA specifies that the graduate student in counselling must document a minimum of 250 hours of direct client contact. Furthermore, the Association defines “direct client contact” as …

- Individual counselling/therapy
- Couples or family counselling/therapy
- Group counselling/facilitation (or co-facilitation)
- Facilitation or co-facilitation of psycho-educational activities
- Counselling over the telephone
- “Other activities” to be specified by the applicant (e.g., mediation sessions, PTSD debriefings, etc.)

**Hours and Types of Supervision**

It is required that all pre-practicum and practicum students have at least one hour of supervision per week with their on-site supervisors. The supervisory sessions may be completed in hour segments or they may be broken into smaller sections as deemed appropriate by the site supervisor. Supervision may be individual or in small groups (3 to 1 ratio of students to supervisor). Supervision may consist of review of client load, case conceptualization, discussions regarding the student’s counseling or counseling issues, or any other activity directly delivered by the site supervisor that improves the student’s capacity to effectively provide counseling services. Students must complete a log of all supervisory sessions. This log should be regularly reviewed and signed by the site supervisor.
**Prevention of Conflict of Interest**

No student is allowed to be supervised by any person in their practicum placement who holds any other evaluative role beyond the role of clinical supervisor for the practicum placement. It is *encouraged* that students identify practicum placements outside of their regular work setting should the above not be possible at their work sites. Students are informed of this requirement at the onset of the program. Students are reminded of this requirement during a thorough orientation to the practicum placement process. Students are required to provide curriculum vitae (CV) and licensure/certification information regarding their prospective site supervisors to confirm their qualifications and to further assess the suitability of the supervisor for the particular student. Even in very small townships where students have some relationship with nearly every other townsperson, no student will be allowed to have a site supervisor who holds any other role that might result in a conflict of interest or otherwise make an objective evaluation of the student impossible. The local practicum placement coordinator (regional practicum liaison) will be available to dialogue with each site supervisor to further ensure that compliance with this requirement is met.

**Case Conceptualization**

Students will be required to complete case conceptualizations on clients they are currently treating throughout their practicum placements. These case conceptualizations will not include client name or other data that could identify the client. An outline for completing case conceptualizations is included in the Forms section. Should the site supervisor have other materials that would be beneficial for the student to add to the case conceptualizations, this would be welcomed. The case conceptualizations will accompany video recordings that the student presents to his/her small group for review, critique, and to elicit growth-oriented feedback. The student is responsible for collecting all case conceptualizations following the presentation and completely destroying all related materials.

**Video-Recording**

The professional literature regularly presents studies conducted with the intent of determining best practice for teaching and training students in counsellor education in order to become effective practitioners. Consistently, one of the best models for teaching/training effective counsellors has been the use of video-recording of students during actual practice and providing a subsequent critique of their successes and areas in need of improvement. Students also learn remarkably well from each other. Hence, Gonzaga’s Counselor Education programs require video-recording.

Every semester we have students who are fairly anxious about this requirement. Some are worried about their competence; some are worried about giving and receiving constructive feedback; and, some are just anxious about the new experience. In any case,
some students really have a difficult time getting this assignment started. The most common excuse is that there are no clients suitable for videotaping or that the agency or site supervisor does not value videotaping. Given that you are a site supervisor who highly regards the process of training new counsellors, we know that you will find videotaping invaluable. You may even require that your practicum students videotape their work with clients for your review, alone. Just as you have found it to be so, if a client is asked in a very positive way to help the student by participating in video-taping that will be used for the student’s growth as a counsellor, most clients are more than happy to be helpful. We hope that you will help structure this experience in a positive manner for your practicum student to help assure a successful training experience.

Students will be required to complete at least four (2) video-recordings of their work with clients (on their practicum site) during their Spring semester practicum to be presented along with a thorough but unidentifiable case conceptualization to their small supervision group. Students are required to destroy all video-recordings once their presentations are complete. The Permission to Video-Record request is available in the Forms section.

Release of Information and Confidentiality

In compliance with APA, ACA, CCPA ethics and state and provincial laws regarding confidentiality, students must obtain informed consent from their clients or their clients’ legal guardians prior to videotaping or presenting their case conceptualizations to their small class. If your agency has a preferred form for eliciting the appropriate release of information, students are encouraged to use that form. If not, please find a Permission to Video-Record form in the Forms section of this manual to be used by students in securing a release of information for video-tape/case conceptualization presentations to the students’ small groups. A completed, signed form must accompany all case presentations.

Communication with Students, Regional Practicum Liaison, and Counselor Education Department Faculty

Gonzaga’s Counselor Education Department highly values each site supervisor. We believe it is a tremendous gift you provide to our students when you agree to place them with your agency or school and provide for them on-going supervision and training experiences. We want to be certain that we are providing the education, training, and on-going support necessary to make your job as site supervisor as smooth as possible. To that end we strongly encourage that we communicate (by phone and/or by email) and get oriented to each other early in the student’s placement and that we remain connected throughout the Practicum experience.

Our Regional Practicum Liaison is your official primary Gonzaga University contact. The Liaison for the current year of Pre-practicum/Practicum for the MOC cohort at your location is to be announced. Should you require additional technical assistance regarding the
Practicum, please contact Dr. Michelle Ghoston, the MOC Program Director at (toll free) 800-533-2554, Option 1.

As the home campus of Gonzaga University and the Practicum professors/advisors are located in Spokane while our students and their respective site supervisors are in various locations in Canada, there are inherent issues regarding the desirability of an occasionally desirable 3-way dialogue. To most adequately address this issue, should such a situation arise, the student will be responsible to arrange a conference call between the student, site supervisor, and the practicum liaison or the on-campus professor. Such a meeting, if necessary, would be initiated to clarify and resolve any issues or concerns. On-going communication from that point forward would be conducted as needed.

**Assessing Fit of Student to Agency**

Almost all of the students who begin their practicum experience with an agency will complete that practicum at that site. Most students report having had a remarkable experience at their chosen site and highly value the totality of the experience, including the population they serve, the supervision received, and the general knowledge about the profession they gain over the course of their stay at the agency. On rare occasion, a student may not be a good “fit” to the agency. This may occur for a variety of reasons (e.g., a poor fit to the population being served, a negative match to the agency or site supervisor, a discovered dislike for the tasks involved in counselling).

Should a student have minor difficulties with a placement, every effort is made to work with all parties to assure a resolution of issues so as to make the placement the excellent experience it is intended to be. Should issues remain unresolved, the Counselor Education Department will work with the site supervisor to determine if a new placement is required or if the student is not a good match to the profession. In any case, every effort is made to assist the student to either find a good “fit” to a new placement, to find another role within the profession, or to find a better fit with another profession. It is critical to the program that the site supervisor makes contact with the campus professor as soon as there is an indication that the student and agency are not a good match. This assures early intervention needed to correct the problem or time to make necessary adjustments for the student. Input from the supervisor may be critical to the determination of “best” fit of the student to the profession throughout the program.

**Evaluation of Student**

One of the important tasks of the site supervisor is to evaluate the practicum student regarding his/her skills, abilities, and performance at the agency. We have prepared an evaluation form that provides the information we need to help assess each student. The evaluation plays a part in the grade the student earns for the pre-practicum and practicum. There are two separate tools for evaluating students, one for the pre-practicum and the other for the practicum. Each of these evaluation tools can be found in the Forms section.
We ask our students to **begin each semester** by reviewing the evaluation tool with their site supervisor and setting goals in accordance with the requirements of the course, the evaluation, and the needs of the agency. We are hopeful that students will meet to discuss their progress throughout the semester. By the time the semester closes and the site supervisor is completing the semester evaluation, the student should be well aware of his/her progress and challenges to date. A completed and signed copy of the evaluation should be provided to the student who will include this evaluation in his/her portfolio. Ultimately, it is the student’s responsibility to assure that the evaluation is completed and provided to the campus professor in a timely manner. A second measure through which helpful information can be obtained and through which the therapeutic relationship can be enhanced is the Counseling Outcome Survey found in the Forms section.

**Evaluation of Supervisor/Site**

At the end of the practicum experiences, students are asked to provide an evaluation of the student’s placement site as well as the site supervisor. These evaluations are placed in a binder for review by incoming students who are looking for their beginning placements. Historically, students have found a review of this information extremely useful in directing their search for a site that offers the kind of experience, population, and other circumstances suited to the student’s professional goals. A copy of the Supervisor/Site Evaluation is available in the Forms section of this manual, Appendix C.

**Benefits of Supervising a Gonzaga Student**

There is no communicable way to let you know just how valuable you are as a site supervisor in the education and training of our future counselors. Without you, their training and education would be markedly incomplete. We want to clearly express to you our gratitude for your time, your energy, and your expertise as you partner with us in this important process.

As a token of our appreciation for your services as a clinical supervisor, we will send an honorarium to you at the conclusion of the practicum experiences. Though we wish we could do so with minimal/no effort from you, the United States Government insists that we complete certain paperwork in order to track expenditures. There are two forms to be completed before honoraria can be issued. Your practicum student(s) will bring these forms to you at the beginning of the academic year. Please complete the forms according to the very specific directions included. Incomplete or inaccurately completed forms cannot be processed through to payment. Information and/or clarification on this process is available through our Counselor Education Department Clinical Placement Coordinator, Dr. Tom Trotter at (toll free) 800-533-2554, Option 1 or (direct) 509-313-3840. E-mail at trotter@gonzaga.edu.

We hope another benefit of selecting our students for practicum placement with you is that they can assist your agency in fulfilling its mission by providing progressively more competent counseling services to your clientele. Please let us know how we can assist in
this process. We are deeply grateful for your contribution to the training and education of our students and we hope to make it a satisfying experience for you.

**Mission Statements and Standards**

**Gonzaga University Mission Statement**

Gonzaga University is an exemplary learning community that educates students for lives of leadership and service for the common good. In keeping with its Catholic, Jesuit, and humanistic heritage and identity, Gonzaga models and expects excellence in academic and professional pursuits and intentionally develops the whole person -- intellectually, spiritually, physically, and emotionally.

Through engagement with knowledge, wisdom, and questions informed by classical and contemporary perspectives, Gonzaga cultivates in its students the capacities and dispositions for reflective and critical thought, lifelong learning, spiritual growth, ethical discernment, creativity, and innovation.

The Gonzaga experience fosters a mature commitment to dignity of the human person, social justice, diversity, intercultural competence, global engagement, solidarity with the poor and vulnerable, and care for the planet. Grateful to God, the Gonzaga community carries out this mission with responsible stewardship of our physical, financial, and human resources.

**School of Education Mission Statement**

"Socially responsible professionals who serve with care, competence, and commitment."
The mission of the School of Education is to prepare socially responsive and discerning practitioners to serve their community and profession. The School of Education upholds the tradition of Humanistic, Catholic, and Jesuit Education.

**Counselor Education Mission Statement**

The Counselor Education Department is grounded in a rich tradition and history. Aware of the potential for personal, professional, and global transformation, we create and sustain relationships that facilitate excellence in the development of professionalism, service, and growth. Therefore, with intention, we embrace the strengths of all individuals; we invest in services that promote the greater good; we depend on and contribute to the research and practical foundations of the profession; we develop counselors who enter human services and educational environments with competence, commitment, and care.

**Counselor Education Theme Statement**

*We are practitioners who are intentional in the development of relationships that honor the strengths of all individuals and the promotion of transformational growth*.

**Master of Counselling Site-Based Program Mission Statement**

The Master of Counselling program provides counsellor education for students reflecting ethical and cultural aspects of Canadian life with focus on province-related needs and trends. The program promotes the development of a solid knowledge base and strong clinical skills, while fostering personal growth and transformation. Students are prepared to be ethical, competent, service-oriented counsellor practitioners.

**Overarching Beliefs and Values**

**Counselor-Client Communications**

Counselors must be able to demonstrate paraphrasing, reflection of feelings, clarification, silence, attending, minimal verbal response, and identification of affect. The counselor must recognize the congruence of the client's communication as demonstrated by verbal, nonverbal, and extra-verbal cues.
Recognition of Impact

Counselors must be aware of how their actions may affect the client. This not only includes communication, but also confidentiality and professional standards. The counselor must take professional responsibility for providing the best possible counseling environment to assist a client's progress.

Personal Growth

Counselors should take responsibility for their own personal growth and must be able to deal with personal issues in healthy ways.

Conflict Resolution

Counselors should be able to use productive methods for resolving conflicts with and between others.

Approach

Client issues may be accessed cognitively, effectively, spiritually, and/or behaviorally. Counselors should be aware of traditional and innovative counseling methods.

Cultural Differences

Counselors should be sensitive to the needs of multi-cultural populations in providing counseling intervention.

Consultation and Referral

Counselors must be able to identify their areas of expertise and know when and how to consult and refer clients to specialized resources.

Counselor Education Dispositions

The Student Demonstrates Deep Concern for All Others

Altruistic Service—Providing care or resource for the purpose of bettering the life/situation of others

Empathy—Having an understanding of the circumstance and related feelings of others

Respect—a demonstration of the basic value for a person’s humanness

Kindness—demonstrating niceness and generosity toward others
The Student Strives to Attain Cultural Competence

Servant Leadership—humble stewardship of human, financial, and physical resources directed at promoting the greatest success for all individuals, groups, and organizations.

Culturally Knowledgeable—ideas and insights regarding diverse cultures that are based on exposure to varied environments yet which remains flexible so as to accommodate individual difference.

Expanding Awareness—ever-increasing cultural knowledge and of self within diverse cultures.

Affirming Diversity—perceiving diversity as a valuable resource and aspiring to become a multicultural person.

Advocacy—presenting for another who cannot represent self adequately enough to ensure basic rights/needs.

Commitment—persevering through the difficulties that arise for a cause that is valued.

The Student Demonstrates Professionalism

Ethical—adhering to an agreed upon moral stance of the profession as denoted by its governing body.

Appropriate boundaries—setting and adhering to restrictions and obligations with the client/students or other’ best interest equally vested as one’s own.

Excellence in work ethic

Thorough—each part of a task is thoughtfully processed and executed.

Complete—the entire project is finished.

Accurate—the most up-to-date “best practice” principles are applied as intended by the task assigned.

Timely—students attend promptly all assigned meetings and submit all work by deadlines set (anticipatory expectation…no procrastination).

Disciplined—students take responsibility to assure that all requirements of courses, programs, placements, etc. are met despite circumstances, stress load, or other opportunities.

Consciously Competent—knowledgably choosing one’s strategies, techniques, skills, and other actions in order to best assure a particular outcome.

Knowledge base—theoretical learning based on scientific professional data and life experience.

Sound skills set—clear awareness of the connection between the counselor’s actions and the client’s response so that the counselor can clearly choose actions that will promote various client response. These actions-response relationships are based on scientific literature and clinical practice.

Intentional implementation of process—a clear understanding of the way in which relationship is built, maintained, and utilized to best support the growth and development of the client (change).

Clear, grammatically correct writing—(additionally according to APA format)
Technology skills—ability to utilize current technology in research, practice, and presentation as related to the counseling profession
Oral presentation skills—ability to produce verbal presentation regarding issues related to the counseling profession so as to assure best practice in educational, counseling, and other professional settings

The Student Demonstrates Self Awareness
Persistence—sticking to a task regardless of the difficulties that may arise in doing so
Social Deftness—the ability to assess a social situation, understand the underlying components and nuances, and respond in a manner conducive to successful engagement with that situation and the people involved
Growing awareness/purposeful impact on others—clear understanding of the connection between what one says, does, or does not say or do and the response to such actions from others
Balanced (physical, emotional, social, spiritual, mental)—orchestrating one’s life so that one’s basic needs in each area are fulfilled so as to assure the overall health of the individual
Genuineness—to live with sincerity in all one’s actions so that affect and behavior match values and thought
Reflective—to intentionally review one’s own actions and interactions in daily living and in counseling practice with the goal of seeking insight that leads to personal and professional growth
Emotional maturity/intelligence—having the energy for and capacity to cope effectively with all of life’s issues as they present and to utilize that energy and capacity wisely—especially in counseling practice
Particular components of emotional strengths include the following:
  Zeal—an excitement regarding life that is presented by bridled energy
  Resilience (strength and readiness for positive change)—the capacity, willingness, and desire to make life experiences serve as foundations for growth rather than victimization
  Tolerance for Ambiguity—self-imposed patience regarding unsettling or undefined circumstances
  Emotional Regulation—an awareness of one’s feeling state accompanied by consciously competent restraint or indulgence regarding choice of action related to the feeling state—also includes the ability to assess the appropriateness of the feeling state to the present circumstances
  Discipline—self-management
  Integrity—truthfulness, honesty, congruence combined with graciousness
The Student Demonstrates a Growth Orientation

Future mindedness—a clear awareness of present conditions, an appreciation for history, and a vision of what could be if one were to harness resources and make wise choices in order to benefit others.

Concreteness—having clarity of ideas and directness of presentation of those ideas in such a way to promote insight and action for self and others.

Personal and Social Transformation—change for the better.

The Professional Performance Evaluation (PPE) is the departmental tool for assessing progress toward accomplishment of the above dispositions. Students complete a PPE six times across the two-year program of study.
FORMS
## COUNSELLOR EDUCATION PROGRAM

**PRACTICUM SITE SUPERVISION AGREEMENT**

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### SECTION 1: Student Information

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<th>3. Address:</th>
<th>4. City/State/Zip:</th>
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<th>5. E-mail:</th>
<th>6. Counselling specialty track (select one):</th>
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<td>School</td>
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<td>Marriage and Family/Clinical Mental Health Counseling</td>
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### SECTION 2: Site Information

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<th>2. Phone:</th>
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<th>3. Address:</th>
<th>4. City/State/Zip:</th>
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| 5. Types of clients served: | |
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### SECTION 3: Supervisor Information

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<th>3. E-mail:</th>
<th>4. Phone:</th>
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### SECTION 4: Licensure/Certification (if applicable and required in this organization)

Select all that apply:

- [ ] Certified/Licensed Counselor
- [ ] Licensed Psychiatrist
- [ ] LSATP
- [ ] CRC
- [ ] Licensed Psychologist
- [ ] NCC
- [ ] CSAC
- [ ] LMFT
- [ ] NCSC
- [ ] CSW
- [ ] LPC
- [ ] PPS (School-ID)
- [ ] Other: ________________________________

1. State where licensure/certification is granted: ________________________________
2. Year attained: ________________________________
3. Highest counselling or related academic degree earned: ________________________________
4. Year attained: ________________________________
5. Conferring university: ________________________________
6. Totals years of experience providing counseling: ________________________________
7. Type(s) of counseling provided: ________________________________
8. Experience providing counselor supervision and any training received in counselor supervision: ________________________________

### SECTION 5: Acknowledgement of Practicum/Internship Recording Requirements

Initials: __________

Students are required to video-record some of their sessions with the client’s permission obtained through a signed consent form. Students are required to submit a minimum of two (2) recordings during practicum for review by their university supervisor.

### SECTION 6: Responsibilities of the Supervisor

THE SUPERVISOR AGREES TO: (Supervisor, please initial specified items to indicate you have read and agree to these responsibilities)

- Ensure student receives an orientation to the agency and has access to site policies and procedures.
- Provide clinical and other learning experiences in accordance with accreditation requirements.
- Provide a minimum or one (1) hour of weekly individual or group supervision.
- Review GU site supervision Guidelines and any other supervisory requirements and responsibilities associated with service as site supervisor.
- Assist the student with the planning of the practicum or internship experience to include minimum hours and types of experiences delineated in the GU Site Supervisor’s Guidelines.
- Meet with student’s University Supervisor and Clinical Placement Coordinator regularly during the semester and maintain contact with these personnel in order to communicate the student’s progress and any concerns.
- Ensure that students have opportunities to record (audio/video) sessions with clients.
- Complete the University's evaluation form concerning the student’s counseling performance.
- Comply with agency agreements as specified in the GU/Agency Agreement.
SECTION 7: Responsibilities of the Practicum/Internship Student

PRATICUM/INTERNSHIP STUDENT AGREES TO:  (Student, please initial specified items to indicate you have read and agree to these responsibilities)

- Provide site supervisor with information on GU program requirements and supervision training opportunities.
- Provide a work schedule.
- MEET WEEKLY WITH SUPERVISORS (site and university).
- Facilitate communication among supervisors and Clinical Placement Coordinator.
- Learn and adhere to the policies and procedures of the site, including procedures for crisis interventions.
- Represent self and the University in a professional manner.
- Follow ethical guidelines of the American Counseling Association, the American School Counselor Association, the American Mental Health Counselor’s Association, and/or the American Association for Marriage and Family Therapy, whichever apply.
- Document sessions weekly to bring to University supervision.
- Provide the University with evaluations of site, site supervisor, and University supervisors at the end of each semester.

SECTION 8: Responsibilities of the Faculty/Clinical Placement Coordinator

FACULTY INSTRUCTOR AND CLINICAL PLACEMENT COORDINATOR AGREE TO:

- Provide a minimum of one and one-half (1 ½) hours of weekly group supervision.
- Meet with Site Supervisor regularly during the semester. Maintain contact with student’s supervisor to express any concerns that may arise.
- Assist with the planning of the practicum and internship experiences.
- Provide educational opportunities for the student.
- Evaluate the student’s performance as a practicum/intern counselor.
- Comply with University agreements as specified in GU/Agency Contract.

SECTION 9: Length of Agreement

1. Beginning date: 
2. Ending date: 
3. Hours per week: 
4. Days of the week: 

SECTION 10: Signatures

This document serves as a contract between the University, site, and the student. Signatures indicate agreement regarding the above requirements and responsibilities.

Site Supervisor: ___________________________ Date: ___________________________ 

Student: ___________________________ Date: ___________________________ 

University Supervisor: ___________________________ Date: ___________________________ 

Clinical Placement Coordinator/Instructor: ___________________________ Date: ___________________________
NOTE: This form is currently being reviewed by the School of Education and University Counsel. The revised form will be distributed when available.

AGENCY CONTRACT

(Sample: You may use as is- or if significant changes are required by your site, please be sure to send the complete revised contract to Gonzaga as soon as possible)

An agreement between Gonzaga University and Agencies Providing Learning Experiences for Counselor Education

This agreement is between Gonzaga University hereinafter referred to as the “University” and ______________________________, ______________, in the Provinces of Alberta and/or British Columbia, Canada, hereinafter referred to as the “Agency.”

For over 35 years Gonzaga University has offered counselor education programs to assist in the preparation of counselors to serve in the Spokane and surrounding communities as well as to promote the counseling service throughout the country and world, specifically in the Canadian Provinces of Alberta and British Columbia. The University collaborates with various community facilities in order to provide diverse counseling experiences and sound training for their students in the practice of counseling. The Agency has the essential facilities and services needed to provide for excellence in counselor training. Therefore, the University and the Agency mutually agree as follows:

1. The University agrees to:

   A. Designate the Agency as instructional units for those students of the University whom the Agency and University deem appropriate;

   B. Assume responsibility for the instruction of students of the University taking counseling courses prior to and concurrently with the practicum and internship placements of the students with the Agency;

   C. Provide clear guidelines regarding the standards of the accrediting body of the program;

   D. Provide a schedule of practicum and internship hours and activities prior to each student (1-3 per rotation) assigned to the Agency beginning in January of each year and ending in May of the following year;

   E. Assume responsibility for the administration of the University programs conducted at the Agency including but not limited to the generality of the foregoing:

      (1) The providing of curricula of studies for the University
(2) Conferring with the Agency in the designation of members of the staff of the University who will be engaged in collaborative planning for the learning experiences of students in the University programs at the Agency

(3) The providing of mutually agreeable schedules and plans to the Agency, setting out the dates for on-site instruction in accordance with the University curricula and the students and faculty who will visit the Agency

(4) The providing of reasonable notice of any proposed changes to the schedules and plans referred to in part (3) above, which must be consented to by the Agency, such consent not being unreasonably withheld.

F. Appoint qualified faculty for student instruction and on-site supervision which will occur a minimum of 1-4 times per semester;

G. Assign only those students to the Agency who have been admitted to the University and the Department of Counselor Education and who have demonstrated academic and interpersonal competence;

H. Assign only those students who have completed a character and fitness assessment and who have passed the WSP check and fingerprinting processes and will notify the Agency regarding any student with a criminal history;

I. Provide the Agency with dates for instruction and forecasted number of students for clinical placement (1-3 per three semester cycle);

J. Assure that students are oriented to the Agency and cooperate with the Agency regarding any orientation requirements of the students by the Agency;

K. Cooperate with the Agency personnel in the selection of experiences and assignments of students;

L. Arrange for malpractice and liability insurance for each student assigned to the Agency and for supervising faculty employed by the University in the amount of $1 million/$3 million;

M. Evaluate the student experience and use of the Agency as an internship site in concert with representatives of the Agency;

N. Provide follow-up counseling via the University counseling center should students be exposed to infectious disease while in clinical experience;

O. Assure that students carry adequate personal health insurance;

P. Explain to students their exposure to potential risks inherent in this placement.
Q. Provide video recording process/procedures for students

1. Students are assigned to provide a number of audio/video recordings of their work with clients throughout the student’s practicum placements. (At least 4 presentations in Practicum).

2. Students must receive a signed informed consent from any client in any audio/video recording whether presented as a class assignment or not.

3. Students must present the informed consent to the professor before any viewing of audio/video recording by any person involved in the practicum/internship seminar including the professor.

4. Students are responsible to present an accompanying case-conceptualization with the audio/video recording.

5. It is the students responsibility and requirement to assure that all materials that contain any written or visual materials pertaining to the volunteering client are handled appropriately, returned to the student immediately following the presentation, and destroyed entirely and appropriately so as to assure the confidentiality of the client is maintained within the boundaries of ethical informed consent for the use of said material for supervision and education.

6. Audio/video materials and case conceptualization are distributed in a closed classroom to the small group (10) students and professor for the purpose of education and supervision of the practicum/internship students present. No other individual is to be exposed to any part of said materials. No discussion of said materials should be held in any other venue or with any other persons. All members of the class and professor are bound by the ethics assuring confidentiality belonging to the client.

7. The student will be provided both verbal and written feedback directed toward/about the student’s work on a separate rubric that does not contain client data.

8. The student will be involved in discussions regarding the content and process of counseling so as to provide insight and education enhancing students’ growth.

2. The Agency agrees to

A. Determine the number of students who can be accommodated on a semester-by-semester basis;

B. Provide clinical experience for a specified number of students within its capability to handle without interference with the usual activities of the Agency;

C. Maintain its services without dependence on the assigned students;
D. Cooperate with University faculty in the selection and assignment of good learning experiences for the students according to the standards set by the Council for Accreditation of Counseling and Related Educational Programs;

E. Provide supplies and equipment for students assigned to the Agency which are provided to staff counselors for carrying out counseling duties;

F. Cooperate in mutually evaluating the student experience and the use of the Agency as a learning resource;

G. Provide an onsite supervisor who will monitor the assignment of tasks for the student, the case load for the student, and the on-going practice by providing at least one hour per week of onsite supervision and on-going guidance for the counseling experiences provided for students’ learning;

H. Provide physical space for faculty and students assigned to meet for counseling supervision;

I. Provide emergency care if necessary;

J. Provide an orientation to the agency.

3. It is agreed that the University or the Agency shall not be responsible for expenditures or costs incurred by the other during the conduct of the counseling internship program.

4. The University and Agency agree that no person participating in activities covered by this agreement shall be discriminated against on the basis of race, religion, sex, national origin, age, marital or veteran status, or disability.

5. The Agency shall retain full responsibility for the care of its patients/clients and maintain administrative responsibility for their care.

6. The students assigned to the Agency shall be and remain students of the University and shall in no sense be considered employees of the Agency except when, and if, they are employed by the Agency during time free from their educational program. The Agency does not and will not assume any liability for students under any law relating to Worker’s Compensation on account of this Agreement. Students will not be entitled to any monetary or other remuneration for services performed by them at Agency, nor will Agency otherwise have any monetary obligation to the University or its students by virtue of this Agreement.

7. Agency personnel participating in the educational program provided pursuant to this Agreement are, and shall remain, employees of the Agency for all purposes, and shall not be deemed or considered to be employees or agents of the University.

8. The University shall direct its students to comply with the policy and procedures of the Agency, including those governing the use and disclosure of individually
identifiable health information under federal law (HIPAA), specifically 45 CFR parts 160 and 164. Solely for the purposes of defining the students’ role in relation to the use and disclosure of Agency’s protected health information, as that term is defined in 45 DFR parts 160 and 164, the students are defined as members of the Agency’s workforce, that term is defined by 45 DFR 160.103, when engaged in activities pursuant to this Agreement. However, the students are not and shall not be considered to be employees or volunteers of the agency, nor are the students agents of the Agency by virtue of the provision.

9. The Agency shall maintain the right to terminate use of its facilities and services by a student or faculty member of the University where repeated, detrimental violations of the Agency’s rules, regulations, procedures, and policies occur. Such action will not be taken against the student or faculty member until the matter has been discussed by appropriate representatives of the Agency and the University. Agency personnel participating in the educational program provided pursuant to this Agreement are, and shall remain employees of the Agency for all purposes, and shall not be deemed or considered to be employees or agents of the University.

10. It is agreed that each party will indemnify and hold each other harmless from loss/damage caused by the other party.

11. This agreement may be amended by mutual agreement, in writing, and shall be continued indefinitely until a written notice of termination is given 3 months in advance, provided, however, that no such termination may occur while a University semester is in progress.

12. This agreement shall become effective _________________ and be periodically reviewed by the University and Agency.

GONZAGA UNIVERSITY

AGENCY:

By __________________________________
Chair, Department of Counselor Education

By: ________________________________

Title: _______________________________

Date: ______________________________

Date: ______________________________
Practicum
Weekly Field Supervision Record

Practicum Student Name: ____________________________

Describe activities/experiences.

What other experiences might have been helpful?

Comments and questions

Supervisor Comments

Supervisor Signature: ____________________________ Meeting Date: ______________
<table>
<thead>
<tr>
<th>Date:</th>
<th>Individual Couns*</th>
<th>Group Couns*</th>
<th>Couple/ Marital*</th>
<th>Family Couns*</th>
<th>Psycho-Ed Couns*</th>
<th>Other direct client contact*</th>
<th>Testing/ Assessment*</th>
<th>Intake interview*</th>
<th>Mljeu Couns/ Observation</th>
<th>Staff Meetings</th>
<th>Education Training</th>
<th>Case Management/ administrative</th>
<th>Supervision/ Consultation w/ Supervisor</th>
<th>Daily Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**NOTE.** This form is available in electronic form in Blackboard.
NOTE. This form is available in electronic form in Blackboard.
Case Conceptualization Outline

NOTE. This is only a suggested outline. It may prove beneficial to adjust this outline to fit the school/agency setting in which you are placed. For documentation purposes, it may be useful to include as much information in a pithy manner as would be helpful to your reader in understanding your student/client, the issues presented, and the process you followed in counseling this individual.

Name:
Date of Birth:
Date of Initial Assessment:
Date of Report:
Marital Status (or other demographics helpful in understanding the case)
Referral Question:
Identifying information/Current Mental Status:
Psychiatric History:
Work/School History:
Family History:
Current Functioning:
Social Functioning:
Effects of Counseling:
Current Diagnosis (if applicable):
   Axis I:
   Axis II:
   Axis III:
   Axis IV:
   Axis V: GAF current
      GAF at initial treatment
      GAF one year ago
Prognosis:
Recommendation
Signature and Title of Counselor

Method for Clinical Session Notes: S.O.A.P. Format

S = Subjective View - Note the client’s comments about self, counseling session, plan.

"Client states that she is feeling better than last week. Client denies suicidality. Client states that she is making progress and notes her depressive symptoms as declining somewhat."

O = Objective view - Note the counselor's observations.

"Client appears dressed in dark colors. Client tears throughout the session. Client maintains little eye contact and fidgets with clothing throughout session".

A = Assessment - Note the interpretations client makes from client's report, objective observations, and content/process of session. Be tentative. Do not reach too far.

"It appears this client is improving in affect perhaps due to change in cognitive structures/ cognitive distortions. In accordance with client report, this client does not appear to be suicidal/ or homicidal at this time".

P = Plan - Note the intentions for the next session and future trend of sessions.

"This client intends to work on issues appearing to lead to relapse of depressive symptoms- particularly she would like to address her relationships with her work-mates. Further discussion will be held regarding her past suicidal state and her current higher level of functioning to assure client safety."
TECHNICAL COMPETENCIES

The counselor is able to identify ways to use technology in communication, collaboration, demonstration of results, and other means of delivering counseling services. The counselor can be discerning in use of technology in delivering individual counseling services.

- Use productivity software to develop and/or share group/classroom presentations, letters and reports, and deliver instruction (spreadsheet and word processing software e.g.: PowerPoint, Prezi, Keynote, OneNote, Evernote, Do.com, SlideShare, Excel, and Word.)
  Description of activity:

  Professor/site supervisor/advisor initials: ____

- Use equipment such as video recorders, audio recorders, projection equipment, document cameras to support student/client learning.
  Description of activity:

  Professor/site supervisor/advisor initials: ____

- Use Web 2.0 Technology to facilitate communication and video conferencing (e.g.: Skype, join.me) and collaboration (e.g.: Google Drive, Dropbox), archive reference and video playback (e.g.: YouTube)
  Description of activity:

  Professor/site supervisor/advisor initials: ____

- Use school district student information systems or agency information systems.
  Description of activity:

  Professor/site supervisor/advisor initials: ____

- Use computerized or web based statistical packages in conducting research.
  Description of activity:

  Professor/site supervisor/advisor initials: ____

- Use computerized testing/diagnostic and career decision making programs.
  Description of activity:

  Professor/site supervisor/advisor initials: ____
Help students/clients search for various types of counseling-related information via the Internet, including information about careers, educational and training opportunities, financial assistance and scholarships, community resources, employment opportunities, and social and personal information.

Description of activity:

Professor/site supervisor/advisor initials: _____

Subscribe, participate in counseling related RSS feeds via Google Reader, Twitter etc.

Description of activity:

Professor/site supervisor/advisor initials: _____

Be knowledgeable of the legal and ethical codes which relate to counseling services via the internet and be aware of school district acceptable use policies

Description of activity:

Professor/site supervisor/advisor initials: _____

Complete an online tutorial regarding ethical treatment of human participants in research (EDCE 698).

Description of activity:

Professor/site supervisor/advisor initials: _____

Be able to use the Internet for finding and using continuing education opportunities in counseling.

Description of activity:

Professor/site supervisor/advisor initials: _____

Utilize the Internet for professional networking (e.g.: build a profile on LinkedIn.)

Description of activity:

Professor/site supervisor/advisor initials: _____

Student: ____________________________ Date submitted:

rev. 2012
Permission to Video-Record

Date ______________________________

I (we) authorize ________________________________ to use any video recordings made of myself (us) and (our) family, for the purposes of:

(a) evaluation by the counselor

(b) supervision by the counselor’s supervisor

(c) teaching to other professionals.

All recordings are to be erased immediately after their use, and their use is restricted to one or more of the above stated purposes.

I (we) understand that all recordings are available for listening and/or viewing by me (us).

Client: __________________________ Address: __________________
Date: __________________________

Legal Guardian: __________________ Address: __________________
Date: __________________________

Counselor: _______________________ Agency: __________________
Date: __________________________

Note: This release must be signed by all family members 18 years of age or over and or signed by a parent or legal guardian of a minor or child still of school age.
# Counseling Outcomes Survey

Student Counselor: _____________________________  Date: _____________________________

Please circle the number that represents how you experienced your counselor using the following guidelines.

1 = I do not agree at all  
2 = I disagree somewhat  
3 = I am neutral on that item  
4 = I agree somewhat  
5 = I agree very much

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My counselor cares about my personal well-being.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor cares about my close relationships.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor cares about my work/school work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor cares about my friendships.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor cares about my general well-being.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor hears me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor understands me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor respects me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor is genuine with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relationship with my counselor is positive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relationship with my counselor is safe.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor cares about me no matter what.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor speaks so that I can understand.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We work on what I want to work on in sessions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We talk about what I want to talk about in sessions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor’s approach is a fit for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My counselor has been helpful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, my counseling is going just right for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** = ______ out of 90
SITE-BASED PRE-PRACTICUM

GONZAGA UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION

Field Supervisor Evaluation for Site-Based Counselling Pre-Practicum

Student: ___________________________ Date: ________________

Placement: _________________________

The Evaluation Statement form is completed at the end of the Pre-Practicum

Comment on the practicum student’s performance in establishing helping relationships to promote therapeutic alliance.

How would you describe the practicum student’s overall skill and functioning as a counselor and his/her potential for continued professional growth?

Write a general summary statement of counselor competence and personal qualities as they pertain to counseling and working within the agency. (Please use the back of this page as needed.)
Quality/Disposition - Please indicate the degree to which the student demonstrates the following qualities.

<table>
<thead>
<tr>
<th>1,2,3</th>
<th>Does not demonstrate disposition (improvement plan required)</th>
<th>7</th>
<th>Demonstrates disposition some of the time/ shows improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Rarely demonstrates disposition/no apparent effort toward improvement</td>
<td>8</td>
<td>Demonstrates disposition much of the time Measured effort toward consistency</td>
</tr>
<tr>
<td>5</td>
<td>Rarely demonstrates disposition/little effort</td>
<td>9</td>
<td>Demonstrates disposition with few expectations</td>
</tr>
<tr>
<td>6</td>
<td>Demonstrates disposition, but very inconsistently. Effort is good</td>
<td>10</td>
<td>Consistently demonstrates disposition</td>
</tr>
</tbody>
</table>

LEADERSHIP: Resourcefulness, initiative, advocacy, commitment to quality work

CONCERN for OTHERS: Empathy, respect, kindness, adept at building relationships and bettering life situations of others

PROFESSIONALISM: Appropriate boundaries, dependable, ethical, work focused (thorough, accurate, timely), ability to relate to clients and coworkers as a professional

TOLERANCE FOR OTHERS’ VALUES/DIFFERENCES: Effective team member, openness, tolerance for ambiguity

EMOTIONAL Maturity: Self-management, emotional regulation, integrity, coping ability, healthy conflict resolution skills

GROWTH ORIENTATION: Optimistic, open to feedback, reflective, enthusiasm for learning and practice of community counseling

EFFORT/PROGRESS: Steady movement toward competence (program competencies and expectations of the internship)

For student use: please find the total score and average for the evaluation.

\[
\text{TOTAL} = \text{(out of 70)} + 7 = \]

Field Supervisor: __________________________  Date: _________________

Position: ________________________________

Signature: ______________________________
# SITE-BASED PRACTICUM

## Site Supervisor Evaluation – Site-Based

**Student:** ___________________________  **Date:** ___________________________

**Practicum:** _______ Fall semester    _______ Spring semester

**Assessment rating:**

0. Emerging  1. Competent  2. Exemplar  NO: Not Observed at this time

---

**Note:** The Sample Evidence category provides suggestions about how the supervisor may assess the performance indicator. Other evidence of competence can be used according to the discretion of the supervisor and the uniqueness of the site. Viewing the Internship Log and Intern/Supervisor Weekly Communication Form affords opportunity to assess intern competence in an ongoing way. Many of the performance indicators will have been met in the University classroom at a knowledge and skills level prior to the student entering the practicum and internship. The continued work in the classroom provides ongoing opportunity and support to the student in achieving competence in each performance area throughout the practicum and internship.

### Professional Orientation

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Sample Evidence</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Knows the mission, goals and objectives of the agency and provides consistent professional support to the agency.</td>
<td>Participates in staff meetings, can converse with staff and clients in accordance to the agencies direction.</td>
<td>Intern</td>
</tr>
<tr>
<td>2 Keeps accurate and timely records</td>
<td>Complete, organized client files</td>
<td></td>
</tr>
<tr>
<td>3 Participates in the functioning of the agency as fully as is expected of an intern at this level.</td>
<td>Attendance and participation in staff meetings (staff cases, shares intakes, etc), educational seminars, and other activities of the site.</td>
<td></td>
</tr>
<tr>
<td>4 Demonstrates understanding of policies and procedures regarding counseling activities and general operation of the agency.</td>
<td>Ongoing work with supervisor and other staff as well as with clients.</td>
<td></td>
</tr>
<tr>
<td>5 Works in collegial manner with staff, supervisor, and other professionals outside of agency.</td>
<td>Interfacing with school counselors, reporting to CPS, consulting with medical staff, law enforcement, etc.</td>
<td></td>
</tr>
<tr>
<td>6 Demonstrates knowledge of the professional organization’s preparation standards and credentials.</td>
<td>Can site the credentialing of the agency and is familiar with its standards when discussing with site supervisor, other staff, and clients.</td>
<td></td>
</tr>
</tbody>
</table>
### Skills and Practices

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Understands the primary content of the conversation.</td>
<td>Gives paraphrases, reflections, and other skills that make clear the overt content is understood.</td>
</tr>
<tr>
<td>9</td>
<td>Understands the context, the uniqueness of the conversation elements and underlying meaning.</td>
<td>Provides interpretation and asks for clarification of latent meanings.</td>
</tr>
<tr>
<td>10</td>
<td>Identifies affect and addresses feelings in an empathetic manner.</td>
<td>Uses minimal verbal responses, minimal non-verbal responses, exaggeration, etc noting client feelings.</td>
</tr>
<tr>
<td>11</td>
<td>Effective use of non-verbal communication</td>
<td>Student discusses intentional use of non-verbal skills in attending to client during supervision. Uses posture, tone, facial expressions, etc purposefully and appropriately.</td>
</tr>
<tr>
<td>12</td>
<td>Uses self-disclosure skillfully and carefully for a specific purpose.</td>
<td>Student discusses use of self disclosure with site supervisor with clarity about why it was used.</td>
</tr>
<tr>
<td>13</td>
<td>Demonstrates a tentative stance with clients when making interpretations, giving summaries, clarifying, or providing clinical lunches.</td>
<td>Shows facial expression and animation and uses words to make clear the tentative nature of the assertion.</td>
</tr>
<tr>
<td>14</td>
<td>Does not make absolute or final statements from test scores, assessment data, or other sources of information.</td>
<td>Student discusses caution taken with using any source of data in defining clients or predicting outcome.</td>
</tr>
<tr>
<td>15</td>
<td>Phrases questions in an open-ended manner that gives the client a variety of possible responses, rather than simple yes or no replies.</td>
<td>Refrains from closed ended questions unless consciously choosing to for a particular purpose such as suicide risk assessment or intake.</td>
</tr>
<tr>
<td>16</td>
<td>Demonstrates sensitivity to the client.</td>
<td>Listens carefully to and remembers what the client has said, tries to see from the client’s perspective, makes statements intended to convey gentleness, seems able to perceive and sort out ambivalent and conflicting feelings of the client, etc.</td>
</tr>
<tr>
<td></td>
<td>Uses a variety of skills and is open to the use of new skills (works to assimilate and accommodate new ideas to increase counseling tools).</td>
<td>Seeks input from supervisor in regard to growing skills and ability in working with clients.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>17</td>
<td>Demonstrates consistent desire/effort to understand know the client.</td>
<td>Uses the client’s name, asks for and uses names of significant others, focuses on client, does not get stuck in problem solving mode, is animated, and otherwise makes clear the intern’s interest in the client.</td>
</tr>
<tr>
<td>18</td>
<td>Demonstrates value for diversity and acceptance of individual differences as well as cultural and other differences.</td>
<td>Uses a wide variety of leads from a number of new and fresh perspectives, deals with both feeling and content, shows awareness both directly and indirectly, deals with past, present, and future aspects of the client’s situation, avoids derogatory actions or words, seeks to understand the client’s views, etc.</td>
</tr>
<tr>
<td>19</td>
<td>Uses the principles and practices of diagnosis, treatment, and referral to initiate, maintain, and terminate counseling</td>
<td>Uses DSM’s multiaxial model, treatment planning, and termination protocols of the agency.</td>
</tr>
<tr>
<td>20</td>
<td>Demonstrates the ability to use procedures for assessing and managing suicide risk.</td>
<td>Is aware of and able to communicate and implement agency’s suicide risk plans.</td>
</tr>
<tr>
<td>21</td>
<td>Provides appropriate counseling strategies, referral, and consultation when working with clients with addiction and co-occurring disorders.</td>
<td>Is aware of local experts and consults when needed. Never acts alone in the treatment of chemical dependency issues.</td>
</tr>
<tr>
<td>22</td>
<td>Demonstrates skill in conducting intake interviews including gathering of pertinent history and mental status examination.</td>
<td>Follows the protocols when involved in intake assessment.</td>
</tr>
<tr>
<td>23</td>
<td>Demonstrates ability to perform risk assessment for danger to self or others.</td>
<td>Follows agency protocol for risk assessment.</td>
</tr>
<tr>
<td>24</td>
<td>Applies relevant research finding to inform the practice of counseling.</td>
<td>Discussing information from scientific literature in supervision as applied to current cases.</td>
</tr>
<tr>
<td>25</td>
<td>Utilizes outcome measures.</td>
<td>Implementation of Outcome Survey from Counselor Education Department</td>
</tr>
<tr>
<td></td>
<td><strong>Foundations</strong></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Demonstrates understanding of ethical and legal considerations.</td>
<td>Discussions in supervision in handling delicate issues.</td>
</tr>
<tr>
<td>27</td>
<td>Understands own role and function and has made clear the student’s own professional identity within the agency.</td>
<td>The student will make clear the roles and functions to other staff and to clients. May be noted in a disclosure statement.</td>
</tr>
<tr>
<td>Understands and demonstrates the necessity of stretching one’s function to fit the needs of the agency without violating one’s educational or training limitations.</td>
<td>Participates in activities outside of the counseling arena but within the perimeters of sound ethics.</td>
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</tr>
<tr>
<td>Demonstrates an understanding of a variety of models and theories of counseling.</td>
<td>Reflection of appropriate application of different theories to case issues as noted in supervision and in case files.</td>
<td></td>
</tr>
<tr>
<td>Takes responsibility for assuring others’ welfare when encountering boundaries of expertise.</td>
<td>Makes appropriate referral and consults with supervisors and other experts as needed. Never acts alone in case of emergencies or questionable situations.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates the ability to receive and integrate feedback from peers and supervisors.</td>
<td>Listens intently, asks pertinent non-defensive questions, and otherwise absorbs input from site supervisor and others at agency.</td>
<td></td>
</tr>
<tr>
<td>Follows sound conflict resolution processes.</td>
<td>Approaches supervisor, staff, or others with graciousness and an open mind when faced with challenging situations. Works toward a better understanding and personal growth as well as professional growth.</td>
<td></td>
</tr>
</tbody>
</table>

**Orchestration of the Process**

<table>
<thead>
<tr>
<th>Builds strong counseling Relationships</th>
<th>Actively employs skills aimed at increasing client comfort, confidence in the counseling process, and active involvement in the process (e.g., builds a safe environment, completes risk assessment, applies effective listening techniques, etc.).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assesses for Client Readiness and prepares client for the work of counseling.</td>
<td>Notes the responsive stage of the client and gathers client’s thoughts and feelings regarding the counseling process and is creative in providing structure and safety to promote client engagement in the process of counseling.</td>
</tr>
<tr>
<td>Demonstrates awareness of the power a counselor holds and is respectful and collaborative with the client.</td>
<td>Discusses power and collaborative techniques in supervision.</td>
</tr>
<tr>
<td>Demonstrates effective goal-setting techniques with clients to assure the process is leading to fulfillment of client needs, wants, desires</td>
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**Orchestration of the Process**

| Builds strong counseling Relationships | Actively employs skills aimed at increasing client comfort, confidence in the counseling process, and active involvement in the process (e.g., builds a safe environment, completes risk assessment, applies effective listening techniques, etc.). |
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| Demonstrates effective goal-setting techniques with clients to assure the process is leading to fulfillment of client needs: wants, desires. | Builds clear and effective treatment plans. |
| LEADERSHIP: Resourcefulness, initiative, advocacy, commitment to quality work | Score |
| CONCERN for OTHERS: Empathy, respect, kindness, adept at building relationships and bettering life situations of others |  |
| PROFESSIONALISM: Appropriate boundaries, dependable, ethical, work focused (thorough, accurate, timely), ability to relate to clients and coworkers as a professional. |  |
| TOLERANCE FOR OTHERS' VALUES/DIFFERENCES: Effective team member, openness, tolerance for ambiguity |  |
| EMOTIONAL MATURITY: Self management, emotional regulation, integrity, coping ability, healthy conflict resolution skills |  |
| GROWTH ORIENTATION: Optimistic, open to feedback, reflective, enthusiasm for learning and practice of community counseling |  |
| EFFORT/PROGRESS: Steady movement toward competence (program competencies and expectations of the internship) |  |

**For student use:** please find the total score and average for the evaluation.

**TOTAL = (out of 70) + 7 =**

Field Supervisor Signature: ____________________ Date: __________

COMMENTS: ___________________________________________________________
Student Evaluation of Practicum Site and Supervisor

Student Name _________________________  Semester (s) Practicum ______________

Placement ___________________________  Supervisor’s Name ____________________

Please indicate the strengths and weaknesses of your Practicum site.

Please discuss the type of supervision process used and the quality of supervision in your Practicum site.
Master of Counselling - Canada
EDCE 685 COUNSELLING PRE-PRACTICUM, Fall ($50)
EDCE 686 COUNSELLING PRACTICUM, Spring ($100)

The Counselor Education Department would like to pay you an honorarium for your supervisory work with our student(s). Please complete the attached form. Payment will be processed by April 15th and should be received by mid-May.

STUDENTS: Please complete Section I of this form before giving to your supervisor.

SUPERVISORS NOT DONATING THEIR HONORARIA: Please complete Section II of this form and the STATEMENT DECLARING EXEMPTION FROM US TAX if one has not been filed with Gonzaga University in the last three years. It is required that this form be completed before payment can be issued. Be sure your full, official, name is legibly printed and that you sign and date the form.

SUPERVISORS DONATING THEIR HONORARIA: If you choose to donate your honoraria to an agency (employer, the internship site, charity, etc.) and you are an employee of the agency, the honoraria check will be made payable and sent directly to the agency. Please have an agency representative complete Section III of the Honoraria Form and all applicable sections of the Form W-8BEN if one has not been filed with GU in the last three years. If you are not an employee of the agency, the check will be made payable to you. Please complete Section II of the Honoraria form and all applicable sections of the W-8BEN form. Take care when completing this form. Be sure your full, official, name is legibly printed, and be sure to sign and date the form using your full, official name. Once payment is received, it will be your responsibility to make the donation.

PLEASE RETURN HONORARIA FORM AND W-8BEN
by
START OF PRACTICUM

Completed forms may not be faxed.
The supervisor may give the forms in a sealed envelope to the student who will give them to the Practicum instructor, or the forms may be mailed to

Dr. Tom Trotter
Counselor Education Program
School of Education – AD 25
Gonzaga University, 502 E Boone
Spokane WA 99258-0025, USA
HONORARIA FORM  
PRE-PRACTICUM/PRACTICUM SUPERVISORS-CANADA  
EDCE 685/686, Counselling Pre-Practicum/Practicum, Gonzaga University

**SECTION I** (To be completed by student)

Student: _______________________________ EDCE 685/686  
Instructor: ________________________________  
Supervisor’s Name: ________________________________

**SECTION II** - To be completed by Supervisor who will not be donating honoraria or wishes to donate and is not an employee of the agency. Supervisor must complete Foreign Person Tax Exempt form if one is not on file with GU.

[ ] Dr.  [ ] Mr.  [ ] Ms.  
(Print) Complete, Official Name: ________________________________

SI No.: ________________________________

Mailing Address: ________________________________

City: ________________________________ Province: ______ Postal Code: ______

Home Phone: ________________________________ Work Phone: ________________________________

Is this a change of address since you were last sent a check from Gonzaga? _____Yes _____No  
Have you been employed by Gonzaga University within the last 12 months? _____Yes _____No

**SECTION III** - Supervisor is donating honoraria to agency and is an employee of the agency. Please have agency representative complete this section and all applicable sections of the Form W-8BEN, if one is not on file with Gonzaga University.

*Supervisor is an employee of agency.*

Name of Agency: ________________________________ Agency Tax No.: ______

Incorporated: _____Yes _____No

Address: ________________________________

City: ________________________________ Province: ______ Postal Code: ______


If Supervisor is an employee of the agency, the honoraria check will be made payable and sent directly to the agency.

If Supervisor is not an employee of the agency, the check will be made payable to the supervisor whose responsibility it will be to make the donation and report the income as for tax purposes.

Note for US citizens: US tax regulations require completion of a Form W-8BEN before payment can be made. Please notify student that you will need this form. When completing this form, be sure name is legibly entered as it appears on the social security card and that the form is signed and dated.

HONORARIA AND TAX FORMS ARE DUE BY START OF PRACTICUM
Instructions for Form W-8BEN
(Rev. February 2006)
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

For definitions of terms used throughout these instructions, see Definitions on pages 3 and 4.

Purpose of form. Foreign persons are subject to U.S. tax at a 30% rate on income they receive from U.S. sources that consists of:

• Interest (including certain original issue discount (OID))
• Dividends
• Royalties
• Annuities
• Compensation for, or in expectation of, services performed
• Substitute payments in a securities lending transaction;

or

• Other fixed or determinable annual or periodical gains, profits, or income.

This tax is imposed on the gross amount paid and is generally collected by withholding under section 1441 or 1442 on that amount. A payment is considered to have been made whether it is made directly to the beneficial owner or to another person, such as an intermediary, agent, or partnership, for the benefit of the beneficial owner.

In addition, section 1445 requires a partnership conducting a trade or business in the United States to withhold tax on a foreign partner's distributive share of the partnership's effectively connected taxable income. Generally, a foreign person that is a partner in a partnership that submits a Form W-8 for purposes of section 1441 or 1442 will satisfy the documentation requirements under section 1445 as well. However, in some cases the documentation requirements of sections 1441 and 1442 do not match the documentation requirements of section 1445. See Regulations sections 1.1446-1 through 1.1446-6. Further, the owner of a disregarded entity, rather than the disregarded entity itself, shall submit the appropriate Form W-8 for purposes of section 1445.

If you receive certain types of income, you must provide Form W-8BEN to:
• Establish that you are not a U.S. person,
• Claim that you are the beneficial owner of the income for which Form W-8BEN is being provided or a partner in a partnership subject to section 1446, and
• If applicable, claim a reduced rate of, or exemption from, withholding as a resident of a foreign country with which the United States has an income tax treaty.

You may also be required to submit Form W-8BEN to claim an exception from domestic information reporting and backup withholding for certain types of income that are not subject to foreign-person withholding. Such income includes:
• Broker proceeds
• Short-term (183 days or less) original issue discount (OID)
• Bank deposit interest
• Foreign source interest, dividends, rents, or royalties
• Proceeds from wages paid by a nonresident alien individual in the games of blackjack, baccarat, crap, roulette, or big-6 wheel

You may also use Form W-8BEN to certify that income from a notional principal contract is not effectively connected with the conduct of a trade or business in the United States.

A withholding agent or payer of the income may rely on a properly completed Form W-8BEN to treat a payment associated with the Form W-8BEN as a payment to a foreign person who beneficially owns the amounts paid. If applicable, the withholding agent may rely on the Form W-8BEN to apply a reduced rate of withholding at source.

Provide Form W-8BEN to the withholding agent or payer before income is paid or credited to you. Failure to provide a Form W-8BEN when requested may lead to withholding at a 30% rate (foreign person withholding) or the backup withholding rate.

Additional information. For additional information and instructions for the withholding agent, see the instructions for the Requester of Forms W-8BEN, W-8ECI, W-8EXP, and W-SIMY.

Who must file. You must give Form W-8BEN to the withholding agent or payer if you are a foreign person and you are the beneficial owner of an amount subject to withholding. Submit Form W-8BEN when requested by the withholding agent or payer whether or not you are claiming a reduced rate of, or exemption from, withholding.

Do not use Form W-8BEN if:
• You are a U.S. citizen (even if you reside outside the United States) or other U.S. person (including a resident alien individual), instead use Form W-9, Request for Taxpayer Identification Number and Certification.
• You are a disregarded entity with a single owner that is a U.S. person and you are not a hybrid entity claiming treaty benefits. Instead, provide Form W-9.

Cat. No. 255709
• You are a nonresident alien individual who claims exemption from withholding on compensation for independent or dependent personal services performed in the United States. Instead, provide Form 8233, Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, or Form W-4, Employee's Withholding Allowance Certificate.

• You are receiving income that is effectively connected with the conduct of a trade or business in the United States unless it is allocable to you through a partnership. Instead, provide Form W-8ECI, Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States. If any of the income for which you have provided a Form W-8ECI becomes effectively connected, this is a change in circumstances and Form W-8BEN is no longer valid. You must file Form W-8ECI. See Change in circumstances on this page.

• You are filing for a foreign organization, international organization, foreign bank, or private foundation, or government of a U.S. possession claiming the applicability of section 1355(2), 542(c), 603, 605, or 1441(b). Instead, provide Form W-8BEN, Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding. However, you should use Form W-8BEN if you are claiming treaty benefits or are providing the information claimed to be a foreign person exempt from backup withholding. You should use Form W-8ECI if you received effectively connected income (for example, income from commercial activities).

• You are a foreign financial institution other than a foreign branch or foreign-registered entity, claiming treaty benefits. Instead, provide Form W-8IMY, Certificate of Foreign Intermediary, Foreign Institutional Investment, or Certain U.S. Branches for United States Tax Withholding. However, if you are a foreign bank, or foreign financial institution, you may be required to furnish a Form W-8BEN to your foreign financial institution.

• You are a disregarded entity for purposes of section 1441. Instead, the owner of the entity must submit the form.

• You are a corporation or entity transmitting beneficial owner documentation provided by your interest holders to claim treaty benefits on their behalf. Instead, provide Form W-8IMY.

• You are a withholding foreign partnership or a withholding foreign trust within the meaning of sections 1441 and 1442 and the accompanying regulations. A withholding foreign partnership or a withholding foreign trust is a foreign partnership or trust that has entered into a withholding agreement with the IRS under which it agrees to assume primary withholding responsibility for each partner's, beneficiary's, or owner's distributable share of income subject to withholding that is paid to the partnership or trust. Instead, provide Form W-8IMY.

• You are a foreign corporation or foreign grantor trust for purposes of section 1446. Instead, provide Form W-8IMY and accompanying documentation. See Regulations sections 1.1446-1 through 1.1446-6.

Giving Form W-8BEN to the withholding agent. Do not send Form W-8BEN to the IRS. Instead, give it to the person who is requesting it from you. Generally, this will be the person from whom you receive the payment, who credits your account, or a person that allocates income to you. Give Form W-8BEN to the person requesting it before the payment is made to you credited to your account or allocated. If you do not provide this form, the withholding agent may withhold at the 30% rate, backup withholding rate, or the rate applicable under section 1446. If you receive more than one type of income from a single withholding agent, for which you claim different benefits, the withholding agent may, at its option, require you to submit a Form W-8BEN for each different type of income. Generally, a separate Form W-8BEN must be given to each withholding agent.

Note: If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by all owners if Forms W-8BEN are provided by all of the owners. If the withholding agent receives a Form W-8BEN from any of the joint owners, the payment must be treated as made to a U.S. person.

Change in circumstances. If a change in circumstances makes any information on the Form W-8BEN you have submitted incorrect, you must notify the withholding agent or payer within 30 days of the change in circumstances and you must file a new Form W-8BEN or other appropriate form.

If you use Form W-8BEN to certify that you are a foreign person, a change of address to an address in the United States is a change in circumstances. Generally, a change of address within the same foreign country or to another foreign country is not a change in circumstances. However, if you use Form W-8BEN to claim treaty benefits, a move to the United States or outside the country where you are claiming treaty benefits is a change in circumstances. In that case, you must notify the withholding agent or payer within 30 days of the move.

If you become a U.S. citizen or resident alien after you submit Form W-8BEN, you are no longer subject to the 30% withholding rate on the withholding tax on a foreign partner's share of effectively connected income. You must notify the withholding agent or payer within 30 days of becoming a U.S. citizen or resident alien. You may be required to provide a Form W-4. For more information, see Form W-8BEN and instructions.

Expiration of Form W-8BEN. Generally, a Form W-8BEN provided without a U.S. taxpayer identification number (TIN) will remain in effect for a period starting on the date the form is signed ending on the last day of the third calendar year, unless a change in circumstances makes any information on the form incorrect. For example, a Form W-8BEN signed on December 31, 2008, remains valid through December 31, 2010. A Form W-8BEN furnished with a U.S. TIN will remain in effect until a change in circumstances makes any information on the form incorrect, provided that the withholding agent reports on Form 1042-S at least one payment annually to the beneficial owner who provided the Form W-8BEN. See the instructions for line 6.
beginning on page 4 for circumstances under which you must provide a U.S. TIN.

Definitions

Beneficial owner. For payments other than those for which a reduced rate of withholding is claimed under an income tax treaty, the beneficial owner of income is generally the person who is required under U.S. tax principles to include the income in gross income on a tax return. A person is not a beneficial owner of income, however, to the extent that person is receiving the income as a nominee, agent, or custodian, or to the extent the person is a conduit whose participation in a transaction is disregarded. In the case of amounts paid that do not constitute income, beneficial ownership is determined as if the payment were income.

A foreign partnership, foreign simple trust, and foreign grantor trusts are not the beneficial owners of income paid to the partnership or trust. The beneficial owners of income paid to a foreign partnership are generally the partners in the partnership, provided that the partner is not itself a partnership, foreign simple or grantor trust, nominee or other agent. The beneficial owners of income paid to a foreign simple trust (that is, a trust that is described in section 671(d) of the Code) are generally the beneficiaries of the trust, if the beneficiary is not a foreign partnership, foreign simple or grantor trust, nominee or other agent. The beneficial owners of a foreign grantor trust (that is, a trust in the extent that all or a portion of the income of the trust is treated as owned by the grantor or another person under sections 671 through 679) are the persons treated as the owners of the trust. The beneficial owners of income paid to a foreign complex trust (that is, a foreign trust that is not a foreign simple trust or foreign grantor trust) is the trust itself.

For purposes of section 1446, the same beneficial owner rules apply, except that under section 1446 a foreign simple trust, rather than the beneficiary, is treated as the owner of the partnership.

The beneficial owner of income paid to a foreign estate is the estate itself.

Note. A payment to a U.S. partnership, U.S. trust, or U.S. estate is treated as a payment to a U.S. payee that is not subject to 30% withholding. A U.S. partnership, trust, or estate should provide the withholding agent with a Form W-9. For purposes of section 1446, a U.S. grantor trust or disregarded entity shall not provide the withholding agent a Form W-9 in its own right. Rather, the grantor or other owner shall provide the withholding agent with the appropriate form.

Foreign person. A foreign person includes a nonresident alien individual, a foreign corporation, a foreign partnership, foreign trust, a foreign estate, and any other person that is not a U.S. person. It also includes a foreign branch or office of a U.S. financial institution or U.S. clearing organization if the foreign branch is a qualified intermediary. Generally, a payment to a U.S. branch of a foreign person is a payment to a foreign person.

Nonresident alien individual. Any individual who is not a citizen or resident alien of the United States is a nonresident alien individual. An alien individual meeting either the “gross earned test” or the “substantial presence test” for the calendar year is a resident alien. Any person not meeting either test is a nonresident alien individual. Additionally, an alien individual who is a resident of a foreign country under the residence article of an income tax treaty, or an alien individual who is a bona fide resident of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or American Samoa is a nonresident alien individual. See Pub. 519, U.S. Tax Guide for Aliens, for more information on resident and nonresident alien status.

Even though a nonresident alien individual is a U.S. citizen or resident alien may choose to be treated as a resident alien for certain purposes, for example, filing a joint income tax return, such individual is still treated as a nonresident alien for withholding tax purposes on all income except wages.

Flow through entity. A flow-through entity is a foreign partnership (other than a withholding foreign partnership), a foreign simple trust, or foreign grantor trust (other than a withholding foreign trust), or, for payments for which a reduced rate of withholding is claimed under an income tax treaty, any entity to the extent the entity is considered to be fiscally transparent (see below) with respect to the payment by an interested holder's jurisdiction.

For purposes of section 1446, a foreign partnership or foreign grantor trust must submit Form W-8IMY to establish the partnership or grantor trust as a flow-through entity. The Form W-8IMY may be accompanied by this form or another version of Form W-8 or Form W-9 to establish the foreign or domestic status of a partner or grantor or other owner. See Regulations section 1.1446-1.

Hybrid entity. A hybrid entity is any person (other than an individual) that is treated as fiscally transparent (see below) in the United States but not treated as fiscally transparent by a country with which the United States has an income tax treaty. Hybrid entity status is relevant for claiming treaty benefits. See the instructions for line 9c on page 5.

Reverse hybrid entity. A reverse hybrid entity is any person (other than an individual) that is not treated as fiscally transparent under U.S. tax law principles but that is fiscally transparent under the laws of a jurisdiction with which the United States has an income tax treaty. See the instructions for line 9c on page 5.

Fiscally transparent entity. An entity is treated as fiscally transparent with respect to an item of income for which treaty benefits are claimed to the extent that the interest holders in the entity must, on a current basis, take into account separately their shares of an item of income paid to the entity, whether or not distributed, and must determine the character of the item of income as if they were realized directly from the source of income realized by the entity. For example, partnerships, common trust funds, and simple trusts or grantor trusts are generally considered to be fiscally transparent with respect to items of income received by them.

Disregarded entity. A business entity that has a single owner and is not a corporation under Regulations section 301.7701-2(b) is disregarded as an entity separate from its owner.
Disregarded entity shall not submit this form to a partnership for purposes of section 1445. Instead, the owner of such entity shall provide appropriate documentation. See Regulations section 1.1446-1.

Amounts subject to withholding. Generally, an amount subject to withholding is an amount from sources within the United States that is fixed or determinable annual or periodic (FDAP income) or earned. FDAP income is all income included in gross income, including interest (as defined in section 6043A(c)) and the following:

1. Dividends, rents, royalties, and compensation.
2. Interest.
3. Royalties.
4. Annuities.
5. Proceeds from the sale of property (including market discount and option premiums).

For purposes of section 1445, the amount subject to withholding is the foreign partner's share of the partnership's effectively connected taxable income.

Withholding agent. Any person, U.S. or foreign, that holds or controls (or is custodian of) an amount subject to withholding or who disburse or make payments of an amount subject to withholding is a withholding agent. The withholding agent may be an individual, corporation, partnership, trust, estate, or foreign entity, including but not limited to, any foreign intermediary, foreign partnership, and U.S. branches of certain foreign banks and insurance companies.

For purposes of section 1445, the withholding agent is the partnership conducting the trade or business in the United States. For a partnership conducting business in the United States, the withholding agent may be the partnership, a nominee holding an interest on behalf of a foreign person, or both. See Regulations sections 1.1446-1 through 1.1446-6.

Specific Instructions

A hybrid entity should give Form W-8BEN to the withholding agent only for income for which it is claiming a reduced rate of withholding under an income tax treaty. A nonresident hybrid entity should give Form W-8BEN to a withholding agent only for income for which no treaty benefit is being claimed.

Part 1

Line 1. Enter your name. If you are a disregarded entity with a single owner who is a foreign person and you are not claiming treaty benefits as a hybrid entity, this form should be completed and signed by your foreign single owner. If the account to which a payment is made or credited is in the name of the disregarded entity, the foreign single owner should inform the withholding agent of this fact. This may be done by including the name and account number (or the disregarded entity on line 8 of the form). However, if you are a disregarded entity claiming treaty benefits as a hybrid entity, this form should be completed and signed by you.

Line 2. If you are a corporation, enter the country of incorporation. If you are another type of entity, enter the country under whose laws you are created, organized, or governed. If you are an individual, enter N/A (for 'not applicable').

Line 3. Check the box that applies. By checking a box, you are representing that you qualify for this classification. You must check the box that represents your classification (for example, corporation, partnership, trust, estate, etc.) under U.S. tax principles. We do not check the box that describes your status under the law of the foreign country. If you are a partnership or disregarded entity receiving a payment for which treaty benefits are being claimed, you must check the "Partnership" or "Disregarded entity" box. If you are a sole proprietor, check the "Individual" box, not the "Disregarded entity" box.

Only entities that are tax-exempt under section 501 should check the "Tax-exempt organization" box. Such organizations should use Form W-8BEN only if they are claiming a reduced rate of withholding under an income tax treaty or some other exception.

Line 4. Enter your permanent residence address in the United States. If you fail to provide your permanent residence address in the United States, the withholding agent may not be able to determine your status under the income tax treaty.

Line 5. Enter your mailing address only if it is different from the address you gave on line 4.

Line 6. If you are an individual, you are generally required to enter your social security number (SSN). To apply for an SSN, get Form SS-5 from a Social Security Administration (SSA) office or, if in the United States, you may call the SSA at 1-800-772-1213 or fill in Form SS-5 and return it to the SSA.

If you do not have an SSN and are not eligible to get one, you must get an individual taxpayer identification number (ITIN). To apply for an ITIN, file Form W-7 with the IRS. It usually takes 4-6 weeks to get an ITIN.

An ITIN is for tax use only. It does not entitle you to social security benefits or change your employment or immigration status under U.S. law.

If you are not an individual or you are an individual who is an employer or you are engaged in a U.S. trade or business as a sole proprietor, you must enter an employer identification number (EIN), if you do not have an EIN, you should apply for one on Form SS-4. The application is for Employer Identification Number. If you are a disregarded entity claiming treaty benefits as a hybrid entity, enter your EIN.

A partner in a partnership conducting a trade or business in the United States will likely be allocated effectively connected taxable income. The partner is
required to file a U.S. federal income tax return and must have a U.S. taxpayer identification number (TIN). You must provide a U.S. TIN if you are:
• Claiming an exemption from withholding under section 871(f) for certain annuities received under qualified plans,
• A foreign grantor trust with 5 or fewer grantors,
• Claiming benefits under an income tax treaty, or
• Submitting the form to a partnership that conducts a trade or business in the United States.

However, a U.S. TIN is not required to be shown in order to claim treaty benefits on the following items of income:
• Dividends and interest from stocks and debt obligations that are actively traded,
• Dividends from any redeemable security issued by an investment company registered under the Investment Company Act of 1940 (mutual fund),
• Dividends, interest, or royalties from units of beneficial interest in a unit investment trust that are (or were upon issuance) publicly offered and are registered with the SEC under the Securities Act of 1933, and
• Income related to loans of any of the above securities.

**T**

You may want to obtain and provide a U.S. TIN on Form W-8BEN even though it is not required. A Form W-8BEN containing a U.S. TIN remains valid for as long as you reside and the information relevant to the certifications you make on the form remain unchanged provided at least one payment is reported to you annually on Form 1042-S.

**Line 7.** If your country of residence for tax purposes has issued you a tax identifying number, enter it here. For example, if you are a resident of Canada, enter your Social Insurance Number.

**Line 8.** This line may be used by the foreign partner of Form W-8BEN or by the withholding agent to whom it is provided to include any referencing information that is useful to the withholding agent in carrying out its obligations. For example, withholding agents who are required to associate a Form W-8BEN with a particular Form W-8IMY may want to use line 8 for a referencing number or code that will make the association clear.

A beneficial owner may use line 8 to inform the withholding agent that the account to which a payment is made or credited is in the name of the disregarded entity (see instructions for line 1 on page 4).

**Part II**

**Line 9a.** Enter the country where you claim to be a resident for income tax treaty purposes. For treaty purposes, a person is a resident of a treaty country if the person is a resident of that country under the terms of the treaty.

**Line 9b.** If you are claiming benefits under an income tax treaty, you must have a U.S. TIN unless one of the exceptions listed in the line 8 instructions above applies.

**Line 9c.** An entity (but not an individual) that is claiming a reduced rate of withholding under an income tax treaty must represent that it:
• Derives the item of income for which the treaty benefit is claimed,
• Meets the limitation on benefits provisions contained in the treaty, if any.

An item of income may be derived by either the entity receiving the item of income or by the interest holders in the entity, or in certain circumstances, both. An item of income paid to an entity is considered to be derived by the entity only if the entity is not fiscally transparent under the laws of the tax treaty jurisdiction with respect to the item of income. An item of income paid to an entity shall be considered to be derived by the interest holder in the entity only if:
• The interest holder is not fiscally transparent in its jurisdiction with respect to the item of income, and
• The entity is considered to be fiscally transparent under the terms of the interest holder’s jurisdiction with respect to the item of income. An item of income paid directly to a type of entity specifically identified in a treaty as a resident of a treaty jurisdiction is treated as derived by a resident of that treaty jurisdiction.

If an entity is claiming treaty benefits on its own behalf, it should complete Form W-8BEN if an interest holder in an entity that is considered fiscally transparent in the jurisdiction with respect to the item of income. An item of income paid directly to a type of entity specifically identified in a treaty as a resident of a treaty jurisdiction is treated as derived by a resident of that treaty jurisdiction.

An income tax treaty may not apply to reduce the amount of any tax on an item of income received by an entity that is treated as a domestic corporation for U.S. tax purposes. Therefore, neither the domestic corporation nor its shareholders are entitled to the benefits of a reduction of U.S. income tax on an item of income received from U.S. sources by the corporation.

To determine whether an entity meets the limitation on benefits provisions of a treaty, you must consult the specific provisions of articles under the treaties. Income tax treaties are available on the IRS website at www.irs.gov.

**T**

If you are an entity that derives the income as a resident of a treaty country, you may check this box if the applicable income tax treaty does not contain a "limitation on benefits" provision.

**Line 9d.** If you are a foreign corporation claiming treaty benefits under an income tax treaty that entered into force before January 1, 1987 (and has not been renegotiated) on (a) U.S. source dividends paid to you by another foreign corporation or (b) U.S. source interest paid to you by a U.S. trade or business of another foreign corporation, you must generally be a "qualified resident" of a treaty country. See section 884 for the definition of interest paid by a U.S. trade or business of a foreign corporation ("branch interest") and other applicable rules.

In general, a foreign corporation is a qualified resident of a country if any of the following apply:
• It meets a 50% ownership and business test.
• It is primarily and regularly traded on an established securities market in its country of residence or the United States.
• It carries on an active trade or business in its country of residence.
• It gets a ruling from the IRS that it is a qualified resident.
See Regulations section 1.864-5 for the requirements that must be met to satisfy each of these tests.

If you are claiming treaty benefits under an income tax treaty entered into force after December 31, 1986, do not check box 9d. Instead, check box 9c.

Line 9e. Check this box if you are related to the withholding agent within the meaning of section 267(b) or 7701(b) and the aggregate amount subject to withholding received during the calendar year will exceed $500,000. Additionally, you must file Form 8833, Treaty-Based Return Position Disclosure Under Section 6114 or 7701(b).

Line 10

Line 10 must be used only if you are claiming treaty benefits that require that you meet conditions not covered by the representations you make in lines 9a through 9e. However, this line should always be completed by foreign students and researchers claiming treaty benefits. See Scholarship and fellowship grants below for more information.

The following are additional examples of persons who should complete this line:
- Exempt organizations claiming treaty benefits under the exemption organization article of the treaties with Canada, Mexico, Germany, and the Netherlands.
- Foreign corporations that are claiming a preferential rate applicable to dividends based on ownership of a specified percentage of stock.
- Persons claiming treaty benefits on royalties if the treaty contains different withholding rates for different types of royalties.

This line is generally not applicable to claiming treaty benefits under an interest on dividends (other than dividends subject to a preferential rate based on ownership of a specified percentage of stock).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the resident has otherwise become a U.S. resident alien for tax purposes. The individual must use Form W-8 to claim the treaty benefit. See the instructions for Form W-8 for more information. Also see Nonresident alien student or researcher who becomes a resident alien for an example.

Scholarship and fellowship grants.

A nonresident alien student (including a trainee or business apprentices) or researcher who receives noncompensatory scholarship or fellowship income may use Form W-8BEN to claim benefits under a tax treaty that apply to reduce or eliminate U.S. tax on such income. No Form W-8BEN is required unless a treaty benefit is being claimed. A nonresident alien student or researcher who receives noncompensatory scholarship or fellowship income must use Form 8233 to claim any benefits of a tax treaty that apply to that income. The student or researcher must use Form W-4 for any part of such income for which he or she is not claiming a tax treaty withholding exemption. Do not use Form W-8BEN for compensatory scholarship or fellowship income. See Compensation for Dependent Personal Services in the Instructions for Form 8233.

If you are a nonresident alien individual who received noncompensatory scholarship or fellowship income from the same withholding agent, you may use Form 8233 to claim a tax treaty withholding exemption for part or all of both types of income.

Completing lines 4 and 9a. Most tax treaties that contain an article exempting scholarship or fellowship grant income from taxation require that the recipient be a resident of the other treaty country at the time of, or immediately prior to, entry into the United States. Thus, a student or researcher may claim the exemption even if he or she no longer has a permanent address in the other treaty country after entry into the United States. If this is the case, you may provide a U.S. address on line 4 and still be eligible for the exemption if all other conditions required by the tax treaty are met. You must also identify on line 5a the treaty country of which you were a resident at the time of, or immediately prior to, your entry into the United States.

Completing line 10. You must complete line 10 if you are a student or researcher claiming an exemption from taxation on any scholarship or fellowship grant income under a tax treaty.

Nonresident alien student or researcher who becomes a resident alien. You must use Form W-8 to claim an exception to a saving clause. See Nonresident alien who becomes a resident alien on this page for a general explanation of saving clauses and exceptions to them.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stays in the United States for more than 182 calendar days. However, paragraph 2 of the first protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would complete Form W-8.

Part III

If you check this box, you must provide the withholding agent with the required statement for income from a nonfunctional contract that is to be treated as income not effectively connected with the conduct of a trade or business in the United States. You should update this statement as often as necessary. A new Form W-8BEN is not required for each update provided the form otherwise remains valid.

Part IV

Form W-8BEN must be signed and dated by the beneficial owner of the income, or, if the beneficial owner is not an individual, by an authorized representative of
officer of the beneficial owner. If Form W-8BEN is completed by an agent acting under a duly authorized power of attorney, the form must be accompanied by the power of attorney, in proper form or a copy thereof, specifically authorizing the agent to represent the principal in making, executing, and presenting the form. Form 2848, Power of Attorney and Declaration of Representative, may be used for this purpose. The agent, as well as the beneficial owner, may incur liability for the penalties provided for an erroneous, false, or fraudulent form.

Broker transactions or barter exchanges. Income from transactions with a broker or a barter exchange is subject to reporting rules and backup withholding unless Form W-8BEN or a substitute form is filed to notify the broker or barter exchange that you are an exempt foreign person.

You are an exempt foreign person for a calendar year if:
• You are a nonresident alien individual or a foreign corporation, partnership, estate, or trust;
• You are an individual who has not been, and does not plan to be, present in the United States for a total of 183 days or more during the calendar year; and
• You are neither engaged, nor plan to be engaged, during the year, in a U.S. trade or business that has effectively connected gains from transactions with a broker or barter exchange.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the internal revenue laws of the United States. You are required to provide the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is Recordkeeping, 5 hr.; 55 min.; Learning about the law or the form, 3 hr.; 46 min.; Preparing and sending the form to IRS, 4 hr.; 2 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can email us at “takform@irs.gov.” Please put “Forms Comment” on the subject line. Or you can write to Internal Revenue Service, Tax Products Coordinating Committee, SEW CAR/MFP/T:SF, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send Form W-8BEN to this office. Instead, give it to your withholding agent.
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

**Identification of Beneficial Owner**

<table>
<thead>
<tr>
<th>1. Name of individual or organization that is the beneficial owner</th>
<th>2. Country of incorporation or organization</th>
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<tbody>
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<thead>
<tr>
<th>3. Type of beneficial owner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corp</td>
</tr>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Corporation</td>
</tr>
<tr>
<td>Nonprofit organization</td>
</tr>
<tr>
<td>Private foundation</td>
</tr>
<tr>
<td>Tax-exempt organization</td>
</tr>
<tr>
<td>Tax-exempt organization</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Permanent residence address (street, apt., or suite no., or room no., or suite): Do not use a P.O. box or Inc. station.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City or town, state or province, include postal code where appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. mailing address (if different from above):</th>
</tr>
</thead>
<tbody>
<tr>
<td>City or town, state or province, include postal code where appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. U.S. taxpayer identification number, if required (see instructions)</th>
<th>7. Foreign tax identification number, if any (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USN or TIN</td>
<td>EIN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Reference number(s) (see instructions)</th>
</tr>
</thead>
</table>

**Claim of Tax Treaty Benefits (if applicable)**

- a. The beneficial owner is a resident of ________________, within the meaning of the income tax treaty between the United States and that country.
- b. If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c. The beneficial owner is not an individual, unless the term "individual" includes the beneficiary or business entity for which the treaty benefits are claimed, and, if applicable, specifies the requirements of the treaty provision dealing with limitations on benefits (see instructions).
- d. The beneficial owner is not an individual, unless the term "individual" includes the beneficial owner or business entity for which the treaty benefits are claimed. The beneficial owner or business entity for which the treaty benefits are claimed is a resident of ________________.
- e. The beneficial owner or business entity for which the treaty benefits are claimed is a resident of ________________.

**Special rates and conditions (if applicable) (see instructions):** The beneficial owner is claiming the provisions of Article ___________ of the treaty identified on line 1 below to claim a ____________% rate of withholding on specified type of income. ________________.

**Part III: National Principal Contracts**

- I have provided or will provide a statement that identifies those national principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV: Certification**

Under penalty of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief is true, correct, and complete. I further certify that the beneficial owner is not a U.S. person. The income that is effectively connected with the conduct of a trade or business in the United States, or effectively connected income, is not subject to tax under any income, tax treaty, or the partner's share of a partnership effectively connected income.

- I have provided or will provide a statement that identifies those national principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Sign Here**

[Signature]

[Print Name] [Print Name(s) of Individuals Authorized to Sign] [Role] [Role] [Capacity in which acting]
STATEMENT DECLARING EXEMPTION FROM US TAX
Foreign Person Performing Services Outside the United States

I, _________________________________, am a citizen of _____________________.

Print Name
Print Country

I am performing services for Gonzaga University. All services that I am performing for Gonzaga University are being performed in ___________________________ thus my income from Gonzaga University for these services is not subject to US Social Security or Federal Income taxes. I pay all taxes due to my country of residence.

Under penalties of perjury, I declare that I have examined the information above and to the best of my knowledge and belief it is true, correct and complete. I further certify the income to which this form relates is not effectively connected with the conduct of a trade or business in the United States.

__________________________________  __________________________
Signature                                 Date

_____________________________________________________________
Permanent residence address

City or town, state or province. Include postal code where appropriate.

7/8/09