**Doctoral Teaching Internship Contract**

**North Carolina State University**

**Counselor Education Program**

This contract outlines the primary expectations for the Doctoral Teaching Internship student and the Teaching Internship site supervisor. Please read to become familiar with the basic process and requirements for the Teaching component of the Doctoral internship (ECD 850/ECD886) in the Counselor Education program. The Contract contains 4 parts: Part I- An Overview of Expectations; Part II- Teacher Supervisor Information; Part III- Internship Instructor Information, and Part IV. Doctoral Student Information. After reviewing all items, if you agree to the contract, please sign and date where a signature is requested at the end of the document. The Doctoral Student will complete his/her part, take the paperwork to the Teaching Supervisor, bring it to his/her Internship instructor, and ultimately all paperwork will end up with the Clinical Coordinator who will file the contract in the student’s clinical file.

**Part I- Overview**

**1. Hours**

**Teaching Internship (ECD 886/850):** Counselor Education doctoral students are required to participate in 100 hours of a Teaching experience.

2. Setting **goals for the doctoral student in the Teaching Internship**

The Teaching Supervisor will collaborate with the student in developing goals for the teaching experience.

**3.Supervision**

Student teaching interns receive regularly scheduled group supervision with the course instructor of ECD 850. A formal evaluation is conducted mid and end of the semester by program faculty conducting individual/triadic supervision and group supervision. The evaluation form is called **The Evaluation of the Doctoral Student Teaching Intern.**

**4.Professionalism and Ethical behavior**

The teaching supervisor and the university supervisors/instructors will model professional and ethical behavior (e.g. confidentiality and limits to confidentiality, recognition of qualifications and limitations, record keeping , dual relationships, self awareness and monitoring etc.) Students need to be aware and behave in accordance with the American Counseling Association Code of Ethics and discuss with their site supervisors any ethical guidelines/codes specific to their teaching experience. Students are expected to exhibit professional behavior in their teaching experience.

**5.Contacts between the Teaching Supervisor and the ECD 850 University Supervisor:**

The ECD 850 Internship Instructor will reach out to the Teaching Supervisor throughout the semester to check on the progress of the doctoral student. Contact will be made by e-mail or by phone to schedule visits if any concerns arise.

**6.Evaluation:**

The Teaching Supervisor will provide on-going feedback to the student concerning his/her performance during the teaching experience. The students will also get on-going feedback from their ECD 850 Internship Instructor.

The Teaching Supervisor and university Supervisor/Instructor will evaluate the Internship student at mid semester and end of the semester. During Internship, the Teaching supervisor will complete the mid and end of the semester evaluations and go over the feedback with the student interns. They will then send the evaluation to the internship instructor. The Counselor Education Program’s student evaluation form is called The Evaluation of the Doctoral Student Teaching Intern.

**Part II. –Teaching Supervisor Information** (to be completed by Teaching Supervisor)

1. Name of North Carolina State University Counselor Education Program Internship Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Teaching Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Teaching Supervisor Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Title of Class Taught:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Teaching Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Teaching Supervisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Teaching Supervisor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Teaching Supervisor’s Highest Degree Completed (MA, MS, EdS, PhD, MD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Teaching Supervisor: Educational Background (chronological order beginning with most recent training

Name of Institution Degree/Year Title of Program

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

10. Professional Experience (chronological order beginning with most recent experience)

Job Titles/Duties Year/Dates

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

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

Site Supervisor Signature Date

**Part III- ECD Internship Instructor Information**

To be completed by Instructor

1.Instructor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Instructor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Instructor E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Instructor University Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Instructor Signature: The Internship instructor must read the following and initial and sign at the end if in agreement.

* The student’s course instructor has approved the above stated Teaching Internship.\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial signifying agreement)
* The Instructor approves the Teaching Supervisor’s credentials \_\_\_\_\_\_\_\_(initial)
* The NCSU Counselor Education Internship instructor agrees to contact the Teaching Supervisor during the Internship semesters by phone, e-mails, and/or visit/s to assist in monitoring student progress.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

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

ECD 850 Internship Instructor Signature Date

**Part IV.- Student Information (**To be completed by Student)

1.Doctoral Internship Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Student E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Student Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Good Standing:

Place a check on the line for each statement that is true; write an explanation for items that are not checked.

\_\_\_\_\_As a student, I have never had a formal disciplinary charge against me by NCSU or any college or university, and there are no pending student misconduct charges against me. (If yes, please provide full details on a separate sheet. A disciplinary history does not necessarily disqualify an applicant.)

\_\_\_\_\_I have never been diagnosed or treated for a physical or emotional problem that would interfere with my roles and duties as a counselor. (If yes, please provide full details on a separate sheet.)

\_\_\_\_To the best of my knowledge, I have no attitudes that would interfere with my ability to work with or cause me to discriminate against clients upon the basis of race, color, religion, creed, sex, national origin, age, disability, veteran status, sexual orientation, or socioeconomic status.

\_\_\_\_I have never been convicted of a felony in a court of law (NOTE: You may be required to complete and pay for a criminal background check at the request of the school system or other site in which you work (as a paid or unpaid employee). If yes, please provide full details on a separate sheet.)

\_\_\_\_\_I am neither under the influence of illegal drugs nor participating in the distribution/sale of illegal drugs; and will not, while I am a Doctoral student in the Counselor Education Program, use illegal drugs or participate in the distribution/sale of illegal drugs.

\_\_\_\_\_I agree to inform the Counselor Education Program if, while I am a Doctoral student in the Counselor Education Program, I am charged with any violations of the NCSU Code of Student Conduct; charged by any university representative with a violation of any disciplinary code; or charged with any violations of federal, state, or local law.

\_\_\_\_I agree to inform the Counselor Education Program if I am dealing with a mental health concern that would put myself or my clients at my Practicum or Internship site at risk.

Note: The Counselor Education Program as part of the application process checks with other University programs (i.e .the Office of Student Conduct) regarding applicant behavior/conduct on campus.

Ethical Guidelines:

Place a check on the line to indicate you plan to adhere to each guideline.

\_\_\_\_\_I plan to uphold confidentiality as well as the limits to confidentiality.

\_\_\_\_\_I am aware of the limits to my training and abilities and plan to see assistance with supervisors when a teaching situation is beyond my abilities and training.

\_\_\_\_\_I will identify myself as a counselor-in-training and not misrepresent myself.

\_\_\_\_\_I will accurately and reliably maintain written and other records require by my site.

\_\_\_\_\_I will refrain from teaching students with whom I have other types of relationships. (I will avoid dual relationships.)

\_\_\_\_\_Under no circumstances will I become involved in a sexual or romantic relationship with clients at my site and I will not engage in sexual harassment.

\_\_\_\_\_I will monitor my own emotional and physical status and practice self awareness to avoid any adverse impact on my clients.

\_\_\_\_\_I will discuss ethical standards with my supervisors.

**By signing below I affirm that I have provided full and truthful details on this document as well as agreeing that I will adhere to all of the ethical guidelines listed above and in the Internship Handbook. I understand this contract and will uphold this contract to the best of my ability.**

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teaching Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Instructor (ECD 850) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**