

**MCFT**

**LEWIS & CLARK COLLEGE  
GRADUATE SCHOOL OF EDUCATION AND  
COUNSELING**

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Marriage, Couple, and Family Therapy Program

**Clinical Training Handbook**

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# Welcome to MCFT Internship!

Starting your internship is an important milestone in your development as a family therapist. You have been preparing for this since you entered the Lewis & Clark Marriage, Couple, and Family Therapy (MCFT) program. Being in the role of a family therapist can be exciting as well as anxiety producing. This manual will help give you some of the basics relative to the process of supervision, your internship courses, professional development, and maintaining healthy relationships with colleagues, supervisors, agencies and clients. It also includes practical information you will need to meet academic requirements.

## A Word on Professional Development

Therapists-in-training grow and develop in predictable and unique ways. It is important that you attend to your own development. In the long run, those therapists who are self-reflective without being overly self-critical are more likely to meet their goals of becoming highly competent practitioners.

It is tempting to compare yourself with your colleagues, leading to over valuing or under valuing yourself relative to your particular stage of development. The journey is filled with stops and starts, unique turns, personal challenges, amazing successes, inspirational moments, uncomfortable realizations, and transformative challenges. It is not easy to predict what is coming. For example some people start very strong and confident only to find they are bumping up against difficult growing experiences down the road. Others may be very quiet or nervous at first, but their ability to self-reflect moves them steadily toward remarkable competence.

There are some traits that seem to serve us well as family therapists. This list is not complete, but represents important personal and professional qualities that you may want to recognize and enhance in yourself:

Humility	Counterintuitive, systemic thinking
Empathy/ Compassion	Genuine respect and regard for colleagues, clients and supervisors
Integrity	Willingness and eagerness to continually learn
Self-awareness	A positive, hopeful attitude
Social awareness	Accountability
Ability to understand multiple perspectives	
Courage to engage in difficult conversations	

We encourage you to carefully cultivate who you are and can become as a therapist. Develop your strengths and face your growing edges. It is also important to remember that the qualities and abilities therapists need vary with different contexts.

## Placement Process

Students complete a 12-month placement at the L&C Community Counseling Center concurrently with a 15-month placement in a community setting. Prior to beginning the placement process, all students will undergo a readiness to practice review conducted by MCFT faculty. This review will include an overall assessment of students' preparedness through completion of coursework, the Counseling Readiness Rating Skill checklist, Professional Qualities Evaluation and other supporting materials such as your Professional Development Portfolio (see MCFT Student Handbook).

During Fall term of your second year, you will be given a list of agencies that have been pre-approved as placement sites for MCFT students. These agencies will be in settings such as community mental health centers, hospitals, schools, and governmental agencies. Students may not work independently. The Placement Coordinator, Clinical Coordinator and Site Supervisors determine the number of placements available at each site yearly. The Clinical Coordinator acts as a liaison between L&C and your agency supervisor as needed. If you are particularly interested in a different site, you may discuss this with the Clinical Coordinator and Placement Coordinator early in the process, preferably in the fall before placements are considered. Typical timelines are as follows:

October	Clinical Info Meeting Upload CV on TaskStream Upload volunteer hours on TaskStream Faculty review of students for readiness to practice
November	Internship/Externship Fair (Bring CVs)
January	Interviews at sites occur
February	All interviews & interview feedback complete
March	Placement Approval Form submitted to CPSY Placement Coordinator and Clinical Coordinator
April	Internship Orientation @ 9am-Noon Signed Internship and Externship Agreements due Proof of AAMFT liability insurance due Start dates and agency orientations scheduled
Summer Semester	Students must not see clients until the summer term begins and are officially registered in an internship class

## Lewis & Clark Community Counseling Center

Students register for MCFT 582 for four concurrent semesters. During the first three semesters, students receive clinical training at the Lewis & Clark College Community Counseling Center (L&C CCC) concurrently with their community placement. Students provide MCFT services at the L&C CCC one full day a week for 12 months, receive in-depth live supervision, and learn to integrate social justice into family therapy. During the final summer semester students continue to receive clinical supervision at their community placements and participate in a final internship course on campus.

Depending on the community placement site and schedule requirements, students will be assigned to a training day at the L&C CCC on a Monday, Tuesday or Wednesday (days may change with prior notice).

Training and practice at the L&C CCC are based on a team approach. Although each supervisor may structure team practice somewhat differently, the expectation is that observers behind the mirror or video camera take an active role in developing and providing the therapy. This could include times when multiple team members participate in reflecting teams or otherwise engage directly with clients; other times the team's involvement may be behind the scenes, but it is always a significant contribution to the therapy. Therapists in session with clients are not independently responsible for the therapy; rather, the team is responsible for the therapy.

Special Clinical Trainee status is for students who provide unique skill sets (i.e. fully bilingual) and are able to provide therapy at the L&C CCC prior to reaching clinical internship status. They must be recommended by faculty to begin obtaining clinical hours prior to enrolling into the MCFT 582 Internship in Marriage, Couple & Family Therapy course. This Special Clinical Trainee status is granted on an individual basis and must be approved by the Clinical Coordinator and Program Director. Students will then be assigned to a faculty member who will supervise their clinical experience.

## Documenting Your Clinical Experience

**Students are responsible for maintaining an accurate record of client contact and supervision hours.** This will be how you and the program document your clinical experience when you seek licensure or other professional verifications. You need to keep these records for the rest of your professional life. To assist you in this process, you will maintain monthly hour logs and review them with your supervisor. Each semester students submit a summary of these hours as described on the next page. Much as you would with an expense report, you must also attach signed monthly hour logs to verify the hours earned. The CPSY administrative coordinator will audit your logs to help insure that students complete them accurately.

**Documentation of your clinical experience is monitored and maintained on TaskStream. All required paperwork (next page) must be submitted by the last week of each semester in order to receive credit. All required clinical and supervision hours must be documented to graduate.**

## Required Internship Paperwork (samples in appendices)

### Prior to Internship

Background check

CV/resume

Internship and Externship Agreements

Proof of insurance and AAMFT membership

During MCFT 502

October meeting

Due in April before MCFT 582 begins

Due in April before MCFT 582 begins

### Monthly

Interns must maintain monthly logs of the client and supervision hours earned at each placement site. You and your supervisor must sign the log at the end of each month. This is your record and will be important when you need to document hours, such as for professional licensure.

### Each Semester

In order to receive credit for MCFT 582, the following must be submitted prior to the end of the semester:

- |   |  |
|---|--|
| 1. Hours summary sheet                                      | Submit to CPSY office before the last week of the term |
| 2. Supervisee evaluation from each Placement Supervisor     | Upload to TaskStream before the last week of the term  |
| 3. Signature & Goals Form with each Placement Supervisor    | Upload to TaskStream before the last week of the term  |
| 4. Your Supervisor Evaluation for each Placement Supervisor | Completed in TaskStream                                |

### Annually

Proof of liability insurance and AAMFT membership

Upload to Taskstream

## Supervision

Ongoing clinical supervision is required of all MCFT students in clinical practice at any site. This meets the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirement that students receive ongoing individual supervision of their clinical work from a qualified MFT supervisor, with at least one hour per week with an AAMFT approved supervisor or supervisor candidate. It also meets the practice requirements of Lewis & Clark's MCFT graduate program and requirements for training established by the State of Oregon.

Throughout your clinical practice, you will participate in both individual and group supervision. You may be asked to meet with your supervisor alone or with one other MCFT trainee in the program for

60-90 minutes each week. Individual supervision is defined as no more than two supervisees meeting with a supervisor face to face. You will also meet as a group with up to 10 other MCFT students who are working at various sites. While all supervision ultimately is concerned about the welfare of clients, supervision is very focused on your development as a systemic therapist. Supervisors will be AAMFT Approved Supervisors or the equivalent.

Your individual supervisor provides oversight for all of your clinical cases. It is essential that you keep him or her apprised of all of your cases and of any urgent situations that arise (e.g., high risk situations, times when you may need to report abuse or neglect). Individual supervision allows students to work in-depth on their developing clinical skills and to both give and receive detailed ongoing feedback from a colleague and supervisor.

Group supervision provides you with additional case supervision and training in applying family therapy theory and models across varied contexts with diverse populations. Group supervision provides a venue for students to consider many perspectives and approaches to working with families. Both individual and group supervision give you the opportunity to review your clinical practice in depth and to encourage your ongoing development as a family therapist. Individual and group supervision also serve in different ways as contexts in which you will be encouraged to explore yourself as a therapist (i.e., self of the therapist) relative to your world view, assumptions, relational styles, and so on.

If you are dealing with a clinically urgent situation, you should first call your primary agency supervisor, if your primary supervisor is not available contact your secondary agency supervisor.

You are required in supervision to:

- Attend and actively participate in all scheduled supervision meetings.
- Be open to feedback from your supervisor and peers.
- Meet with your supervisor individually when requested.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.
- Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.

- Use time efficiently during supervision. Being prepared to talk about a case and thinking through your goals ahead of time makes the process more vital for everyone involved.
- Review video recordings from your sessions or your peers' session in a timely manner at the L&C CCC.
- When presenting a video, cue the parts of the tape you want to watch in supervision. This saves searching for pertinent data.
- Make sure you use pseudonyms and remove all identifying information from any cases you present in supervision and class or use as examples to complete assignments in order to protect client confidentiality.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s).

**All sessions at the L&C CCC are recorded. Students are also encouraged to seek live supervision or view recorded sessions at their external placements. To audio or video record at your community placement, you will need to obtain a recording device and an encrypted flash drive in order to record sessions and transport the data in compliance with agency policies and HIPAA laws. Begin videotaping your work as soon as you start seeing clients and take your videos to supervision, both on site and (when requested) at LC. (see Informed Consent to Record, App. A)**

## Hour Requirements

Your internship experience continues without interruption, except for established holidays, until you have demonstrated minimal clinical competency requirements for graduation. This includes at least one and a third calendar year – a minimum of four academic semesters. Of a total of 20 hours per week spent at your agency site during this time, approximately 8-12 are to be spent in direct client contact with individuals, couples, groups, and families (see Hour Log, App. B). An additional 8 hours a week are spent at the L&C CCC.

Direct client contact is defined as face-to-face (therapist and client) therapeutic intervention. When working as part of a team (such as at the LC Community Counseling Center) all members of the team may count as direct client contact, provided the team is actively engaged in observing, discussing, and participating in the ongoing work with the case, with the supervisor in the room. The balance of this time is to be spent in supervision, record keeping, and participation in other clinical activities of the agency. In order to graduate, students must complete:

- A minimum of 100 hours of supervision (as defined below, p. 9)
- A total of 500 face-to-face contact hours. Of these,
  - A minimum of 200 hours must be relational hours

- Up to 300 hours may be individual hours
  - Up to 100 of the 500 total hours may be individual or family group
  - Up to 100 of the 500 total hours may be individual or relational alternative hours
  - An additional 100 hours of staff meetings, case management, and related activity is also required
- A relational contact hour is direct client contact time in which couples or families are present in the therapy room. If only one client is physically present with the therapist, the time is not considered relational. If more than one client is present, but the clients are not related to each other, the time is not considered relational. Work with multiple clients in relationship with each other and/or the focus of the therapy is on the relationship of those present, or work with related clients by electronic means (such as including a family member via phone or Skype) must be approved by the L&C supervisor (in collaboration with the Clinical Coordinator) in order to be counted as relational hours.
  - Alternative hours may include doing therapy as part of a team as well as activities such as joining a parent for a school conference or teaching a psychoeducational group. Please note that the client must be present. The L&C Supervisor (in collaboration with the Clinical Coordinator) must approve alternative hours.
  - Supervision must be from an AAMFT Approved Supervisor, AAMFT Supervisor-in-Training or AAMFT Supervisor Equivalent as approved by the Program Director and Clinical Coordinator.
    - At least 50 of supervision hours must be based on raw data, i.e., video or audio tape or live observation. For example, a half-hour spent watching a therapy videotape, followed by an hour discussion counts as an hour and a half toward this 50 hour requirement.
    - An hour with a client and your supervisor in session counts as one contact hour and as one supervision hour.
    - Supervision must take place in the ratio of at least one hour of supervision for each five hours of therapy.
    - Up to 50 hours of supervision can be group supervision (up to 10 student therapists with a supervisor)
    - A minimum of 50 supervision hours must be individual supervision (1-2 student therapists with a supervisor).
    - Co-therapy is the equivalent of conducting therapy as a single therapist and hours should be counted accordingly.

All clinical and supervision hours must be documented to be eligible for graduation. (See pages 4-5).

The following guidelines are intended to help you stay on track to meet hour requirements within four semesters:

Month	End of Month Clinical Hour Count	Cumulative Clinical Hour Count
June	15	15
July	20	35
August	25	60
September	40	100
October	40	140
November	40	180
December	40	220
January	40	260
February	40	300
March	40	340
April	40	380
May	40	420
June	40	460
July	30	490
August	20	510

## Raw Data

The majority of supervision (at least 50%) must be based on raw data (i.e., live observation/video-tapes of sessions with clients, or co-therapy with your supervisor). All supervision at the L&C Community Counseling Center is based on live supervision. **Supervisors at other sites must observe your work at least once each semester (video or live).**

Record therapy sessions regularly and make arrangements for your supervisor to be involved in/observe live sessions whenever possible. Make sure you discuss recording policies with your internship site supervisor and follow all policies regarding obtaining client consent and transporting sensitive clinical material. Students must be able to provide videotape representation of recent work to supervisors upon request.

You are expected to have access to a video or audio recording device to use at your placements in order to provide raw data to your supervisor. It is your responsibility to provide this data in a format that is accessible to your supervisor. In order to comply with HIPAA laws, transporting video from your site requires that you encrypt the data, using an encrypted flash drive.

You may not remove client files from agencies without specific permission and only for professionally necessary reasons. You may not remove files to complete case notes or complete case notes outside of your agency.

You are not allowed to remove any files or video from the L&C Community Counseling Center.

## Goals for Clinical Experience

As stated in the program mission, the overall goal for an internship is to prepare competent marriage, couple, and family therapists who engage in systemic relational therapy in ways that demonstrate excellent therapeutic skills and ethical and socially responsible practice.

During your clinical training you will be deepening your understanding of existing models of family therapy and how they may inform your work. You will also be exploring and eventually articulating your unique theoretical framework. Throughout the experience you will be asked to identify underlying assumptions that influence how you think about problems and solutions, the questions you ask in therapy and the directions you move in facilitating change. You will be asked to consistently bridge theory, research, and practice. Your clinical training is also a time to further develop yourself as a professional in the field and to transition into your professional role.

Throughout your clinical experience and supervision, you will be working on numerous areas of your clinical work. This includes, but is not limited to, the AAMFT Core Competency subsidiary domains, which are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional. Areas that will be included in your evaluation at the end of the semester include:

Therapeutic Relationship, e.g., conveying respect to client; attending to the therapeutic relationship; using self of the therapist

Conceptual Abilities, e.g., adopting a systemic view; attending to multiple systems; basing goals, hypotheses and interventions on theory

Contextual Awareness, Knowledge and Skill, e.g., acknowledging family development; attending to culture and context in therapy; incorporating awareness of gender, race, ethnicity, abilities, language, sexual orientation, etc.; integrating analysis of power and social justice/advocacy

Perceptual Competencies, e.g., identifying and intervening in patterns of interaction; distinguishing process from content; identifying self as part of the system

Structuring Therapy, e.g., organizing session; communicating clearly, precisely and effectively; establishing and reviewing goals

Intervention and Evaluative Skills, e.g., linking interventions to theory; recognizing impact of interventions on wider system; intervening intentionally consistently throughout the therapeutic relationship; following up on interventions; formulating and altering treatment plan as needed

Executive/Case Management, e.g., maintaining complete, relevant case notes in a timely manner; completing all required paperwork, letters, contacts, etc. in a professional and timely manner; contacting referral sources/other professionals involved in a timely manner and sharing relevant information; completing effective assessments and appropriately using the DSM V

Professional Development, e.g., being prepared for supervision / seeking and incorporating feedback from supervisor; being aware of own professional development and self as a therapist; maintaining a professional image, professional boundaries, and positive relationships with colleagues

Other Specific Goals as defined by you and your supervisor

## Professional Learning Community

It is essential for each of us to contribute to a positive, healthy learning environment during internship courses, individual supervision, and clinical experience. It is important that your clinical work and supervision groups are places you feel safe to share your experiences and to be open about your growth. This includes:

- Being collaborative rather than competitive
- Freely sharing your work
- Being open to input from supervisors, clients and colleagues
- Taking a stance of humility and curiosity
- Offering your clinical opinions as perspectives rather than truths

Problems sometimes arise in clinical training groups. You may get mixed input from supervisors. You may find yourself developing negative feelings toward a supervisor or colleague. You may even find that members of your clinical supervision group/dyad are at odds with each other. These types of situations can draw away from important learning opportunities and/or be used as opportunities for professional growth. When problems arise:

- Disrupt triangulation. Help each other by discerning when you are listening to resolve problems and when you are contributing to triangulation through your silence or agreement.
- When possible, resolve problems directly and soon after they arise.
- Remember that your attitudes and behaviors out of the therapy room ultimately affect clients and results in the therapy room.
- Take care of yourself – seek therapy if needed as you adjust to this new role.
- Don't keep secrets that are potentially damaging to anyone. If something is eating you up there is a reason.
- Engender hope and optimism in yourself and others. Focusing on the positive is a powerful tool in therapeutic, personal and professional relationships. Habitual negativity distracts from your own learning and unfairly takes away from the experiences of others.

## Evaluations

The L&C MCFT Program Supervisee Evaluation (see App. E) reflects the AAMFT core competencies and the values of the L&C program. Evaluations become a part of the student's permanent record and must meet minimum competency requirements. Failure to meet clinical competencies may require you to extend your internship semesters.

Near the end of each semester your supervisors will receive an electronic link from which to complete an evaluation of your clinical skill development. They will print and copy and review it with you. We encourage a collaborative evaluation process. At that time you will also develop a set of goals for the next phase of your professional development. You will upload copies of the evaluations from each supervisor together with the accompanying signature and goals statement (appendix F) to TaskStream. These are required before the end of the semester for you to receive credit for the internship course. If your supervisor forgets to print your evaluation before submitting it, your individual evaluation will not be accessible. If this happens, you will need to upload a note from the supervisor stating this. Otherwise, your TaskStream file will appear incomplete.

You will also be required to complete an evaluation of each individual supervisor. It can be found and completed on TaskStream. It is located separately from your other TaskStream requirements so as to remain confidential. A sample is included in Appendix G.

Don't wait for evaluation time to make important points or discuss problems with supervisors. Give your supervisors input and discuss issues as they occur so these can be resolved if possible. This is more respectful to the supervisor and better for your learning.

Give input about your placement site to your agency and L&C supervisors throughout your experience. At the end of your internship, before graduating, you are required to complete an evaluation of the site (See Internship Evaluation Form, App. H).

## Ethics & Practice Guidelines

You must practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics and the Oregon State Laws. Inform your individual supervisor, MCFT 582 instructor/group supervisor, and/or the program director of any potential ethical or legal infractions you may be involved in or know about. Failure to practice according to legal and ethical guidelines may result in remedial action or dismissal from the MCFT program.

You must also practice according to all requirements given to you at your placement site. This includes completing all paperwork and case management duties in a timely and thorough manner. Any questions or concerns you have about completing these requirements should be taken to your supervisor. Failure to practice according to agency policy and procedure may result in losing your placement and possible dismissal from the MCFT program.

Remember to:

- Let supervisors know if you suspect abuse, neglect, and potential harm
- Inform supervisor and/or program faculty if you have ethical concerns about your own or a colleague's behavior
- Anything that gives you a gut level feeling of discomfort should be discussed early
- Talking with others about ethical dilemmas is the most important first step in resolving them

## Dress Code

Students contribute to the culture and reputation of the L&C CCC in the way they present themselves. A professional appearance is essential to a favorable impression with clients and the community at large. Good grooming and appropriate dress reflect the mission of our program.

Some basic essentials of appropriate dress include the need for clothing to be neat and clean, free of holes and not revealing of undergarments by way of the length, fit, or transparency of clothing. A reasonable standard of dress rules out any extreme in dress, accessory, fragrances or hair. It is impossible and undesirable to define an absolute code for dress and fragrances. Faculty supervisors will exercise good discretion in guiding students to determine appropriateness in appearance.

## Vacations

All clinical duties of your internship, and the requirements of MCFT 582, must be maintained during academic breaks between semesters.

You are permitted to take up to a total of five weeks of vacation over your 15-month internship. Vacations must be negotiated with your agency and approved by your agency and Lewis & Clark supervisors. Vacations will not be approved if you are behind on clinical or supervision hours. Regardless if the vacation is approved, you are responsible for completing required clinical and supervision hours for graduation. It is highly unlikely that you will be able to take two or more consecutive weeks off from clinical work as clients depend on your being available. Finally, time taken for personal reasons (e.g., weddings, death in the family, illness) is considered part of your vacation allowance.

## Release of Educational Records

Students who request that L&C or agency supervisors act as references for job applications or otherwise request that information about their academic and/or clinical work be shared with others, must sign a release of educational records form for each request (See Consent to Release Educational Records, App. I). See the Navigator Student Handbook for additional information on student confidentiality (i.e., FERPA).

## INFORMED CONSENT TO RECORD

My signature below confirms that conditions of my consent to be recorded have been explained to me, and I understand the following:

- I am not required to be recorded and I am under no obligation to have this session recorded.
- I can withdraw my permission at any time during or after the session. My access to counseling services will not be affected by my decision not to be videotaped.
- I have the right to review this recording with my counselor during a counseling session.
- My counselor trainee receives supervision both at this location, \_\_\_\_\_, and by faculty at Lewis & Clark College.
- This recording will be viewed during a supervisory group meeting at Lewis & Clark College by faculty and other counselor trainees as an educational opportunity to help train interns.
- Only my first name will be used or my name will not be mentioned; the contents of the recording will remain confidential within the supervision group of interns at Lewis & Clark College.
- The recording will be erased or destroyed upon completion of the supervisory and/or training review of this session.
- This consent expires 180 days from the date of my signature below. I may revoke this recording consent at any time prior to the expiration date by submitting to the counselor trainee a request to withdraw my permission.
- The original copy of this consent form will be kept in my records with this agency.
- I may contact the Counseling Psychology Department at Lewis & Clark College at any time with questions or concerns at 503-768-6060.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian if Client is under 18)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Counselor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Site Supervisor)

\_\_\_\_\_  
(Date)

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Department of Counseling Psychology  
Marriage, Couple, and Family Therapy Program

APP B

## Monthly Clinical Hours Summary Report

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Term:** \_\_\_\_\_ **Month:** \_\_\_\_\_

**Instructions:** Use .25 hour increments. Keep a copy of this form for your own records.

CLIENT CONTACT HOURS	LC Hours/Month	Site Hours/Month	Prior Hours	Total Cumulative
Individual (from all sources)				
Relational (from all sources)				
<b>TOTAL</b>				

SUPERVISION	LC Hours/Month	Site Hours/Month	Prior Hours	Total Cumulative
Individual Supervision: Case Report				
Individual Supervision: Live, Video, Audio				
Group Supervision: Case Report				
Group Supervision: Live, Video, Audio				
<b>TOTAL</b>				

SUPERVISION RATIO	Total /Month	Prior Total	Total Cumulative
Total Supervision Hours			
Total Client Contact Hours			
<b>TOTAL RATIO (Divide Supervision Hours by Client Contact hours)</b>			

**Alternative Hours to Date (of the hours above):** \_\_\_\_\_ (Once you have completed 100 hours, do **not** include any additional alternative hours in your report.)

Additional Activities	monthly	cumulative		monthly	cumulative
Case Management			Workshops/Training		
Record Keeping			Consultation		
Staff Meetings			Other (Specify)		

## Supervisee Evaluation—Expected Clinical Skills

1. ***Therapeutic Alliance*** (convey respect to all clients; join and maintain relationship with all members of system; uses self of the therapist to promote working alliance, and attends to the impact of power on the therapeutic system) SLO 2.1, 4.2 & 4.3

<b>Internship 1.</b> Seeks to understand and empathize with each person's perspective.	<b>Internship 2.</b> Joins and maintains connection with all members in the relationship system, including those who may not be present.	<b>Internship 3.</b> Recognizes societal influences on therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	<b>Internship 4.</b> Skillfully manages relationship with family members to counteract societal power imbalances and facilitate their engagement with each other.
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2. ***Structuring and managing therapy*** (explain practice setting rules, fees, rights, and responsibilities; determine who should attend therapy and in what configuration; establish and reviews goals; evaluate clients' outcomes for the need to continue, refer, or terminate therapy) SLO 4.2

<b>Internship 1.</b> Follows basic clinical and procedures, documents appropriately, and obtains measurable goals in collaboration with client.	<b>Internship 2.</b> Attends to impact of larger relational systems and considers who best to involve; Organizes flow of the session; goals are related to interventions.	<b>Internship 3.</b> Interventions regularly reflect a plan to attain goals; Works with clients to establish and review systemic goals and outcomes; Engages relevant systems & relationships.	<b>Internship 4.</b> Consistently manages progression of therapy toward attainment of systemic treatment goals.
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3. ***Perceptual competency*** (identify patterns of interaction; distinguish process from content; identify self as part of the system; develop hypotheses regarding relationship patterns & their bearing on the presenting problem; understand issues related to social justice, cultural democracy, and power) SLO 1.1, 1.2, & 4.2

<b>Internship 1.</b> Is developing a systemic lens to expand presenting issues and content to hypotheses regarding interaction patterns and relational and socio-contextual processes.	<b>Internship 2.</b> Able to distinguish process from content in session; Recognizes issues related to social justice and cultural democracy. Reflects on own role in the therapeutic process.	<b>Internship 3.</b> Regularly recognizes and focuses on patterns of interaction and considers how these relate to larger societal processes. Observes impact of self in the therapeutic process.	<b>Internship 4.</b> Consistently recognizes the interconnections among biological, psychological, and social systems, including the impact of power on the presenting issues and own role in the therapeutic system.
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4. ***Intervention skills*** (link interventions to theory; intervene intentionally and consistently throughout the

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therapeutic relationship; follow up on interventions; formulate and alter treatment plan as needed; match treatment modalities and techniques to clients' needs, goals, and values; Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). SLO 2.2, 4.2, & 4.3

<b>Internship 1.</b> Applies techniques from at least one systemic therapy approach.	<b>Internship 2.</b> Uses a variety of clinical skills, and is beginning to connect them to a clear overall focus or systemic rationale.	<b>Internship 3.</b> Expanded intervention skill set; Emerging ability to link skills to overall systemic approach; recognizes larger context issues and applies appropriate interventions.	<b>Internship 4.</b> Uses a variety of skills to achieve specific systemic goals; consistently attuned to client's unique social location
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**5. Contextual awareness, knowledge and skill** (demonstrate of integration of family therapy theory, equity, and social location issues in clinical practice; recognize impact of interventions on wider system; apply systems/relational theories to clinical case conceptualization; recognize how different techniques may impact the treatment process and larger systems issues of justice and power. SLO 2.1, 2.2, & 4.2

<b>Internship 1.</b> Identifies own cultural biases and assesses relevant larger systems issues.	<b>Internship 2.</b> Recognizes issues of justice and power in session and attempts to respond to these in systemic treatment planning.	<b>Internship 3.</b> Sessions expand contextual awareness & counteract societal inequities; increased ability to integrate attention to larger systems issues with family therapy models.	<b>Internship 4.</b> Clinical practice regularly demonstrates integration of family therapy theory, equity, and social location issues.
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**6. Assessment and diagnosis** (Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms; diagnose and assess client behavioral and relational health problems systemically and contextually; identify clients' strengths, resilience, and resources; evaluate level of risks; manage risks, crises, and emergencies; complete effective assessments and appropriately use the DSM V) SLO 1.3, 4.2, 4.3

<b>Internship 1.</b> Completes case assessments for each case that take into account multiple systemic levels; able to assess level of risk and seek help as needed. Routinely identifies areas of resilience.	<b>Internship 2.</b> Draws on observation and formal assessments to formulate systemic hypotheses that connect to goals, diagnoses, and intervention, including management of risks and crises and relevant DSM diagnoses.	<b>Internship 3.</b> Regularly Integrates multiple levels of analysis and theories in conceptualizing and managing a case (biological, sociological, interpersonal, spiritual, etc.), including areas of resilience and relevant DSM diagnoses.	<b>Internship 4.</b> Demonstrates integrated case conceptualization across multiple levels of analysis that guides in-session clinical decisions and case management
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**7. Multiple Systems** (understand and work along-side other recovery-oriented behavioral health services; develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present; respect multiple perspectives) SLO 4.2

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<b>Internship 1.</b> Aware of scope of practice of MFTs and identifies other persons and professionals significant to the case.	<b>Internship 2.</b> Practices within scope of MFT, makes appropriate referrals, and attends to other stakeholders, whether or not present.	<b>Internship 3.</b> Recognizes own clinical contributions within an interdisciplinary system of care; engages family members and other significant persons.	<b>Internship 4.</b> Works collaboratively with other all other stakeholders as they intersect in client care.
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8. **Research** (using knowledge of current MFT and other research and ability to critique qualitative and quantitative research to inform clinical practice; discern the implications of the sociopolitical context within which research is produced and applied; draw on the research literature relevant to family therapy in case planning, and seeks opportunities to participate in research and evaluate own practice. SLO 3.2 & 4.2

<b>Internship 1.</b> Shows interest in determining relevance of research to own practice.	<b>Internship 2.</b> Seeks opportunities to read and/or participate in research and begins to apply to own practice.	<b>Internship 3.</b> Critically evaluates research related to the family therapy and integrates into case planning.	<b>Internship 4.</b> Critically uses research to improve and evaluate own practice.
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9. **Self of the Therapist** (monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct; monitor personal reactions to clients and treatment process; self-reflection on the implications of own and other's social location in clinical practice). SLO 2.1 & 4.2

<b>Internship 1.</b> Open to feedback from other students, clients, and supervisors and uses it positively.	<b>Internship 2.</b> Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness.	<b>Internship 3.</b> Is aware of implications of own and other's social location during therapy sessions	<b>Internship 4.</b> Draws on consciousness of social context and self-awareness to flexibly respond to complex clinical issues.
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10. **Social Justice Advocacy** (demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity; dedication to social justice and global citizenship) SLO 2.2, 4.2., & 4.3

<b>Internship 1.</b> Articulates and applies systemic social justice principles in case planning and supervision.	<b>Internship 2.</b> Demonstrates cultural humility and emphasizes client strengths and choice in case conceptualization, treatment planning, and obtaining needed services.	<b>Internship 3.</b> Explores own use of power and privilege as they relate to therapist roles and development, intersect with client identities and roles, and foster global citizenship.	<b>Internship 4.</b> Uses privilege collaboratively with client(s), agencies, family members, and other systems to empower and promote social equity and client interests.
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**11. Legal/Ethical Practice** (know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy; understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations; provide competent service according to the AAMFT code of ethics and core competencies; understand and use appropriate processes for making ethical decisions; seek guidance from supervisors). SLO 4.1 & 4.2

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Knows legal, ethical, and professional standards of practice that apply to MFT.	Can apply ethical, legal, and professional standards of practice appropriately in therapy.	Expands ethical awareness and professional responsibility to include gender, culture, SES, power, and privilege.	Has developed a process for addressing ethical issues in case conceptualization/management and professional responsibility.

**12. Professionalism** (recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work; utilize supervision effectively; integrate supervisor/team communications into treatment; set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships; maintain complete, relevant case notes in a timely manner; complete all required paperwork, letters, contacts, etc. in a professional and timely manner; contact referral sources/other professionals involved in a timely manner and sharing relevant information; maintaining a professional image, professional boundaries, and positive relationships with colleagues). SLO 4.2

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Engages in professional manner within clinical setting; seeks and utilizes supervision.	Demonstrates initiative in carrying out professional responsibilities associated with role as therapist; identifies specific supervision needs; and maintains positive workplace relationships.	Appropriately utilizes consultation and communication with supervisor, treatment team, and other stakeholders into the treatment process; supports the professional development of colleagues.	Effectively engages with other stakeholders, family members, professionals, or significant persons in the treatment process and in the workplace.

### Documentation of Supervisee Evaluation

Student Name: \_\_\_\_\_

Term: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Placement Site: \_\_\_\_\_

Our signatures below verify that we have discussed the electronically completed supervisee evaluation.  
Please note any disagreement between supervisee and supervisor about this evaluation.

List at least three supervisee goals that have evolved as a result of your discussion.

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Student must upload a copy of this form on TaskStream with the printed copy of the electronic supervisee evaluation.*

## Supervisor Evaluation (Completed on TaskStream)

Name of Supervisor: \_\_\_\_\_

Site Name: \_\_\_\_\_

Please indicate term: \_\_\_\_\_ Summer (Practicum) \_\_\_\_\_ Fall \_\_\_\_\_ Spring  
\_\_\_\_\_ Summer 2

Directions: Circle the number that best represents your thoughts concerning the clinical supervision you received. After completing the form please return it to the Practicum Coordinator.

Strongly disagree = 1 Disagree = 2 Agree = 3 Strongly Agree = 4

### *Personal and Professional Development*

1. Recognizes and encourages further development of my  
unique strengths and capabilities. 1 2 3 4
2. Helps me define and achieve specific concrete goals  
for myself during the practicum experience. 1 2 3 4
3. Was aware and attentive to my development  
as a clinician. 1 2 3 4
4. Helped me to identify and examine my worldview. 1 2 3 4
5. Identified and challenged my biases in helpful ways. 1 2 3 4
6. Helped me explore the use of self as therapist. 1 2 3 4

### *Supervisor relationship and usefulness of feedback*

1. Encourages and listens to my ideas and suggestions for  
developing my skills. 1 2 3 4
2. Gives me useful feedback when I make clinical errors. 1 2 3 4
3. Focuses on both verbal and nonverbal behavior expressed  
by both me and my clients. 1 2 3 4
4. Deals with content effectively in supervising my work. 1 2 3 4
5. Deals with process effectively in supervising my work. 1 2 3 4
6. Encouraged me to think relationally and systemically. 1 2 3 4
7. Guided me in working with multiple members of systems. 1 2 3 4

***Conceptual/Theoretical/Multisystemic/Multicultural Perspective***

1. Encouraged me to think of clients within a broader context of extended kin/families communities, & society. 1 2 3 4
2. Helped me look at culture, context, and power in therapeutic relationships. 1 2 3 4
3. Helped me recognize systems of privilege and oppression in clients' lives. 1 2 3 4
4. Guided me in integrating research into practice. 1 2 3 4

***Administrative Issues***

1. Was dependable (e.g., on time, made appointments). 1 2 3 4
2. Was available for emergencies and urgent matters. 1 2 3 4
3. Helped me negotiate relationships with colleagues/co-therapists. 1 2 3 4
4. Guided me in administrative matters (e.g., paperwork). 1 2 3 4

***Overall I would rate my supervisor as (please check):***

Less than Adequate      Adequate      Capable      Highly Capable

***Additional comments:***

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APP H

**TO BE COMPLETED AT THE END OF YOUR EXTERNSHIP EXPERIENCE (NOT EACH TERM)**

**EXTERNSHIP SITE EVALUATION**

- 1) Extern's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Date \_\_\_\_\_
- 2) Externship Site Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Name & Phone # of Site Contact Person: \_\_\_\_\_
- 3) This evaluation describes my experience at the above-named site during the following term of my externship experience (check the one that applies):  
☐ First      ☐ Second      ☐ Third or more
- 4) Was this your final term at this site? (check the one that applies) \_\_\_\_ Yes \_\_\_\_ No

**ENVIRONMENT/CLIMATE**

*Check the appropriate blank*

- 5) During which week of this term did you first have 40% of your total hours result in direct client/student contact time? (Check the one that applies)  
\_\_\_\_ First \_\_\_\_ second \_\_\_\_ third \_\_\_\_ fourth \_\_\_\_ fifth week or later  
\_\_\_\_ I never had 40% direct client contact time
- 6) Types of client/student problems with which you worked this term (check all that apply):
- A \_\_\_\_ Academic Concerns (e.g., scholarship/financial aid, academic/career planning, scheduling, testing/placement, graduation issues, etc.)
  - B \_\_\_\_ Adjustment Disorders (e.g., adjusting to divorce, adjusting to new school or community, grief, transition issues)
  - C \_\_\_\_ Adult-Child Conflicts (including parent-child & student-teacher conflicts)
  - D \_\_\_\_ Anger/Conflict Management & Resolution Problems
  - E \_\_\_\_ Anxiety Disorders of Adulthood (e.g., panic disorder, social phobia, post-traumatic stress disorder, etc.)
  - F \_\_\_\_ Anxiety Disorders of Childhood and Adolescence
  - G \_\_\_\_ Bipolar Disorders (including cyclothymia)
  - H \_\_\_\_ Delusional (Paranoid) Disorder
  - I \_\_\_\_ Depressive Disorders of Childhood and Adolescence
  - J \_\_\_\_ Depressive Disorders of Adulthood
  - K \_\_\_\_ Developmental Disorders (e.g. academic skills disorders, other learning disabilities, mental retardation)
  - L \_\_\_\_ Disruptive Behavior (e.g. "hyper-activity", conduct disorder, disruptive classroom behavior, S.E.D.)
  - M \_\_\_\_ Dissociative Disorders (e.g. fugue, depersonalization, etc.)
  - N \_\_\_\_ Eating Disorders (e.g., anorexia, bulimia, severe dieting, excessive exercise or laxative use to control weight)
  - O \_\_\_\_ Emotional Abuse
  - P \_\_\_\_ Gang Related Problems
  - q \_\_\_\_ Legal Problems
  - R \_\_\_\_ Physical Abuse Problems
  - S \_\_\_\_ Psychoactive Substance Use Disorders (e.g., alcohol, cocaine, etc.)
  - T \_\_\_\_ Religion Related Issues
  - U \_\_\_\_ Schizophrenia
  - V \_\_\_\_ Self-Esteem / Self-Worth Issues
  - W \_\_\_\_ Sexual Abuse Problems (e.g., incest, rape - including date rape)

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- X \_\_\_ Sexual Dysfunctions (e.g., sexual arousal disorders, etc.)  
Y \_\_\_ Sexuality or Gender Identity Problems (including problems with sexually transmitted diseases)  
Z \_\_\_ Sleep Disorders  
AA \_\_\_ Special Needs Populations (IEPs, staffing/multi-disciplinary team meeting)  
BB \_\_\_ Social Relationship Problems with Peers (including dating or friendship formation and maintenance)  
CC \_\_\_ Suicide  
DD \_\_\_ Unwanted Pregnancy  
EE \_\_\_ Other

7) Formats in which you provided a MAJOR portion of counseling this term (check all that apply):

\_\_\_ Individual \_\_\_ Group \_\_\_ Couple \_\_\_ Family \_\_\_ Other

8) Formats in which you provided a MINOR portion of counseling this term (check all that apply):

\_\_\_ Individual \_\_\_ Group \_\_\_ Couple \_\_\_ Family \_\_\_ Other

9) Age group(s) of people to which you provided a MAJOR portion of counseling this term (check all that apply):

\_\_\_ 0-5 \_\_\_ 6-12 \_\_\_ 13-15 \_\_\_ 16-19 \_\_\_ 20-25 \_\_\_ 26-35

\_\_\_ 36-45 \_\_\_ 46-55 \_\_\_ 56-65 \_\_\_ 66-75 \_\_\_ 75+

10) Age group(s) of people to which you provided a MINOR portion of counseling this term (check all that apply):

\_\_\_ 0-5 \_\_\_ 6-12 \_\_\_ 13-15 \_\_\_ 16-19 \_\_\_ 20-25 \_\_\_ 26-35

\_\_\_ 36-45 \_\_\_ 46-55 \_\_\_ 56-65 \_\_\_ 66-75 \_\_\_ 75+

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
11) The site has a professional atmosphere.	1	2	3	0
12) The staff is supportive of the extern's work.	1	2	3	0
13) Interns are treated respectfully by the staff.	1	2	3	0
14) The general atmosphere of the site provides a climate of trust and openness.	1	2	3	0
15) Interns are treated respectfully by the clients/students.	1	2	3	0
16) The extern feels the staff supports extern involvement in the agency/school.	1	2	3	0

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ENVIRONMENT/CLIMATE (*continued*)

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
17) Physical facilities are available for extern use (e.g., office, office supplies, etc.).	1	2	3	0
18) The extern feels the administration supports the training program.	1	2	3	0
19) Interns receive clerical support.	1	2	3	0
20) The extern feels there is camaraderie among staff at the site.	1	2	3	0
21) Staff members act professionally and ethically toward client/students.	1	2	3	0
22) Staff members act professionally and ethically toward externs.	1	2	3	0
23) Staff members act professionally and ethically toward each other.	1	2	3	0

Comments or recommendations on Environment/Climate:

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SUPERVISION

*Check the one that applies.*

24) How often did you meet with the field supervisor who was PRIMARILY responsible for providing you with one-to-one supervision?

- |   |   |
|---|---|
| <input type="checkbox"/> I did not have one-to-one supervision      | <input type="checkbox"/> We met for less than one hour per week |
| <input type="checkbox"/> We met for approximately one hour per week | <input type="checkbox"/> We met for more than one hour per week |

25) Overall quality of supervision with the field supervisor PRIMARILY responsible for providing you with one-to-one supervision:

- ☐ None   ☐ Poor   ☐ Adequate   ☐ Good   ☐ Excellent

26) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with one-to-one supervision?

- |  |   |
|--|---|
| <input type="checkbox"/> I did not have a second person providing one-to-one supervision | <input type="checkbox"/> We met for less than one hour per week |
| <input type="checkbox"/> We met for approximately one hour per week                      | <input type="checkbox"/> We met for more than one hour per week |

27) Overall quality of supervision with the field supervisor PARTIALLY responsible for providing you with supervision in a group:

- ☐ None   ☐ Poor   ☐ Adequate   ☐ Good   ☐ Excellent

28) How often did you meet with the field supervisor who was PRIMARILY responsible for providing you with supervision in a group?

- |   |   |
|---|---|
| <input type="checkbox"/> I did not have group supervision                       | <input type="checkbox"/> We met for less than one and a half hours per week |
| <input type="checkbox"/> We met for approximately one and a half hours per week | <input type="checkbox"/> We met for more than one and a half hours per week |

29) Overall quality of supervision with the field supervisor PRIMARILY responsible for providing you with supervision in a group:

- ☐ None   ☐ Poor   ☐ Adequate   ☐ Good   ☐ Excellent

30) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with supervision in a group:

- |  |   |
|--|---|
| <input type="checkbox"/> Either I had no group supervision, or it involved only one person | <input type="checkbox"/> We met for less than one and a half hours per week |
| <input type="checkbox"/> We met for approximately one and half hours per week              | <input type="checkbox"/> We met for more than one and a half hours per week |

31) Overall quality of supervision with the field supervisor PARTIALLY responsible for providing you with supervision in a group:

- ☐ None   ☐ Poor   ☐ Adequate   ☐ Good   ☐ Excellent

32) Number of seminars or other professional development experiences available through my placement site during this term:

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\_\_\_ None \_\_\_ One \_\_\_ Two \_\_\_ Three \_\_\_ Four or more

ENVIRONMENT/CLIMATE *(continued)*

Circle the appropriate number (NA stands for "Not Applicable")		Seldom True	Often True	Usually True	NA
33)	The site provides appropriate references, books and materials.	1	2	3	0
34)	The site is consistent in its treatment programming.	1	2	3	0
35)	The site provides an adequate forum for discussing treatment issues.	1	2	3	0
36)	The site gives students adequate guidance on ethical issues	1	2	3	0
37)	There are sufficient clients for externs.	1	2	3	0
38)	The site appropriately uses various therapeutic approaches.	1	2	3	0
39)	Client/student problems are appropriate to the extern's level of training.	1	2	3	0
40)	The professional staff is readily accessible to the extern.	1	2	3	0
41)	The staff maintains regular contact with the extern.	1	2	3	0

Comments or recommendations on Supervision:

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COMMUNICATION

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
42) The staff provides opportunities for relevant feedback in a positive manner.	1	2	3	0
43) The staff attempts to enhance the extern's personal and professional growth.	1	2	3	0
44) The staff is sensitive to the extern's emotional/experiential state(s) and current personal/profession-al development.	1	2	3	0
45) Staff conflicts are discussed in an open, non-threatening manner.	1	2	3	0
46) The amount of service expected by the externship site staff was the same as the amount the extern is contracted to provide.	1	2	3	0

Comments or Recommendations on Communication:

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SUMMARY

*Check the one that applies.*

47) I rate the overall quality of my externship experience this term as:

☐ Worthless   ☐ Poor   ☐ Adequate   ☐ Good   ☐ Excellent

Additional comments:

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48) I am willing to talk with other students about this externship placement (check one).

☐ Yes   ☐ No

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EXTERNSHIP PREPARATION

*Check the one that applies.*

49) I rate my preparation for this externship experience as:

\_\_\_ Worthless \_\_\_ Poor \_\_\_ Adequate \_\_\_ Good \_\_\_ Excellent

50) To what courses or experiences do you attribute your preparedness?

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51) What courses or new experiences are needed to improve your professional preparedness for externship placement?

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## CONSENT TO RELEASE EDUCATIONAL RECORDS

Supervisors and faculty welcome the opportunity to provide recommendations for employment, professional organizations, doctoral programs, and so on when you request them. However, federal law requires a written consent. When you are requesting a recommendation, it is also helpful if you email us information about the position, organization, educational program, etc. This will help us tailor the information about your competencies for each request, which will make our input maximally helpful to you. Please keep a copy of this consent form for your records.

I understand that Federal regulations require a written consent from a student/former student before disclosing the educational records of that student to third parties; therefore, I hereby give my written consent for (Name(s) of Lewis & Clark Faculty and Supervisors):

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

to release my educational records to (Name of Institution, Person, Company requesting information):

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

as well as the conclusions and observations regarding my performance while attending Lewis & Clark.

I understand this consent is effective only as to this/these specific request(s).

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Student/Alumni Name

\_\_\_\_\_  
Signature of Student/Alumni

Student/Alumni Address:

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