

**Counseling Techniques and Case Analysis: Mental Health**

**Graduate Student:** \_\_\_\_\_ **ID @** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

This document verifies that \_\_\_\_\_, a student in the Graduate Counseling Program at Fitchburg State University, is/will be engaged in this field experience, in partial fulfillment of the requirements for the Master’s of Science degree in Counseling at:

**Field Site (Agency/School)** \_\_\_\_\_

**Field Site Supervising Practitioner(s):** \_\_\_\_\_ **Position/Title** \_\_\_\_\_

**Field Site Address:** \_\_\_\_\_

**Field Site Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Duties/Activities:**

The student will spend \_\_\_\_ hours counseling clients/students and performing other organizational duties. Students are expected to:

- Apply **knowledge** of counseling techniques and increase **skill** in counseling interactions with clients.
- Exhibit an **ethical and caring and professional** approach to all assigned duties, including: working closely with counseling personnel and clients; being able to relate and apply counselor-made materials for use in counseling sessions based on the specific needs and characteristics of developing clients.
- Provide a descriptive **report** outlining his/her field experience activities.
- **Additional Duties/Activities:**

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

*\* With the express written permission granted by the client, Mental Health Counseling track students will audio tape record sessions for critique by the University Behavioral Sciences faculty, other counseling students in the course, and by the student counselor. The Field Site Supervising Practitioner may wish to review the tapes. No other use of the audio tapes will be made without permission that has been obtained in writing from the client, student counselor and agency representative.*

**We understand and agree to the above-stated requirements (Signatures required below). In addition, in signing, the student acknowledges that he/she is aware that a criminal history check (including a CORI and fingerprinting) may be required prior to some field experiences and that some findings may result in the denial of Massachusetts Licensure.**

**Graduate Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Field Site Supervising Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Directions for Course Instructors:**

**MHC students:** white (licensure) copy to student for future licensure application; yellow and pink copies to program departmental secretary