

Appendix B

MACC Practicum/Internship Proposal

**MISSOURI VALLEY COLLEGE  
COMMUNITY COUNSELING PROGRAM  
Practicum/Internship Proposal**  
(Please print in black ink)

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Practicum/Internship Site Information**

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Degree and Credentials \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_

Anticipated End Date \_\_\_\_\_

Approximate number of scheduled work hours (per week) \_\_\_\_\_

**Practicum/Internship Description:**

Write a brief paragraph about the practicum/internship site. Describe the clientele that will be served and the type of activities that will be a part of the experience.

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Include a list of the various activities that will be part of the practicum/internship experience and indicate the approximate number of hours per week that will be spent in each activity (e.g., intake interviews, individual therapy, group therapy, individual supervision, staff meetings, training or professional development meetings, on-site group supervision, and case preparation). If group therapy is planned, indicate the types of groups to be conducted and the approximate number of people in each group.

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**Practicum Learning Goals**

Identify at least three SPECIFIC learning goals for the practicum/internship. These goals should concern the development of psychotherapy skills and/or knowledge. The purpose of these goals is to provide a focus for the practicum/internship learning experience, as well as a meaningful way to evaluate the student's progress.

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3) \_\_\_\_\_  
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**Submit the Following Documents at the End of the Proposal**

- Proof of Liability Insurance-to be given to Site Supervisor
- Copy of Site Supervisor's Resume
- Copy of Site Supervisor's License
- Copy of Site Supervisor's Liability Insurance
- Attach a brochure from the agency
- ORIGINAL copy of the Practicum/Internship Agreement

Student's Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

Practicum Coordinator's Signature \_\_\_\_\_

Date