Dear Practicum Supervisor,

Thank you for your participating as a supervisor in the Mental Health Associate of Applied Science Program. This program was designed to provide students with the education and credentials they need to transfer to four-year institution or advance in a career in fields such as psychology, social work, child welfare, education, health, family services, gerontology, criminal justice, substance abuse, therapeutic recreation, and homelessness.

As part of the requirements for this program, our students must complete two MH 200: Practicum, Fieldwork in Mental Health/Human Services courses. These courses provide a continuous fieldwork experience in mental health and other human services. Our students are assigned to a community human services facility so they can receive experience working in the mental health field.

This handbook is designed to answer questions you may have about policies and procedures pertaining to the MH 200 course. While this booklet can provide you with important information, please do not hesitate to call the class instructor if you have any questions or concerns about your role as a practicum supervisor, or any other questions relating to the Mental Health Program.

Your participation in program in truly appreciated. Please know my door is always open if you should have any questions or concerns. Please accept a warm welcome on behalf of the entire mental Health Program faculty and staff. Again, thank you for your participation. We look forward to working with you.

Sincerely,

Charles Marcantonio, Ph.D.
Before the Semester Begins

Practicum Orientation

Before the MH 200 course begins, students will be instructed to start applying for internships at various agencies. Once they are hired, they will be given a form that must be filled out by their supervisor. Please do not hire the intern if the supervisor will not be able to give the intern the support or supervision they need to fulfill the classroom requirement.

When Students Can Start Working

Supervisors should not schedule interns to work until after the semester begins unless the student is granted permission from the class instructor. Any hours worked before the semester, without prior permission, will not count toward the required hours for the course. Additionally, students must have a completed and signed contract before.

Class Time

Students are required to attend class; therefore, supervisors may not schedule students to work during class time. If students must work, the supervisor or the student is required to contact the class instructor, in advance, for approval.
Intern Expectations

Responsibilities of Interns

The purpose of MH 200 class is to provide students clinical experience with a population dealing with mental health issues. Intern responsibilities should reflect this purpose. Although we realize interns will have to do some clerical tasks from time to time, this should not be their main responsibility.

Timesheets

Each intern will have a timesheet to record the number of hours worked. If an agency has a timesheet of their own that they want to use, they are permitted to use it in addition to the one required by the class instructor. Timesheets are to be initialed by the supervisor after every workday.

Professionalism

Interns are required to conduct themselves in a professional manner at all times. This includes dressing appropriately, arriving to work on time, and being respectful. Students are also required to follow all agency policies, procedures and regulations.

Conflicts with Interns

Should there be any concerns with the intern; supervisors are encouraged to meet with the intern to discuss these issues. If preferred, the class instructor will be available for mediation.

Absences and Tardies

If an intern must take an unscheduled day off or arrive to work late, they are responsible for letting their supervisor know in advance. It is not acceptable for them to just not show up for work or to be late. If this becomes a problem, supervisors may terminate the intern.
**Weekly Meeting/Feedback**

Supervisors must have a meeting with interns on a weekly basis to let the interns know how they are doing. The purpose of this meeting is so that interns can receive feedback on their progress. The meetings do not have to formal and can even be scheduled biweekly.

**Forms**

**Student Contract**

The “Student Contract” must be filled out by the supervisor. The contract should clearly outline the student’s responsibilities and be signed by both the intern and the supervisor.

As the supervisor, please review these responsibilities with the intern. Responsibilities should consist of clinical duties. All responsibilities must be approved by the class instructor.

When the form is complete, the supervisors are asked to sign in the designated area at the bottom of the form. The student should not start working until this form is completed and signed.

**Midpoint Evaluation**

The “Midpoint Evaluation” form has four questions on page two for the supervisor to answer. When the form is complete, supervisors are asked to sign in the designated area at the bottom of the form. After the form is completed by both the supervisor and the intern, a meeting should follow to discuss each other’s answers.

**Final Evaluation**

This three page form is for the supervisor to complete. If more room is needed, feel free to attach additional paper. When the form is full, supervisors are asked to sign in the designated area at the bottom of the form. After the form is complete, a meeting should follow to discuss the answers. The intern should return the form to his/ her instructor.
The End of the Semester

Notice

Students are required to give at least two weeks notice before their internship is over. Students are also encouraged to let clients know that they will be leaving.

Keeping the Intern

If supervisors are pleased with the intern’s work and there is an open position, interns may be hired as employees. Please do not ask interns to volunteer after the semester is over. If interns want to volunteer, they will ask.

Continuing the Partnership

Unless there were serious concerns with our students and your agency, we will continue to refer our students to your agency. If you would like us to discontinue referring students, please contact the program director.
**Do`s and Don’ts**

**Do`s**

- Do wait until the semester starts before scheduling the intern to work (unless approved by instructor)
- Do call the class instructor when there is a problem.
- Do have weekly meetings with the intern.
- Do complete all forms in a timely manner.

**Don’ts**

- Don’t schedule interns during class time
- Don’t give interns only clerical work
- Don’t ask the intern to volunteer after the semester is over.
## Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
<td>Charles Marcoantonio, Ph.D.</td>
<td>301-650-1394</td>
<td>301-650-1532</td>
<td><a href="mailto:Charles.Marcantonio@MontgomeryCollege.edu">Charles.Marcantonio@MontgomeryCollege.edu</a></td>
</tr>
<tr>
<td>Myra King, MSW</td>
<td>301-650-1400</td>
<td>301-650-1532</td>
<td><a href="mailto:Myra.King@MontgomeryCollege.edu">Myra.King@MontgomeryCollege.edu</a></td>
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<tr>
<td>Jeff (Tsung) Chuang</td>
<td>301-650-1697</td>
<td>301-650-1532</td>
<td><a href="mailto:tsung.chuang@montgomerycollege.edu">tsung.chuang@montgomerycollege.edu</a></td>
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Notes
**Student Information:**

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<tr>
<th>Name:</th>
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<tr>
<td>Address:</td>
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<td>Phone Number(s): (h)</td>
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<td>E-mail:</td>
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**Site Information:**

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<th>Agency Name:</th>
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<td>Address:</td>
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<td>Phone:</td>
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Student Responsibilities:
Identify assigned responsibilities that student intern is expected to complete during the semester. Please review these responsibilities with student.

1. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
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2. ____________________________________________________________
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3. ____________________________________________________________
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5. ____________________________________________________________
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**Student Responsibilities:**

1. Student is expected to complete 200 hours at practicum site unless other arrangements have been made and approved by both practicum coordinator and practicum supervisor.
2. Student is to keep a log of hours completed at the practicum hours. Supervisor will sign timesheet to verify hours.
3. Student is expected to follow all agency rules and regulations including confidentiality policies and procedures.
4. Student is to report to immediate supervisor if there will be a schedule change.
5. Student is to schedule regular meetings with supervisor to discuss progress and other concerns.
6. Student is responsible for reminding and providing evaluation forms to supervisor and returning completed forms to practicum coordinator.
7. Student is to conference with practicum supervisor and practicum coordinator if any issues should arise.

**Supervisor Responsibilities:**

1. Ensure that student has a designated supervisor who is familiar with program expectations and is available to oversee student progress.
2. Identify and explain student responsibilities at the beginning of the internship.
3. Ensure that student is getting hands-on experience at the practicum site.
4. Oversee student activity and progress.
5. Conference with student on a regular basis.
6. Complete program forms including contract, midterm report and final evaluation.
7. Contact practicum coordinator if any issues should arise.

_________________________________________
Student Signature    Date

_________________________________________
Supervisor Signature               Date

_________________________________________
Practicum Coordinator    Date

Montgomery College-Takoma Park/Silver Spring Campus* 7600 Takoma Ave. Takoma Park, Maryland 20912 * 301-650-1697/1394
# Mental Health Associate Program

## TIMESHEET

**Student Name:** _____________________   **Practicum Site:** ______________________

**Instructor:** ________________    **Supervisor:** _________________ **Semester:** _______

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Student’s Initials</th>
<th>Supervisor’s Initials</th>
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Total number of hours of clinical experience performed: __________________

This is to verify that _______________________________ has completed the above hours.

(Student Name)

_____________    ______________
Student’s Signature  Date  Supervisor’s Signature  Date  Instructor’s Signature  Date
Mental Health Associate Program

Midpoint Evaluation

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<th>Student Information</th>
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<td>Name: ____________________________</td>
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<tr>
<td>Placement Name: ____________________________</td>
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<td>Placement Address: ____________________________</td>
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<tr>
<td>Immediate Supervisor: ____________________________ Phone: ____________________________</td>
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Student and supervisor are to complete their assigned questions and *a meeting should follow to discuss each other's answers*. Both student and supervisor must sign the report and submit it to the College.

### Student Questions

1. What do you do at this facility? Indicate which tasks are your primary tasks versus your secondary tasks.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2a. When do you meet with your supervisor (i.e. weekly, biweekly, monthly)?

____________________________________________________________________

2b. Do you discuss concerns with your supervisor? ____________________________

2c. Do you receive feedback from your supervisor on your progress or other issues concerning your placement? ____________________________

3. Do you participate in staff meetings, training or educational events? If so, name some of the activities that you have participated in. If not, do you plan to attend future activities?

____________________________________________________________________
____________________________________________________________________
4. Do you have questions or concerns about your placement thus far? If so, what are they?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

**Supervisor Questions**

1. Is the intern completing all his/her assigned responsibilities? If not, please explain.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2. Do you meet with the intern regularly and discuss progress and other relevant issues?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3. How well does the intern work with his/her colleagues?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4. Please comment on the intern’s attendance, punctuality and professional appearance.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

__________________________________   ____________________
Student Signature                    Date

__________________________________   ____________________
Supervisor Signature                 Date
Takoma Park/Silver Spring Campus

Mental Health Associate Program

FINAL EVALUATION

<table>
<thead>
<tr>
<th>Student Information</th>
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<tbody>
<tr>
<td>Name: ____________________________</td>
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<tr>
<td>Agency Name: ____________________________</td>
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<tr>
<td>Agency Address: ____________________________</td>
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<tr>
<td>Immediate Supervisor: ____________________________ Phone: ____________________________</td>
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Please comment in the space provided. If needed, you may use additional paper.

I. Please comment of the student’s overall performance during this practicum.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

II. What additional skills or areas of knowledge would have been helpful for the student to be more involved in your facility?

____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________
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____________________________________________________________________
III. Please comment on the following areas:

A. Ability to communicate with client(s).

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

B. Ability to communicate with supervisor and other staff members.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

C. Ability to perform all assigned duties and responsibilities as addressed in contract.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

D. Please comment on student’s professional attitude: ethics, punctuality, dependability, interest, self-confidence, involvement and any others you consider relevant.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_________________________________________________________________
E. Professional attributes: resourcefulness and initiative, insight and sensitivity, creativity and versatility, flexibility, ability to resist manipulation, appropriate emotional control.

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

IV. Additional comments:

A. Please comment on student’s growth and progress during this practicum period.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

B. Please comment on student’s needs (i.e. areas that need improvement or additional classes/training to be considered).

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

C. Other comments and suggestions:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Supervisor’s Signature

Date