

NC State University
Master of Science/ Certification of Advanced Studies
Internship and Portfolio Handbook
Fall 2021

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The NC State University master-of-science/ certificate of advanced studies (MS/CAS) degree is culminated with a year-long internship (1200 hours with at least 600 hours in school settings) that adheres to the National Association of School Psychologists (NASP) standards. This document provides a basic description of the requirements of the internship. In the second year of the NC State University MS/CAS school psychology program during the first semester of the student’s initial school practicum (PSY 641.002 Initial School Psychology Practicum), the North Carolina School Psychology Association provides an excel spreadsheet with the North Carolina Counties or School Districts who are seeking school psychology interns for the following academic year <https://www.ncspaonline.com/resources/graduate-student-resources/>

This process starts in December with several large school districts such as Wake County Public Schools and Guilford County Schools and continues through the spring. The Director of School Psychology Program will write letters of recommendation for interns and the Psychoeducational Clinic staff will also write letters for students seeking internships. In addition, the practicum supervisors will write letters for interns as well. Interns should ask for guidance about internships from the Director who will help determine best internship sites given the intern’s professional and personal interests.

During internship the intern documents hours spent working in in the different activities described in the Internship Agreement. At the end of the intern’s internship they must accrue 1200 hours of specific activities described on the Agreement.

Once an intern makes a connection with a school district to complete an internship. The internship site assigns a NC Department of Public Instruction licensed school psychologist who

has at least three years of experience to supervise the intern. The program requires a signed NC State University MS/CAS Internship Agreement by the intern's immediate supervisor. The Agreement also acts as a guide for the amount of time that the intern will spend on the different professional activities. The Agreement activities align with the NASP Standards. Inserted below is the NC State University Internship Agreement:

Internship Agreement

North Carolina State University School Psychology Program Internship Agreement Form

BASIC INFORMATION

Intern: _____
 Semester(s): _____
 Dates of placement: _____
 Site: _____
 Site-based contact: _____
 Telephone number: _____
 Email: _____
 NC State Faculty Supervisor: Scott A. Stage, PhD, HSP-P, #3808
 (919) 515-0318
 sastage@ncsu.edu

NASP's Best Practice Guidelines for School Psychology Internships are expected:

- The internship supervisor, school psychology faculty, and intern adhere to NASP Principles for Professional Ethics (2010b).
- The internship for specialist-level interns includes at least 1,200 hours.
- The internship site provides opportunities for a range of school psychological services consistent with the NASP Standards for graduate preparation of school psychologists (2010c) and NASP Model for comprehensive and integrated school psychological services
- The internship site provides the intern with the opportunities and supervision needed to integrate domains of knowledge and apply professional skills in school psychology in delivering a comprehensive range of services evidenced by direct, measurable, positive impact on children, families, schools, and other consumers.

- Most of the intern's time is spent providing direct and indirect psychological services to children, youth, and/or families. In order to ensure breadth of training, activities in no single major function should predominate the intern's time.
- The intern field supervisor has at least 3 years of full-time experience as a credentialed school psychologist or psychologist and is employed as a regular employee or consultant by the district or agency.
- The internship includes an average of at least 2 hours of supervision per full-time week. The preponderance of field supervision is provided on at least a weekly, individual, face-to-face basis, with structured mentoring and evaluation that focus on development of the intern's competencies.
- Interns have the opportunity to develop an affiliation with colleagues and the field* through regularly scheduled training activities with (a) other interns at the site, (b) interns at other sites in the immediate area, and/or (c) school psychologists at the site and/or in the immediate area
- An NC State University appropriately licensed school psychology faculty will provide weekly supervision from an organizational systematic perspective with group supervision of interns from other internship sites.
- Field supervisors shall complete and submit an NASP NC State Intern Evaluation form prior to the end of each semester so that the intern may be awarded a grade for the internship course.
- Other specific arrangements:
 - The intern shall receive a written statement from the site that includes, but is not limited to, salary, benefits, reimbursable travel, holidays, and other relevant data.
 - The intern shall receive a copy of due process procedures in effect at the site.

Description of Activities

NASP-Domain Assessment related Activities

Domain 1: Data-Based Decision Making and Accountability: Conducts assessments for the purpose of identifying student's eligibility for special education services. Includes Domain 8: Diversity in Development and Learning: Addresses individual differences, strengths, backgrounds, and needs in their evaluations. Systematically collects data from multiple sources including ecological factors as the context for all assessment and intervention tier 1 and tier 2 intervention results (i.e., assessing MTSS progress monitoring and intervention results for individual psychoeducational assessments). Domain 9: Research and Program Evaluation: Uses data analysis methods to evaluate individual, group, and systems level student progress. Uses the

NC Every Child Accountability & Tracking System (NC-ECATS) data input and collection system. Recommended time for these activities is 40% of 1200 hours or 480 hours.

NASP-Domain Consultation and Collaboration related Activities

Domain 2: Consultation and Collaboration: Providing consultative problem-solving process for instructional, and behavioral services. Collaboration with MTSS school staff to aid in interpretation of data as it relates to monitoring students' academic and behavioral skills. Domain 5: School-Wide Practices to Promote Learning: Collaborates with other school personnel to create and maintain multi-tiered services to support academic, social, emotional, and behavioral goals for students. Domain 6: Preventive and Responsive Services: Aids in developing, implementing, and/or evaluating prevention and intervention programs that addresses severe learning and behavioral problems. Domain 7: Family–School Collaboration Services: Collaborates with and engages parents or guardians in decision making about their children. Domain 8: Diversity in Development and Learning: Addresses individual differences, strengths, backgrounds, and needs in the design and implementation of all services. Recommended time 30% of 1200 hours or 360 hours.

NASP-Domain Intervention related Activities

Domain 3: Interventions and Instructional Support to Develop Academic Skills: Uses assessment data to aid in develop and implementation of evidence-based instructional strategies that will improve student performance. Domain 4: Interventions and Mental Health Services to Develop Social and Life Skills. The intern will conduct two individual student NASP Case Studies using the Consultation Rubric for a Behavior and an Academic Problem which includes Domain 6: Preventive and Responsive Services regarding tier 1 and tier 2 interventions that have already occurred, and Domain 7: Family-School Collaboration by including guardians or parents in the problem-identification process that is tied to Domain 8: Diversity in Development and Learning with written statements about the consideration of the diversity of the student and family in relationship to the stated school problem, and Domain 9: Research considerations of treatment fidelity, single-case design data analysis. Recommended time 15% of 1200 hours or 180 hours.

NASP-Domain related to Professional Practice

Domain 10: Legal, Ethical, and Professional Practice: Engages in supervision, professional development, and school-district training. Recommended time 15% of 1200 hours or 180 hours.

INTERNSHIP PERFORMANCE-BASED PRODUCTS (included with above hours)

(Includes data collection, data coding, statistical analyses, write-up of project: See Psychology 651 syllabus)

- Culturally Responsive Annotated Psychological Report
- NASP Consultation Behavioral Intervention Case Study
- NASP Consultation Academic Intervention Case Study
- Complete three of the CDC's School Health Index modules with the Interns' school placement school staff:
 - Module 6: School Counseling, Psychological, and Social Services
 - Module 7: Social and Emotional Climate

- Module 10: Family Engagement
- Provide case notes on one Counseling Case

SUPERVISION AGREEMENT

Primary site supervisor’s name, degree, professional certification/licensure, & title

- Licensed NC – Department of Public Instruction School Psychologist

NC State Faculty supervisor’s name, degree, professional certification/licensure, & title

- Scott A. Stage, PhD, Health Services Provider Licensed Psychologist (NC); Professor of Psychology

SIGNATURES

Intern

Site Supervisor

Scott A. Stage, PhD, HSP-P #3808
Director of School Psychology
Department of Psychology
NC State University

General Description of NASP Domain Internship Activities

Domain 1: Data-Based Decision Making and Accountability-

Conducts assessments for the purpose of identifying student’s eligibility for special education services. Systematically collects data from multiple sources including ecological factors as the context for all assessment and intervention decisions. Spends time evaluating the effectiveness of school-based interventions or programs (i.e., Attending MTSS school staff meetings to aid in analysis of data as it relates monitoring students’ academic and behavioral skills. This also includes all individual psychoeducational assessments).

Domain 2: Consultation and Collaboration

Providing consultative problem-solving process for instructional, and behavioral services. Engages in collaboration with teachers, school psychology staff, and school administrators or others. (i.e., two individual projects which in entails completing a NASP Case Study using the Consultation Rubric for a Behavior and an Academic Problem). Attending MTSS school staff

meetings to aid in interpretation of data as it relates monitoring students' academic and behavioral skills

Domain 3: Interventions and Instructional Support to Develop Academic Skills

Uses assessment data to aid in develop and implement evidence-based instructional strategies that will improve student performance. Implements evidence-based interventions to improve student engagement and learning. Works with other school personnel to ensure attainment of state and local benchmarks for all students. Promotes the use of instructional strategies for diverse learners and to meet individual learning needs. This also includes the NASP Case Study in develop of an academic skills intervention.

Domain 4: Interventions and Mental Health Services to Develop Social and Life Skills

Develops and implements behavior change program at individual, group, classroom, or school-wide level. Uses systematic decision-making to consider the antecedents, consequences, functions, and causes of behavioral difficulties. Evaluates evidence-based interventions to improve individual student social, emotional, or behavioral wellness. This also includes the NASP Case Study in develop of a behavioral intervention. Also provide individual counseling case (i.e., SOAP) notes for a student with adjustment or mental health problems that requires social, emotional, life skills support.

Domain 5: School-Wide Practices to Promote Learning

Uses knowledge of universal screening programs to identify students in need of instructional and behavioral support services. Collaborates with other school personnel to create and maintain multi-tiered services to support academic, social, emotional, and behavioral goals for students. This includes completing the CDC School Health Module 6: School Counseling, Psychological, and Social Services

Domain 6: Preventive and Responsive Services

Develops, implements, and/or evaluates prevention and intervention programs that address precursors to severe learning and behavioral problems. Participates in school crisis prevention and response teams. Participates and evaluates programs that promote safe and violence-free schools and communities. CDC School Health Index (2017) Module 7: Social and Emotional Climate that include preventive services along with Module 6: School Counseling, Psychological, and Social Services.

Domain 7: Family–School Collaboration Services

Collaborates with and engaging parents in decision making about their children. Creates links among schools, families, and community providers with the completion of the CDC School Health Index Module 10: Family Engagement, included in the intern's Internship Portfolio

Domain 8: Diversity in Development and Learning

Addresses individual differences, strengths, backgrounds, and needs in the design, implementation, and evaluation of all services the CDC School Health Index (2017) Module 7: Social and Emotional Climate that include cultural climate items.

Domain 9: Research and Program Evaluation

Uses research findings as the foundation for effective service delivery. Uses techniques of data collection to evaluate services at the individual, group, and systems levels. Assists teachers in collecting meaningful student data. Applies knowledge of evidence-based interventions to evaluate the fidelity and effectiveness of school-based intervention plans. This includes single-case design and curriculum based measurement graphs for individual student interventions described with the NASP Case Studies as well as school-wide program evaluation and use of Every Child Accountability & Tracking System (NC-ECATS) data input and collection system.

Domain 10: Legal, Ethical, and Professional Practice

Engages in professional development and school-district training.

Tracking Internship Activities and Time

Interns are required to keep an Excel Spreadsheet of their time spent on professional activities defined above which internship faculty review quarterly. A model Excel spreadsheet will be given to you. See the example below:

Date	Time	EXPLICIT DESCRIPTION OF ACTIVITY	Assessment related Activities	Consultation and Collaboration related Activities	Intervention related Activities	Professional Practice

Portfolio Assignments

During internship, interns complete seven applied assignments for a portfolio of their applied work evaluated by faculty and peers during and at the end of their internship. At the end of the first semester or in December interns present a *Culturally Responsive Annotated Psychological Report* and the results of their school's *CDC School Health Index Module 6: School Counseling, Psychological, and Social Services* and *Module 7: Social and Emotional Climate*. During the spring semester interns present the results of *Module 10: Family Engagement* and two Consultation Intervention Reports using the *NASP Case Study* scoring rubric as a model for the reports and evaluation for a behavior problem and academic problem case. In addition, the intern provides SOAP notes of at least four sessions of an individual counseling case using skills developed in PSY 725 Cognitive Behavior Therapy. See the description of these activities below.

Culturally Responsive Annotated Psychological Report

The first applied assignment requirement is the completion of a culturally responsive annotated psychological report as described below. The following is a description of the necessary components of the annotated psychological report. Both intern peers and the faculty rate each section of each intern's psychological report. The ratings are as follows:

Numeric Indicators	Description	Resulting assessment
1 = Inadequate	Inadequate information provided	Unsatisfactory
2 = Developing	Information provided is limited and requires additional work or description in order to achieve competence.	Unsatisfactory
3 = Adequate	Adequately addressed and where one would expect given this level of training.	Satisfactory
4 = Advanced	Additional information is provided beyond expectation that enhances the case interpretation above the expected level of training	Satisfactory with mention of advanced skill (typically not achieved)
5 = Exceptional	Exceptional description or conceptualization that greatly enhances your understanding of the case. This would be expected for a professional on the job	Satisfactory with honorable mention of exceptional skill (very rarely evaluated at this level)

Name: Pseudonym

Date of Birth:

Date of Testing:

Age:

Grade:

Gender:

School/Setting:

Reason for Referral: Note the reason indicated by the referral source. Is it specifically for partial determination of eligibility for special education? It is insufficient to state that the student was tested to determine if he or she was eligible for special education services. Be specific in your description of the referral problem (e.g., adequate match between student and instructional format, the curriculum taught, the classroom environment, or specific questions regarding the learner's ability).

Annotations should be included that alert the reader to the type of background information and assessment data that will be required to address the initial referral question. For example, in a referral addressing a student's inability to learn commensurate to their peers, background information should include Tier 2 and Tier 3 response to intervention. Additional annotation should be included regarding cultural influences and if English is a second language.

Background Information: This section includes information about the student’s developmental history, educational history, current educational issues, and factors regarding culture and family should be included.

Annotations should be included in this section to alert the reader to hypotheses generated from background information. A written explanation for each hypothesis provides a rationale for why further exploration is required. Does the family have an immigrant status? Is English language a second language for the student? What language is spoken at home? What is the family housing situation? Who is living in the home or residence? Is there suggestion of domestic violence? Are there family health concerns? Economic disadvantage? Have they moved a lot or from another state? Educational history includes report card grades, absences, Google or Zoom classes the student attended. State-mandated testing results. Number of office discipline referrals and what type of referrals. Discipline consequences at home and from school. Tier 2 and 3 intervention descriptions and length of time on the interventions. Is there evidence of intervention fidelity? Graph existing data of benchmark screening and intervention results. Additional cultural considerations include the family’s perspective on the school and teacher relationships. Are there other significant sibling relationships with the school and teachers and/or the administration? Are there cultural or racial issues described by the family, student, or teachers?¹

Behavioral Observations: Include classroom and testing observations. Give a description of the ecological/environmental considerations of the classroom setting (e.g., seating, classroom instructional format, peer interactions, teacher-student interactions, classroom management, and classroom atmosphere). Are there classroom- (or school-wide) behavior expectations posted in the classroom? Address the classroom instructional format, the curriculum taught, the environmental considerations (i.e., ICE) within the classroom such as teacher-student interactions

Also include observations from individual testing. This includes appearance and initial social interactions (e.g., separation from the classroom or parent, activity level, motor abilities, language and speech). This section also includes observations in terms of motivation and attention to the testing situation. Include observations of the student’s mannerisms observed in the testing situation (e.g., persistence or tolerance for frustration, self-confidence in terms of statements made during testing, and problem-solving strategies or ways of approaching tasks). Also include perceived culturally mediated behaviors, if they exist, such as overly talkative with lots of interruptions of the examiner. Finally, give examples of test specific behaviors that might have impacted the student’s subtest performances.

Annotation should be included here. Make a coherent transition from previous hypotheses given in the background information section to your behavioral observations. Do not include behavioral assessment scores here, but use this section to lead into behavioral assessment data. For example, if the referral and background information are suggestive of inattentiveness and overactivity, did the student appear anxious or impulsive? Did the student follow directions?

¹ Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2016). *Testing and assessment with persons & communities of color*. Washington, DC: American Psychological Association. Retrieved from <https://www.apa.org/pi/oema>

Did they ask for directions to be repeated? Did they put their head down? Did they try to leave the testing situation? Did you use visual schedules and/or contingencies about finishing certain subtests prior to taking a break? Did they use another language? Could you understand their speech? Did culturally diverse students display verve?²

Tests Administered and Results: Provide the entire name of each test administered (and then its acronym) and the test results using standard scores, scaled scores, (or T-scores, if appropriate), percentile ranks, and whether they are reported in grade-equivalent or age-equivalent scores.

Annotation should be included here. Make a reasonable argument for each of the tests that were used. Include a discussion of the technical adequacy of using these instruments (i.e., reliability and validity). This should be accompanied by empirical references. For example, cite statistics in the manual or use secondary sources that review the instrument. Why did you use a nonverbal intellectual assessment instrument? Are phonological processing measures used and why? Is oral language measured? Was an interpreter used or should they have been used?³ What social-emotional assessments were used and why? Were interviews conducted and with whom? It is important to describe potential cultural biases with the instruments of testing procedures used.³

Test Interpretation: Provide a well written description of the test results. Clarity and not length is important. First, start with a cognitive measure if one was given. Present the Full Scale Score and confidence interval and other Composite Scale scores. Describe relative strengths and weaknesses. Next, you should present visual-motor or perceptual processing tests if given. Present achievement tests and a description of the student's functioning followed by socio-emotional behavioral rating scales or adaptive behavior scales or behavioral data taken from systematic observations. Describe school systems data used for multi-tiered systems of support (i.e., MTSS) in relation to your results although the detailed description of the MTSS data should occur in the Background Information section. Interpret this data in terms of student functioning. Do not over-interpret or make statements based on assumptions.

Annotation should include the test interpretation strategy used. Do not utilize interpretation of IQ subtest profiles or other interpretation strategies not supported by research. Provide a description of how multi-tiered systems of supports (i.e., MTSS) were implemented and your interpretation of the data in relation to the student's functioning. Use a multi-method multi-informant approach and how the data supports previously described hypotheses. Is an ICEL by RIOT⁴ assessment practice used (i.e., instruction, curriculum, environment and learner by review of records, interviews, observations, and testing).

² Carter, Hawkins, & Natesan, P. (Winter-Spring, 2008). The relationship between verve and academic achievement of African-American students in reading and mathematics in an urban middle school. *Educational Foundations*, 29-46.

³ Frisby, C.L. (2013). Testing and assessment. *Meeting the Psychoeducational Needs of Minority Students: Evidence-Based Guidelines for School Psychologists and Other School Personnel* (pp.267-311). John Wiley & Sons, Inc.

⁴ Hosp, J. L. (2008). Best practices in aligning academic assessment with instruction. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp.363-376). Bethesda, MD: National Association of School Psychologists

Summary and Formulations: Write one or two paragraphs integrating the previously described data. There should be no new data discussed in this section. Based on the summary make a formulation as to what the student might require in order to perform at a higher academic or behavior level.

Annotation is not required here. This section should be self-explanatory. It is critical that your summary and formulation address the referral question and that the summary and formulation fit assessment data that you have provided. Speculations without data should not be made. In addition, within the annotations provide a statement about your belief about whether the student qualifies for one of the special education categories of service described in the North Carolina Department of Public Instruction Guidelines⁵ even though this is a multi-disciplinary team decision.

Recommendations: Based on your previous section make detailed recommendations that describe interventions used for the weaknesses described above.

Annotate your recommendations. Give a rationale for each recommendation. Empirically supported recommendations should be made.

References

Carter, Hawkins, & Natesan, P. (Winter-Spring, 2008). The relationship between verve and academic achievement of African-American students in reading and mathematics in an urban middle school. *Educational Foundations*, 29-46.

Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2016). *Testing and assessment with persons & communities of color*. Washington, DC: American Psychological Association. Retrieved from <https://www.apa.org/pi/oema>

Frisby, C.L. (2013). Testing and assessment. *Meeting the Psychoeducational Needs of Minority Students: Evidence-Based Guidelines for School Psychologists and Other School Personnel* (pp.267-311). John Wiley & Sons, Inc.

Hosp, J. L. (2008). Best practices in aligning academic assessment with instruction. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp.363-376). Bethesda, MD: National Association of School Psychologists.

NC Department of Public Instruction (August, 2020). *Policies governing services for children with disabilities*. Author.

⁵ NC Department of Public Instruction (August, 2020). *Policies governing services for children with disabilities*.

Complete the Three Assigned CDC School Health Index Modules

The School Health Index (SHI) is a self-assessment and planning guide that enables the intern to identify the strengths and weaknesses of their school's policies and programs for promoting health and safety (a) develop an action plan for improving student health and safety (b) involve teachers, parents, students, and the community in improving school policies, programs, and services.

School Health Index: A Self-Assessment and Planning Guide. Elementary school version. (2017). Atlanta, GA: Centers for Disease Control and Prevention.

School Health Index: A Self-Assessment and Planning Guide. Middle school/high school version. (2017). Atlanta, GA: Centers for Disease Control and Prevention.

Module 6: School Counseling, Psychological, and Social Services. Work with your supervisor to organize a team to complete the module's documents. Below are some suggested members of the Module 6 team: School counselor, parent(s), school psychologist, student(s), school social worker, community-based social services provider, school nurse, or health care provider, assistant principal, special education team leader, and a general education teacher. The instructions for completing Module 6 are to discuss the questions and then score each using the descriptions for each item listed. Transfer the answers by the group to the score card. Circle the most appropriate score for each item. After all questions are scored, calculate the overall Module Score and complete the Module 6 Planning Questions located at the end of this module.

Group Discussion Questions for Module 6.

1. Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist

Does your school have access to a **full-time** counselor, social worker, or psychologist for providing **counseling, psychological, and social services**? Is an adequate number of these staff members provided based on the following recommended ratios?

- One counselor for every 250 students
- One social worker for every 400 students
- One psychologist for every 1,000 students

3 = Yes, we have a full-time counselor, social worker, and psychologist, **and** the recommended ratios are present.

2 = We have a full-time counselor, social worker, and psychologist, but **fewer** than the recommended ratios.

1 = We have a full-time counselor, social worker **or** psychologist, **but** not all three.

0 = No, we do **not** have even one full-time counselor, social work or psychologist.

2. Health and safety promotion and treatment

Does the counseling, psychological, or social services provider promote the emotional, behavioral, and mental health of and provide treatment to students and families in the following ways?

- 1-on-1 counseling/sessions
- Small group counseling/sessions
- Classroom-based health promotion and prevention
- School-wide health promotion and prevention

3 = Yes, it is provided in all four ways.

2 = It is provided in 1-on-1 and small group sessions, **and** classroom-based **or** school-wide activities.

1 = It is provided **only** via 1-on-1 and small group sessions.

0 = No, our counseling, psychological, or social services provider does **not** promote emotional, behavioral, and mental health or provide treatment in any of these ways **or** we do not have such a provider.

3 Collaborate with other school staff members

Does the counseling, psychological, or social services provider collaborate with other school staff members to promote student health and safety in at least six of the following ways?

- Developing plans to address student health problems (e.g., individual health care plans, individual education plans, **504 plans**, school team plans)
- Providing professional development on managing student health and safety concerns, a component of which educates staff on the impact of Adverse Childhood Experiences (ACEs) and the principles of a trauma-informed school
- Developing policy
- Identifying, revising or developing curricula or units/lessons
- Developing and implementing school-wide and classroom activities
- Developing School Improvement Plans
- Establishing communication systems with other school staff

3 = Yes, there is collaboration in **at least six** of these ways.

2 = There is collaboration in **three to five** of these ways.

1 = There is collaboration in **one or two** of these ways.

0 = No, there is **no** collaboration, or the school does **not** have a counseling, psychological, or social services provider.

4 Identify and track students with emotional, behavioral, and mental health needs

Does the counseling, psychological, or social services provider have a system for identifying and tracking students with emotional, behavioral, and mental health needs?

3 = Yes, there is a system to identify and track students with emotional, behavioral, and mental health needs.

2 = Students are systematically identified, **but** not systematically tracked.

1 = Students are identified **only** when an urgent need arises at school.

0 = No, there is **no** system for identifying or tracking students with emotional, behavioral, and mental health needs, **or** the school does not have a counseling, psychological, or social services provider.

5 Referral system. Does your school implement a systematic approach (including the following components) for referring students, as needed, to appropriate school- or community-based **counseling, psychological, and social services within a multi-tiered systems of support model?**

- ✓ Case management, including assessment, referral, education, multiple levels of support, and monitoring, is offered.
- ✓ Referral information is distributed widely (e.g., through flyers, brochures, website, student handbook, health education class) so that students, staff, and families can learn about school and community services without having to contact school staff.
- ✓ Staff members are given clear guidance on referring students to school counseling, psychological, and social services.
- ✓ Referral forms are easy for staff members to access, complete, and submit confidentially.
- ✓ A designated staff person (e.g., school counselor, social worker, or psychologist) regularly reviews and sorts referral forms and conducts initial screening.
- ✓ With written parental permission, additional information (e.g., questionnaires, relevant records, brief testing) is gathered as necessary and in compliance with **FERPA**, and all information is kept confidential.
- ✓ Written consent is obtained, in compliance with **HIPAA**, to gather relevant records from other professionals or agencies in a confidential manner, if applicable.
- ✓ A list is kept and regularly updated of youth-friendly referral providers along with basic information about each (e.g., cost, location, language, program features, previous client feedback, types of insurance accepted)
- ✓ Meetings are held with all relevant parties to discuss referral alternatives.
- ✓ Potential barriers (e.g., cost, location, transportation, stigma), and how to overcome them, are discussed.
- ✓ Follow-up (e.g., via telephone, text messaging, email, personal contact) is conducted to evaluate the referral and gather feedback about the service.
- ✓ A status report is provided to the person who identified the problem, if applicable and in compliance with FERPA and/or HIPAA.
- ✓ Professional development is provided to all staff members about the referral process.

3 = Yes, our school has a referral system that includes **all** of these components.

2 = Our school has a referral system that includes **some** of these components.

1 = Our school has a referral system that includes a **few** of these components.

0 = Our school's referral system does **not** include any of these components, **or** our school does not have a referral system.

6. Aid students during transitions. Does your school aid students during school and life transitions (such as changing schools or changes in family structure) in the following ways?

- Matching new students with another student or buddy
- Opportunities for students to check-in with a trusted adult
- Orientation programs that focus on adapting to transitions

3 = Yes, our school aids students during school and life transitions in all **three** of these ways.

- 2 = Our school aids students during school and life transitions in **two** of these ways.
 1 = Our school aids students during school and life transitions in **one** of these ways.
 0 = No, our school does **not** aid students during school and life transitions in these ways.

7. Identify and refer students involved in violence. Does the **counseling, psychological, or social services** provider have a system for identifying students who have been involved (as a bystander, victim, perpetrator, or some combination of these) in any type of violence (e.g., child abuse, dating violence, sexual assault, **bullying** or **harassment**, fighting, suicide and self-harm behaviors) and, if necessary, refer them to the most appropriate school-based or community-based services?

- 3 = Yes, identifies and refers students to the most appropriate services.
 2 = Identifies and refers students, **but** does not always refer them to the most appropriate services.
 1 = Identifies students, **but** sometimes does not refer them to appropriate services.
 0 = Does not identify students at risk, **or** the school does not have a counseling, psychological, or social services provider.

Module 6: School Counseling, Psychological, and Social Services *Score Card*

Instructions

- Carefully read and discuss the Module 6 Discussion Questions, which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 6 Planning Questions

		Fully in Place	Partially in Place	Under Development	Not in Place
1	Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist	3	2	1	0
2	Health and safety promotion and treatment	3	2	1	0
3	Collaborate with other school staff members	3	2	1	0
4	Identify and track students with emotional, behavioral and mental health needs	3	2	1	0
5	Establish referral system	3	2	1	0
6	Aid students during transitions	3	2	1	0
7	Identify and refer students involved in violence	3	2	1	0

COLUMN TOTALS: For each column, add up the scores and enter the sum in the appropriate row. Calculate the total sum and determine the percentage of the teams' appraisal of the services in place.

Total 3s	Total 2s	Total 1s	
			Total Σ
			$\Sigma/21$ %

Planning Questions. The Module 6 Planning Questions will help identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) What are the strengths of your school's counseling, psychological, and social services related to students' health and safety? b) What are the weaknesses of your school's counseling, psychological, and social services related to students' health and safety?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., establish a system for referring students to appropriate community-based counseling, psychological, and social services).

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales partially defined (only 5, 3, and 1 anchors are shown) below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. Consider the actions with the highest points for determining your priority actions.

Importance	How important is the action to my school?		
	Very important = 5	Moderately important = 3	Not important = 1
Cost	How expensive would it be to plan and implement the action?		
	Not expensive = 5	Moderately expensive = 3	Very expensive = 1
Time	How much time and effort would it take to implement the action?		
	Little or no time and effort = 5	Moderate time and effort = 3	Large amount of time and effort = 1
Commitment	How enthusiastic would the school community be about implementing the action?		
	Very enthusiastic = 5	Moderately enthusiastic = 3	Not enthusiastic = 1
Feasibility	How difficult would it be to complete the action?		

	Not difficult = 3	Moderately difficult = 3	Very difficult = 1
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Module 6 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Module 7 Social and Emotional Climate Discussion Questions. Because the score card and planning question format for Module 7 is similar to Module 6, there is no discussion of them here, although we provide the questions below.

1 Positive school climate

Does your school foster a **positive psychosocial school climate** using all of the following practices?

- Communicate clear expectations for learning and behavior to students, and share those expectations with families to encourage them to reinforce them at home
- Foster pro-social behavior by engaging students in activities such as peer tutoring, classroom chores, service learning, and teacher assistance
- Foster an appreciation of student and family diversity and respect for all families' cultural beliefs and practices
- Hold school-wide activities that give students opportunities to learn about diverse cultures and experiences
- Use instructional materials that reflect the diversity of your student body
- Establish an expectation that **staff members** greet each student by name
- Expect staff members to encourage students to ask for help when needed
- Expect staff members to take timely action to solve problems reported by students or parents
- Expect staff members to praise positive student behavior to students and their parents

3 = Yes, our school fosters a positive psychosocial school climate by using **all** of these practices.

2 = Our school fosters a positive psychosocial school climate by using **most** of these practices.

1 = Our school fosters a positive psychosocial school climate by using **some** of these practices.

0 = Our school does **not** foster a positive psychosocial school climate by using these practices.

2 Positive student relationships

Does your school take steps to foster peer relationships among students in each of the following ways?

- Allow students time to socialize and engage with one another outside of classroom or learning time (e.g., classroom breaks, lunch, recess)

- Incorporate structured time for socialization during the school day (e.g., classroom breaks or group activities)
- Refrain from enforcing silent lunch

3= Yes, in all **three** ways.

2= In **two** ways.

1= In **one** way.

0= In **none** of these ways.

3 Professional development on meeting diverse needs of students

Have all teachers received professional development on meeting the diverse cognitive, emotional, and social needs of children and adolescents in the past two years?

3 = Yes, **all** teachers have received professional development on practices to meet the diverse needs of children and adolescents.

2 = **Most** teachers have received professional development on practices to meet the diverse needs of children and adolescents.

1 = **Some** teachers have received professional development on practices to meet the diverse needs of children and adolescents.

0 = **No** teachers have received professional development on practices to meet the diverse needs of children and adolescents.

4 Collaboration to promote social and emotional learning

Do teachers at your school collaborate with counseling and psychological services staff to promote social and emotional learning (e.g., providing information to students on developing self-awareness, managing emotions, or maintaining interpersonal relationships; referring students for support services) for students?

3 = Yes, teachers **often** collaborate with counseling and psychological services staff to promote social and emotional learning for students.

2 = Teachers **sometimes** collaborate with counseling and psychological services staff to promote social and emotional learning for students.

1 = Teachers **rarely** collaborate with counseling and psychological services staff to promote social and emotional learning for students.

0 = No, teachers **do not** collaborate with the counseling and psychological services staff to promote social and emotional learning for students.

5 School-wide social and emotional learning

Does your school implement social and emotional learning programs for all students?

3= Yes, our school implements socioemotional learning programs for **all** students.

2= Our school implements socioemotional learning programs for **most** students.

1= Our school implements socioemotional learning programs for **some** students.

0= No, our school does **not** implement socioemotional learning programs for students.

NOTE: Social and emotional learning programs focus on five core competencies, including self-awareness, self-management, social awareness, relationship skills and responsible decision making.

6 Community partnerships to promote social and emotional learning for students in school

Does your school partner with community organizations to provide students with educational materials and/or resources (e.g., fact sheets on socioemotional well-being, information on community-based counseling services, stress management skill building, depression screenings) to promote **social and emotional learning** and wellbeing for students in school?

3 = Yes, our school **often** partners with community organizations to provide students with educational materials and/or resources to promote social and emotional learning and wellbeing for students.

2 = Our school **sometimes** partners with community organizations to provide students with educational materials and/or resources to promote social and emotional learning and wellbeing for students.

1 = Our school **rarely** partners with community organizations to provide students with educational materials and/or resources to promote social and emotional learning and wellbeing for students.

0 = Our school **does not** partner with community organizations to provide students with educational materials and/or resources to promote social and emotional learning and wellbeing for students.

7 Prevent harassment and bullying

Has the school established a climate, in each of the following ways that prevents **harassment** and **bullying**?

- **Staff members**, students and parents are informed through a variety of mechanisms of **policies** defining harassment and bullying and explaining the consequences of such behaviors
- Disciplinary policies are fairly and consistently implemented among all student groups
- Staff members and students treat each other with respect and courtesy
- Fair play and nonviolence is emphasized on the playground, on the school bus, and at school events
- Students are encouraged to report harassment or bullying, including through anonymous reporting methods
- Support is provided for victims of harassment or bullying

3 = Yes, in each of these **six** ways.

2 = In **four or five** of these ways.

1 = In **two or three** of these ways.

0 = In **one or fewer** of these ways.

8 Active supervision

Do **staff members actively supervise** students, in each of the following ways, everywhere on campus (e.g., classroom, lunchroom, playground, locker room, hallways, bathroom, and school bus)?

- Observing students and being available to talk to students before, during, and after school

- Anticipating and effectively responding to unsafe situations
- Discouraging pushing and **bullying**
- Promoting prosocial behaviors, such as cooperation, conflict resolution, and helping others

3 = Yes, in each of these **four** ways.

2 = In **three** of these ways.

1 = In **two** of these ways.

0 = In **one or none** of these ways.

9 Engaging all students

Does your school prioritize efforts to engage all students (i.e., diverse students, including but not limited to racial/ethnic minority youth, LGBTQ youth, youth with disabilities, youth with chronic conditions, homeless youth, etc.) in extracurricular school activities to foster student sense of belonging in the following ways?

- Plan activities and events that intentionally include all members of the student body
- Provide space and time for students with similar interests to interact
- Include representations of youth from diverse backgrounds in school posters and/or advertisements
- Take measures to protect the emotional and physical safety of all students

3 = Yes, in each of these **four** ways.

2 = In **three** of these ways.

1 = In **two** of these ways.

0 = In **one or none** of these ways.

10. Prevent school violence

Does your school take steps to prevent violence, in each of the following ways?

- School administrators and staff implement and enforce a clear and consistent code of conduct to uphold a standard of nonviolence for students
- Students and families receive hard copies and/or electronic copies of the school's code of conduct and must read and sign to acknowledge receipt of the code of conduct
- School administrators and staff implement and enforce a written policy prohibiting any weapons (e.g., guns, knives, makeshift weapons) on school campus.
- Teachers implement conflict prevention strategies (e.g., mediation)
- Teachers and staff demonstrate and encourage the use of appropriate conflict resolution skills
- Staff members are regularly assigned to be responsible for monitoring and protecting student safety on the school campus

3 = Yes, in each of these **six** ways.

2 = In **four or five** of these ways.

1 = In **two or three** of these ways.

0 = In **one or fewer** of these ways.

Module 10 Family Engagement Discussion Questions. Again, because the score card and planning question format is similar to Module 7 and Module 6, there is no discussion of them here, but we provide the questions below.

1 Communication with families

Does your school communicate with all families about school health activities and programs in a **culturally-and linguistically-appropriate** way, using a variety of **communication methods**?

3 = Yes, **all** families are communicated with in a culturally-and linguistically-appropriate way using a variety of communication methods.

2 = **All** families are communicated with using a variety of communication methods, **but** not in a culturally-and linguistically-appropriate way.

1 = Our school only uses very **few** methods to communicate about health-related activities or programs.

0 = Our school does **not** communicate with families in these ways, or families receive communications solely about academic subjects **but** not about health-related activities or programs.

2 Parenting strategies

Does your school provide educational resources for families that address all of the following parenting strategies?

- Praising and rewarding desirable behavior
- Staying actively involved with children in fun activities
- Making time to listen and talk with their children
- Setting expectations for appropriate behavior and academic performance
- Sharing parental values
- Communicating with children about health-related risks and behaviors
- Making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- Consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- Monitoring children's daily activities (knowing child's whereabouts and friends)
- Modeling nonviolent responses to conflict
- Modeling healthy behaviors
- Emphasizing the importance of children getting enough sleep
- Providing a supportive learning environment in the home

3 = Yes, addresses **all** of these topics.

2 = Addresses **most** of these topics.

1 = Addresses **some** of these topics.

0 = Addresses **none** of these topics or does not provide educational resources that address parenting strategies.

3 Family engagement in school decision making

Do families have opportunities to be involved in **school decision making** for health and safety policies and programs?

3 = Yes, families have opportunities to be involved in **all** school decision-making processes for health and safety policies and programs.

2 = Families have opportunities to be involved in **most** school decision-making processes for health and safety policies and programs.

1 = Families have opportunities to be involved in **some** school decision-making processes for health and safety policies and programs.

0 = No, families do **not** have opportunities to be involved in school decision-making processes for health and safety policies and programs.

4 Family volunteers

Does your school or district have a formal process to recruit, train, and involve family members as **volunteers** to support school health and safety programs?

3 = Yes, our school or district has a formal process to recruit, train, and involve family members to support school health and safety programs.

2 = Our school or district has an informal process to recruit, train and involve family members to support school health and safety programs.

1 = Our school or district does **not** recruit or train family members **but** involves family members, when needed, to support school health and safety programs.

0 = No, our school or district does **not** recruit, train, or involve family members to support school health and safety programs.

5 Family engagement in learning at home

Does your school provide opportunities for family members to reinforce **learning at home** that focuses on improving health knowledge and behaviors?

3 = Yes, our school provides family members with opportunities to reinforce learning at home.

2 = Our school provides family members with **limited** opportunities to reinforce learning at home.

1 = Our school provides family members with **very limited** opportunities to reinforce learning at home.

0 = No, our school does **not** provide family members with these opportunities.

6 Family access to school facilities

Do family members have access to indoor (e.g., gymnasium) and outdoor (e.g., track, sports field) school facilities **outside school hours** to participate in or conduct health promotion and education programs at low or no cost?

3 = Yes, family members have access to indoor and outdoor school facilities at low or no cost.

2 = Family members have **limited** access to indoor and outdoor school facilities at low or no cost.

1 = Family members have **very limited** access to school facilities at low or no cost, **or** there is access to indoor or outdoor facilities but not to both.

0 = Family members do **not** have access to school facilities.

7 Professional development on family engagement strategies

Have all school staff received **professional development** on **strategies for family engagement** in school health in the past two years?

3 = Yes, **all** school staff have received professional development on strategies for family engagement.

2 = **Most** school staff have received professional development on strategies for family engagement.

1 = **Some** school staff have received professional development on strategies for family engagement.

0 = **No** school staff have received professional development on strategies for family engagement.

8 Professional development to assist parents seeking services

Does your school provide staff with **professional development** on ways to assist parents seeking mental health services for students (e.g., direct parents to appropriate mental health resources, identify steps for securing counseling or therapy services for youth)?

3 = Yes, our school provides **all** staff with professional development to assist parents seeking mental health services for students.

2 = Our school provides **most** staff with professional development to assist parents seeking mental health services for students.

1 = Our school provides **some** staff with professional development to assist parents seeking mental health services students.

0 = No, our school **does not** provide staff with professional development to assist parents seeking mental health services for students.

9 School health updates for families

Does your school provide regular updates (e.g., school newsletter, school or district website, parent meetings) to families on issues related to all aspects of student health (i.e., nutrition, physical activity, chronic health condition management, social and emotional wellbeing)?

3= Yes, our school provides regular updates to families on **all** aspects of student health.

2= Our school provides regular updates to families on **most** aspects of student health.

1= Our school provides updates to families on **some** aspects of student health, **but** the updates are not distributed regularly.

0= No, our school does **not** provide student health updates for families.

10. Student and family involvement in the school meal programs and other foods and beverages sold, served and offered on school campus.

Do students and family members have opportunities to provide both suggestions for **school meals** and other foods and beverages sold, served and offered on **school campus** and feedback on the meal programs and other foods and beverages sold, served and offered on **school campus**?

3 = Yes, **both** students and family members have opportunities to provide suggestions and feedback.

2 = Yes, **both** students and family members have opportunities to provide **either** suggestions for school meals or feedback on the meal program.

1 = **Either** students or family members have opportunities, **but** not both.

0 = **Neither** students nor family members have these opportunities.

The National Association of School Psychologists (NASP) Case Study Rubric provides a template for the write-up and evaluation of each intern's behavioral and academic consultation

case. The completion dates for the Consultation Cases is at the end of the internship. Again, fellow interns and faculty evaluate the cases with the rubric provided below. Interns present the cases orally and answer questions from peers and faculty.

NASP Case Study Rubric

Name

Date

The determination of an effective/needs development case study is guided by whether it is both data driven and makes logical sense, rather than how many isolated elements are found to be effective. Peer and instructor ratings are provided as “”s in the elements that the evaluator assessed your case.

Section 1: Elements of an Effective Case

	EFFECTIVE	NEEDS DEVELOPMENT
1.1	Demographics of the case are adequately described (e.g., age, type of class/school, grade, SES, disability).	Demographic information does not include sufficient information.
1.2	Assessment, intervention, and/or consultation practices consider unique individual characteristics.	Assessment, intervention, and/or consultation practices do not consider unique individual characteristics.
1.3	Collaboration with relevant stakeholders (e.g., parents, teachers, and other professionals) is evident throughout the process.	Decisions regarding problem identification and intervention are made without consultation with relevant stakeholders.
1.4	Steps of the problem-solving process are implemented coherently (i.e., sequential, goal directed, and flow logically based on evidence).	The steps of the problem-solving process are not followed.
1.5	Professional practices of writing style, formatting, and graphing are present in the case study (i.e., clear succinct and well written text with clearly labeled graphs).	Errors in writing convention, style, and graphing interfere with readability and interpretation of data.
1.6	Personal identifying information of the case study subject is redacted from the report.	Personal identifying information is not redacted from the report.
RATING	EFFECTIVE	NEEDS DEVELOPMENT

Section 2: Problem Identification

	EFFECTIVE	NEEDS DEVELOPMENT
2.1	Information is gathered from multiple sources (e.g., record review, interview, observation, and testing [RIOT]).	Data are not gathered from multiple sources.
2.2	The problem is operationally defined in observable, measurable terms (i.e., the referral concern is restated as an observable, measurable dependent variable).	The problem is not operationally defined (e.g., it is reported as a categorical/descriptive cause such as autism, depression, ADHD; or terms such as aggression, anxiety or hyperactivity).

2.3	Expectations for the identified behavior are stated based upon an appropriate source for comparison (e.g., grade level standards, peer performance, normative data).	Expected performance is not based on an appropriate source for comparison or is not included. OR
2.4	Adequate baseline data are graphed to depict the discrepancy between the case's performance relative to an appropriate comparison.	The difference between actual and expected levels of performance is not explicitly stated. Baseline data are not graphed. OR Baseline data include fewer than three data points. OR Expected level of performance is not included in the graph (i.e., aim line or goal line).
RATING	EFFECTIVE	NEEDS DEVELOPMENT

Section 3: Problem Analysis

	EFFECTIVE	NEEDS DEVELOPMENT
3.1	The problem behavior is hypothesized as a skill or performance deficit. AND Data are used to test the hypothesis.	There is no hypothesis regarding skill or performance deficit. OR Data are not used to test the hypothesis.
3.2	Additional hypotheses are formulated to address the problem across one or more of the following areas: curriculum, instruction, and environment.	Multiple hypotheses are not developed. OR Hypotheses are untestable.
3.3	Each hypothesis is stated in observable/measurable terms.	Hypotheses are not stated in observable/measurable terms.
3.4	Proposed hypotheses are empirically tested and/or other sources of data are used to confirm or reject each hypothesis.	Hypotheses are not tested, or appropriate sources of data are not used to confirm or reject each hypothesis.
3.5	A conclusive statement following hypothesis testing and/or data collection is provided that formally describes the cause of the problem and informs intervention(s).	A conclusive statement formally describing the cause of the problem is not included. OR Does not lead to a logical intervention.
RATING	EFFECTIVE	NEEDS DEVELOPMENT

Section 4: Intervention

	Effective	Needs Development
4.1	A single evidence-based intervention is implemented and linked to preceding sections.	Intervention is not evidence based. OR Intervention is not linked to preceding sections. OR Multiple interventions are implemented simultaneously.
4.2	Acceptability of the intervention by relevant stakeholders (e.g., caregivers, teachers) is verified.	Acceptability of the intervention by one or more stakeholders is not verified.

4.3	The intervention is replicable: Intervention components are clearly described (i.e., independent variable) AND Logistics are reported (e.g., who will implement, setting, duration and frequency of sessions)	The intervention is not replicable: Intervention components are not described (i.e., independent variable) OR Logistics are missing (e.g., who will implement, setting, duration and frequency of sessions)
4.4	Skill or performance goals are: Described using the same metric as the dependent variables AND Achievable based on research or other data.	Skill or performance goals are: Described using a different metric as the dependent variables OR Not achievable or not linked to research or other data.
4.5	Progress is monitored and graphed for data based decision making (formative evaluation).	Progress is not monitored. OR Progress data are not graphed.
4.6	Treatment integrity/fidelity data are: Collected and reported AND Used in the interpretation of intervention efficacy.	Treatment integrity/fidelity data are not: Collected or reported OR Used to describe intervention efficacy.
RATING	EFFECTIVE	NEEDS DEVELOPMENT

Section 5: Evaluation (Summative)

	Effective	Needs Development
5.1	A single graph is depicted for the target behavior and includes the following elements: Baseline data AND Goal/target indicator or aim line AND Treatment/progress monitoring data with a trend line	A single target behavior is presented on multiple graphs, or relevant graphs are not included. The following components are not included in the graph: Baseline data OR Goal/target indicator or aim line OR Treatment/progress monitoring data with a trend line
5.2	Adequate intervention data (i.e., typically 7 data points) are collected to demonstrate level and/or trend under intervention conditions.	Insufficient data are collected to meaningfully interpret the results of the intervention.
5.3	Visual analysis of the level, trend and variability, and/or statistical analyses (e.g., effect size) demonstrate that the intervention was effective.	Visual or statistical analyses were not used. OR The intervention was ineffective.
5.4	Strategies for generalizing outcomes to other settings are described.	Strategies for generalizing outcomes to other settings are not described.
5.5	Strategies for follow-up are developed.	Strategies for follow-up are not developed.
RATING	EFFECTIVE	NEEDS DEVELOPMENT

Individual Counseling Case SOAP Notes

With the help of your supervisor select a student in need of counseling services due to various mental health or school adjustment problems. Acquire the appropriate consent and assent for counseling services provided by your school district and keep a record of these. No one counseling intervention is required although review of PSY 725 Cognitive Behavior Therapy materials should provide the basis for the counseling services provided. To document counseling services provide case notes while counseling the student using SOAP notes about the course of treatment.

- S=Subjective data provided in the session (i.e., what was said, expression of feelings and thoughts)
- O=Objective data provided in the session (i.e., actual data on performance).
- A=Assessment of the session (e.g., data suggests the student's functioning is improving)
- P=Plan next steps or session (e.g., the student is functioning better and will continue in similar fashion).

School Psychologist Supervisor's Evaluation Form of the Intern

NC STATE SCHOOL PSYCHOLOGY INTERN EVALUATION FORM

Attached is a list of competencies for students in the NC State University School Psychology Program that coincide with NASP Standards. We expect the intern's competencies to be evaluated as "competent" by the end of their internship. Halfway through the internship the intern's competencies should be a mixture of "developing" and "competent." Competencies evaluated as "limited" require further skill development or remediation for the successful completion of the required internship competencies. Completion of this form indicates that you have directly assessed these activities.

Your rating is one part of evaluating this supervisee's clinical competence. It is important that you return this form promptly as your evaluation must be provided in order to evaluate the supervisee's performance and award a grade. Thank you for your willingness to serve as a school psychologist supervisor. Your input is very important to the student and to the faculty.

After you complete your evaluation, please share your ratings with your supervisee and then send the original completed form to the intern so they can submit it to the internship faculty.

Supervisee Name: _____

Semester & Year: _____

Site: _____

Internship Supervisor Name: _____

Supervisor Highest Degree (Circle one)

MA MS EdS EdD PsyD PhD

Supervisor Licensure (Circle all that apply)

Licensed Psychologist Licensed School Psychologist Level II

Licensed School Psychologist Level III

NC State School Psychology Internship Evaluation Form

1	Limited	Skill implementation is limited at a beginning practitioner level.
2	Developing	Skill implementation is inconsistent at a beginning practitioner level.
3	Competent	Competent on this skill as a beginning practitioner.
4	Proficient	Can consistently provide this skill without coaching.
NO	Not observed	

Domain 1: Data-Based Decision Making and Accountability-	Supervisor				
1. Systematically collects data from multiple sources including ecological factors as the context for all assessment and intervention decisions	1	2	3	4	NO
2. Uses assessment data to understand students' problems and to implement evidence-based instructional, mental, and behavioral health services	1	2	3	4	NO
3. Uses data to analyze progress toward meeting academic and behavioral goals.	1	2	3	4	NO
4. Evaluates the effectiveness and/or need for modifications to school-based interventions or programs	1	2	3	4	NO
5. Conducts valid and reliable assessments for the purpose of identifying student's eligibility for special education services.	1	2	3	4	NO
Domain 2: Consultation and Collaboration	Supervisor				
6. Uses a consultative problem-solving process for planning, implementing, and evaluating all instructional, and mental and behavioral health services.	1	2	3	4	NO
7. Facilitates effective communication and collaboration among families, teachers, community providers, and others.	1	2	3	4	NO
8. Uses consultation and collaboration when working at the individual, classroom, school, or systems levels.	1	2	3	4	NO
9. Advocates for needed change at the individual student, classroom, building, district, state, or national levels.	1	2	3	4	NO
Domain 3: Interventions and Instructional Support to Develop Academic Skills	Supervisor				
10. Implements evidence-based interventions to improve student engagement and learning.	1	2	3	4	NO

11.Uses assessment data to develop and implement evidence-based instructional strategies that will improve student performance.	1	2	3	4	NO
12.Works with other school personnel to ensure attainment of state and local benchmarks for all students.	1	2	3	4	NO
13. Sharing information about research in curriculum and instructional strategies.	1	2	3	4	NO
14.Promotes the use of instructional strategies for diverse learners and to meet individual learning needs.	1	2	3	4	NO
Domain 4: Interventions and Mental Health Services to Develop Social and Life Skills	Supervisor				
15.Integrates behavioral supports and mental health services with academic and learning goals for students.	1	2	3	4	NO
16.Facilitates the design and delivery of curricula to help students develop effective skills, such as self-regulation, planning, organization, empathy, social skills, and decision making.	1	2	3	4	NO
17.Uses systematic decision-making to consider the antecedents, consequences, functions, and causes of behavioral difficulties.	1	2	3	4	NO
18.Develops and implementing behavior change programs at individual, group, classroom, and school-wide levels.	1	2	3	4	NO
19,Evaluates evidence-based interventions to improve individual student social, emotional, or behavioral wellness.	1	2	3	4	NO
Domain 5: School-Wide Practices to Promote Learning	Supervisor				
20.Uses knowledge of universal screening programs to identify students in need of instructional and behavioral support services.	1	2	3	4	NO
21.Promotes policies and practices that support effective discipline, instructional support, grading, home–school partnerships, student transitions, and more.	1	2	3	4	NO
22.Collaborates with other school personnel to create and maintain a multitiered continuum of services to support academic, social, emotional, and behavioral goals for students.	1	2	3	4	NO
23.Advocates for policies and practices that promote positive school environments.	1	2	3	4	NO
Domain 6: Preventive and Responsive Services	Supervisor				
24.Uses knowledge of risk and protective factors to address problems such as school completion, truancy, bullying, youth suicide, and school violence.	1	2	3	4	NO
25.Develops, implementing, and evaluating prevention and intervention programs that address precursors to severe learning and behavioral problems.	1	2	3	4	NO
26.Participates in school crisis prevention and response teams.	1	2	3	4	NO
27.Participates and evaluates programs that promote safe and violence-free schools and communities.	1	2	3	4	NO
Domain 7: Family–School Collaboration Services	Supervisor				
28. Collaborates with and engaging parents in decision making about their children.	1	2	3	4	NO

29. Promotes respect and appropriate services for cultural and linguistic differences.	1	2	3	4	NO
30. Promotes strategies for safe, nurturing, and dependable parenting and home interventions	1	2	3	4	NO
31. Creates links among schools, families, and community providers.	1	2	3	4	NO
Domain 8: Diversity in Development and Learning	Supervisor				
32. Addresses individual differences, strengths, backgrounds, and needs in the design, implementation, and evaluation of all services	1	2	3	4	NO
33. Uses a problem-solving framework for addressing the needs of English language learners.	1	2	3	4	NO
34. Promotes fairness and social justice in school policies and programs.	1	2	3	4	NO
Domain 9: Research and Program Evaluation	Supervisor				
35. Uses research findings as the foundation for effective service delivery.	1	2	3	4	NO
36. Uses techniques of data collection to evaluate services at the individual, group, and systems levels.	1	2	3	4	NO
37. Assists teachers in collecting meaningful student data.	1	2	3	4	NO
38. Applies knowledge of evidence-based interventions to evaluate the fidelity and effectiveness of school-based intervention plans.	1	2	3	4	NO
Domain 10: Legal, Ethical, and Professional Practice	Supervisor				
39. Remains knowledgeable about ethical and professional standards, and legal regulations.	1	2	3	4	NO
40. Assists administrators, other school personnel, and parents in understanding regulations relevant to general and special education.	1	2	3	4	NO
41. Engages in professional development and life-long learning.	1	2	3	4	NO
42. Uses supervision and mentoring for effective practices.	1	2	3	4	NO

Additional competency items or supervisor narrative comments can be added here or on an additional page.

Supervisor’s Signature _____ Date _____

Supervisee’s Signature _____ Date _____

The supervisee’s signature indicates only that the student is aware of and has discussed the evaluation with the supervisor; agreement with the ratings is not implied by the supervisee’s signature.

Internship Activities Timeline

Year in Program	Month	Activity
2nd Year	Dec	Go to the NCSPA website and look for school districts offering internships.
	Jan	
	Feb	
	March	
	April	
	May	Secure an internship commitment from school district
	June	
3rd Year	July	
	Aug	Obtain signed Internship Agreement and begin logging internship activities
	Sept	
	Oct	Turn-in and present Module 6: School Counseling, Psychological, and Social Services
	Nov	Provide SOAP notes of individual counseling case
	Dec	Turn-in and present Culturally Responsive Annotated Psychological Report Turn-in School Psychologist Supervisor's Evaluation Form of Intern
	Jan	
	Feb	Turn-in and present Module 7 Social and Emotional Climate
	March	
	April	Turn-in and present Module 10 Family Engagement
	May	Turn-in and present NASP Consultation Behavior and Academic Case Studies Turn-in School Psychologist Supervisor's Evaluation Form of Intern
	June	Turn-in Excel Spreadsheet with completed internship hours