

STATEMENT OF READINESS FOR CLINICAL EXPERIENCE

The clinical experience portion of the Counseling programs involves a commitment that extends far beyond the classroom. The counselor-in-training will be providing services to students and clients as well as representing Kutztown University, the COU programs, and the Counseling profession. Given this, the counselor-in-training must exhibit a high level of ethical and responsible behavior at all times.

The purpose of this *Statement of Readiness* is to fully examine the counselor-in-training's ability to commit to the responsibilities of the clinical experience portion of the Counseling programs. These Statements will be reviewed by Department faculty prior to approving the counselor-in-training's application for Practicum.

Submit your Readiness Plan and Weekly Schedule to:
coufiellexperience@kutztown.edu by the 2nd Monday in April.

Part 1: Readiness Plan

Instructions: Please respond to the following questions and include specific examples to illustrate your response.

1. How will you manage the responsibilities, class and on-site hours, and additional research/learning requirements of the Practicum (see Practicum Contract for details).
2. Quite often client work involves researching and additional reading in specific topic areas. How will you manage the additional time that may be involved in this?
3. What are your other academic, personal, and professional responsibilities and how will you balance these with the practicum requirements?
4. What is your plan for self-care during this time?
5. Write a paragraph describing your identity as a professional counselor.

Part 2: Weekly Schedule

Instructions: Please develop a sample weekly schedule that shows how you will include the practicum commitment in your academic, personal and professional commitments.

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1. **READINESS PLAN:** To be eligible for enrollment in practicum during the spring semester, the readiness plan **MUST BE SUBMITTED BY THE SECOND MONDAY IN APRIL** (of the spring semester prior to taking the course).
 2. **ALL OTHER REQUIRED MATERIALS** (agreement and insurance) **MUST BE SUBMITTED BY THE THIRD MONDAY IN OCTOBER** (during the Fall semester prior to taking the course).

Student Signature

FOR DEPARTMENT USE ONLY

_____ ALL Materials Received by Due Date
_____ Pre-practicum Review Completed
_____ Approved for Practicum Registration

Clinical Coordinator Signature

Updated June, 2022