AUBURN UNIVERSITY

SYLLABUS

SPECIAL EDUCATION, REHABILITATION, and COUNSELING

**Summer Semester 2019**

 **COURSE NUMBER: RSED 4913**

 **Course Title: Rehabilitation and Disability Studies Practicum**

 **Credit Hours: 1-2**

 **Instructor:** Julie C. Hill, Ph.D., NCC

 E-mail: jch0153@auburn.edu

 \* I do my best to respond to emails with 24 hours

 Cell Phone: (970) 691-1816

 Classroom: meeting on ZOOM online

**Date Syllabus Prepared:** May 2019

**Schedule: This class will meet weekly via Zoom meetings during the course of the semester. Meetings dates and times will be determined based on students’ availability and will be announced as soon as possible.**

**I. Course Purpose and Objectives:**

The purpose of this course is to provide the student with a supervised beginning experience in a human service organization. This experience should expose the student

to issues affecting the rehabilitation process and/or the delivery of rehabilitation services.

***The practicum experience is 60-100 hours at an approved rehabilitation site.***

***Objectives that each student must, at a minimum, accomplish are:***

1. To become familiar with the organizational structure of the unit or agency including the role and function of staff.

2. To become familiar with the philosophy, mission, and goals of the unit or agency exclusive to the agency.

3. To become aware of potential legal issues that may affect the effective functioning of the unit or agency regarding delivery of services.

4. To become aware of unit or agency standards that assures quality of care and services provided.

**II. Textbooks**

There are no required textbooks for this course. Any readings will be provided by instructor via e-mail or Canvas.

**III. Instructional Method**

In addition to the 60-100 hours of field experience, the student must attend all scheduled class meetings. These class meetings will consist of class discussion in relation to each student’s practica experience and course objectives.

**IV.** **Course Requirements**

**A) Practicum**

To initiate practicum, the student proposal form must be turned in with site information by ***Friday,*** ***May 24***. This is to allow for proper approval of the practicum site and the remainder of the semester to accrue hours. The practicum site selected must be approved by the course instructor. Submission of all requested information and forms must be completed before beginning Practicum hours at selected site.

**B) Attendance Policy**

**It is expected that each student will attend the scheduled class meetings. The student will report to class on time and be prepared with any assignments for that class meeting. This class will be meeting approximately seven times during the semester. Only under extreme circumstances will an absence be excused, preferably with prior notice of absence requested and approved by the class Instructor.**

**C) Journal**

As a part of the practicum experience, each student will keep a **weekly** log or journal of their experiences for each week of the Practicum. These entries should reflect on: new learning, experiences during the week, your personal thoughts on the activities you participated in or shadowed, and general thoughts regarding the week. **Journal entries should be approximately *one to two (1-2) pages* in length and turned in weekly via CANVAS.**

**D) Log of Hours**

Each student will fill out a weekly log documenting the hours at the Practicum site. The log will be supplied to you. This log must be filled out weekly and turned in at each class meeting.

**E) Reflection**

Each student will need to write and turn in a Reflection paper pertaining to their practicum experience. This will be similar to the journal, but more comprehensive. This Reflection should be a minimum of *two to four (2-4) pages* in length and in APA style. This assignment is due on the last day of class.

**F) Verification of Hours/Practicum**

Each student will have his or her log of hours signed by the Practicum site supervisor. This form will verify that the student has completed the amount of hours reflected in the log of hours. This can be signed

**G) Evaluation Form**

Each student will be responsible for turning in a completed practicum evaluation form. This form must be turned in and signed by your supervisor BY ***July 29th***.

**V. CORE Accreditation**

Auburn University’s Rehabilitation Counseling program is fully accredited by the Council on Rehabilitation Education (CORE). This course meets the standards set for the supervised clinical practicum experience.

**VI. Liability Coverage**

Student’s officially registered and enrolled at Auburn University are covered by professional liability insurance in the amount of $1,000,000. Students who may need to document this coverage may request such from the College of Education’s Educational Services Office. The phone number for this office is (334) 844.4448

**VII. Class Policy Statements**

**Classroom Attendance:** RSED’s attendance policy is that (a) only one (1) absence is permitted for a semester course that meets **once** a week, and (b) only two (2) absences are permitted for a semester course that meets two or more times a week. Failure to meet this standard will result in a grade of “FA” (failure for excessive absences) unless the student withdraws from the class prior to the withdrawal date (see university semester calendar). At the discretion of individual instructors, verified absences may be excused under unusual circumstances (see ***Tiger Cub***). In order for the absence to be considered excusable, however, the instructor must be in receipt of the documentation within seven days from the class in which the absence occurred.

**Excused absences:** Students are granted excused absences from class for the following reasons: illness of the student or serious illness of a member of the student’s immediate family, the death of a member of the student’s immediate family, trips for student organizations sponsored by an academic unit, trips for university classes, trips for participation in intercollegiate athletic events, subpoena for a court appearance, and religious holidays. Students who wish to have an excused absence from class for any other reason must contact the instructor in advance of the absence to request permission. The instructor will weigh the merits of the request and render a decision. When feasible, the student must notify the instructor prior to the occurrence of any excused absences, but in no case shall such notification occur more than one week after the absence. Appropriate documentation for all excused absences is required. Please see the *Tiger Cub* for more information on excused absences.

**Make-up Policy:** Arrangement to make up a missed major examination (e.g., hour exams, mid-term exams) due to properly authorized excused absences must be initiated by the student within one week of the end of the period of the excused absence(s). Except in unusual circumstances, such as the continued absence of the student or the advent of university holidays, a make-up exam will take place within two weeks of the date that the student initiates arrangements for it. Except in extraordinary circumstance, no make-up exams will be arranged the last three days before the final exam period begins.

**Assignments:** All assignments must be typed and prepared in a professional manner (i.e., neat, correct grammar, spelling), following APA guidelines. Assignments are due on the date noted in the syllabus. For **each day** an assignment is late, **10%** will be deducted from the final earned grade for the assignment.

**Academic Honesty Policy:** All portions of the Auburn University student academic honesty code (Title XII) found in the Tiger Cub will apply to university courses. All academic honesty violations or alleged violations of the SGA Code of Laws will be reported to the Office of the provost, which will then refer the case to the Academic Honesty Committee.

**Disability Accommodations:** Students who need special accommodations in class, as provided by the Americans with Disabilities Act, should arrange for a confidential meeting with the instructor during office hours in the first week of classes (or as soon as possible if accommodations are needed immediately). The student must bring a copy of their Accommodations Letter and an Instructor Verification Form to the meeting. If the student does not have these forms, they should make an appointment with the Program for Students with Disabilities, 1288 Haley Center, 844-2096 (V/TT).

**Course contingency:**  If normal class and/or lab activities are disrupted due to illness, emergency, or crisis situation, the syllabus and other course plans and assignments may be modified to allow completion of the course. If this occurs, an addendum to your syllabus and/or course assignments will replace the original materials.

**Distance Learning Students:** Unless specific instructions have been given for a designated course, students in distance education courses shall take all closed resource examinations under the supervision of an approved proctor. Examples of approved proctors include a school superintendent, a principal of a high school, a dean or department head of a college, or a work supervisor. Proctors shall be verified and exams shall be sent directly to the proctor who will manage the examination in a secure manner, requiring students to present a picture ID.

**Professionalism:** As faculty, staff, and students interact in professional settings, they are expected to demonstrate professional behaviors as defined in the College’s conceptual framework. These professional commitments or dispositions are listed below:

* Engage in responsible and ethical professional practices
* Contribute to collaborative learning communities
* Demonstrate a commitment to diversity
* Model and nurture intellectual vitality

|  |
| --- |
| ***STUDENT******PRACTICUM PROPOSAL*** |

To initiate practicum, this form must be turned in with proposed site information three (3) weeks prior to the semester of the practicum being proposed. This is to allow proper inspection and review of the practicum site.

|  |
| --- |
| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle/Maiden |
| Proposed Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Information gathered about Facility (please describe the facility/organization thoroughly):

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **⁮** Approved **⁮** Declined

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please return form to**:Dr Julie HillJch0153@auburn.edu |

Name: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Practicum Weekly Hour Log***

|  |  |  |  |
| --- | --- | --- | --- |
| Date  | Time In | Time Out | Total Hours for Day |
| Sun: |  |  |  |
| Mon: |  |  |  |
| Tues: |  |  |  |
| Wed: |  |  |  |
| Thurs: |  |  |  |
| Fri: |  |  |  |
| Sat: |  |  |  |

|  |
| --- |
| Total Hours for Week: |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Practicum Evaluation Form

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester:\_\_\_\_\_\_\_\_\_\_\_\_

Students are to be evaluated at the end of the practicum. Please use the following scale to evaluate the student:

1= Poor

2=Below Average

3= Average

4= Above Average

5= Excellent

\_\_\_\_\_ Personal Appearance

\_\_\_\_\_ Working Relationship with Staff

\_\_\_\_\_ Working Relationship with Clients or Consumers

\_\_\_\_\_ Following Directions

\_\_\_\_\_ Understanding of Agency or Organization and their mission

\_\_\_\_\_ Motivation: Student takes personal responsibility for his/her learning

 experience

\_\_\_\_\_ Level of Maturity as seen by working with staff and consumers

\_\_\_\_\_ Imagination and creativity

\_\_\_\_\_ Responsibility to the agency or organization

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature, Practicum Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Signature, Practicum Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_