

**ATTENTION**  
**Potential Practicum Students**  
**Human and Social Services Program**

**IMPORTANT REQUIREMENTS REMINDER**

In order to be eligible to begin your practicum you must fulfill all the prerequisites, complete all requirements, and submit paperwork.

**PREREQUISITES:** Must be enrolled in Human and Social Services program; have a minimum of 30 credit hours with a C or better in every course completed from the plan of study; and **must be entering final year of Human Services program with a definitive plan to graduate by the end of Spring Semester;** plus permission of practicum instructor.

1. **Practicum Self-Assessment form** – Complete and submit to Angie Devilbliss at Mt Orab campus prior to beginning the practicum course.
2. **Waiver of Responsibility form** – Complete and submit to Angie Devilbliss at Mt Orab campus prior to beginning the practicum course.
3. **Purchase Liability Insurance** – First-time students enrolled in their first practicum course pay a \$18 premium (subject to increase). The professional coverage extends from the beginning of the first semester of practicum for a one year period. At that time, another \$18 premium, (subject to increase) will be charged if all required practicums have not been completed.

**To purchase the insurance** – Log into MyRecords and go to **Student > Account Information**. Click on the “**Make a Miscellaneous Payment**” link, From the “**Description**” drop-down menu, choose ‘Human Services Insurance’ from the payment options listed, Then click on the “**Submit**” button, “**Credit Card**” will automatically be selected for you on the next screen. Click “**Continue.**” After you have entered your **credit card information, billing address, and e-mail address**, click on the “**Continue**” button, A **receipt** containing your transaction information will be emailed to you. It will be ‘**From:** Auto-Receipt [mailto:noreply@mail.authorize.net]’ and have ‘**Subject:** Transaction Receipt from Southern State Community College for \$... (USD).’ **provide a copy of the receipt(s) to Angie Devilbliss at [adevilbliss@sccc.edu](mailto:adevilbliss@sccc.edu)**. Keep a copy of the receipt(s) for your records.

*\*\*\* If you are unable to pay via the web you can use the automated Pay by Phone option. You will need to have your Student ID# and the amount you want to pay ready. Call 1-800-628-7722. When asked if you know your parties extension, hit the # key, you will be transferred to the automated line.*

4. **Practicum Site Approval form** – Complete and submit to Angie Devilbliss at the Mt Orab campus prior to beginning the practicum course.
5. **Practicum Handbooks** – Pick up *one* copy of the handbook from Angie Devilbliss at the Mt Orab campus when you register for the practicum class. Study the handbook carefully before selecting your practicum site. Important practicum details and policies are described in this handbook. You will give this copy of the handbook to your site supervisor after you have selected your practicum agency site. If you wish to have a copy for your records, you can print a copy from <https://www.sccc.edu/academics/associate/assets/hssr-practicum-handbook.pdf>

***Forms 1 – 4 must be completed and returned to Angie Devilbliss at the Mt Orab campus prior to beginning your first practicum course.***



**APPENDIX B**

Southern State Community College  
Human and Social Services Program

**Practicum Self-Assessment**

Directions for Completion

This completed document must be submitted to the practicum faculty before your practicum site can be approved. Please thoroughly answer each of the following questions. Your practicum site supervisor may request a copy of your responses.

Students must undergo meaningful self-assessment before they can select appropriate field placements beyond such thoughts as, "I like kids," etc. this form provides a structured method for you to conduct this self-assessment and will assist in making an appropriate match between your expectations, needs, and educational goals and the agency in devising a meaningful practicum experience. **REMEMBER!** Practicum is not training for a specific job but continuation of your professional education!

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

1. Name courses taken to date that have prepared you for placement. Include courses in sociology and psychology as well as human and social services. (List accurate titles for classes.)

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2. List the main characteristics of your personality (e.g. passive, aggressive, easily intimidated, eager, anxious, shy creative, etc.)

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3. List at least five (5) things about you that you consider to be your assets – your strongest points. Be very specific and personal; do not just say, “I think I have good casework skills,” but comments such as “I learn quickly” or “I can handle a lot of pressure” are much more meaningful responses.

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4. List at least five (5) things about you that you consider to be your weak points – things you need to work on improving. Do not be general like “I need more training.” Be specific.

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5. What kind of climate is necessary in a practicum placement for you to learn or to be really productive and so forth?

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6. What do you want from a site supervisor?

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7. What do you need from a site supervisor?

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8. The following list describes client groups that might be found in some settings. Put an "X" by the ones you would feel most comfortable or most skilled working with; put an "O" by the ones you would feel less comfortable working with; and an "N" by the ones you would rather not work with. Be honest. (All human services workers have some client groups they would rather work with.)

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|---|--|
| <input type="checkbox"/> Infants                        | <input type="checkbox"/> Lower income groups       |
| <input type="checkbox"/> Children                       | <input type="checkbox"/> Middle income groups      |
| <input type="checkbox"/> Adolescents                    | <input type="checkbox"/> Transgendered             |
| <input type="checkbox"/> The aged                       | <input type="checkbox"/> Rural clients             |
| <input type="checkbox"/> Physically handicapped         | <input type="checkbox"/> People who lack education |
| <input type="checkbox"/> Mentally handicapped           | <input type="checkbox"/> Blacks                    |
| <input type="checkbox"/> Emotionally/mentally disturbed | <input type="checkbox"/> Hispanics                 |
| <input type="checkbox"/> Hostile client (involuntary)   | <input type="checkbox"/> Whites                    |
| <input type="checkbox"/> Law offenders                  | <input type="checkbox"/> Asians                    |
| <input type="checkbox"/> Unwed mothers                  | <input type="checkbox"/> Native Americans          |
| <input type="checkbox"/> Homosexuals/lesbians/gays      | <input type="checkbox"/> Dying patients            |
| <input type="checkbox"/> Drug abusers                   | <input type="checkbox"/> Women having abortions    |
| <input type="checkbox"/> Child abusers                  | <input type="checkbox"/> Grossly obese persons     |
| <input type="checkbox"/> The disfigured                 | <input type="checkbox"/> Appalachian descent       |
| <input type="checkbox"/> Non-English Speakers           |  |

Use the following space to identify other client groups you would feel comfortable *or* uncomfortable with.

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9. What are your short-range goals?

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10. What do you see yourself doing two to three years from now?

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11. Is there anything that might interrupt your practicum experience during this semester?

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12. Considering your responses to the previous questions and your current situation and desires, what kind of setting would you want for your practicum placement? List several types of agencies.

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13. In question #12 you indicated the kind of agency setting you want. Is that the same as what you need for your development? If so, state this. If not, answer the question again substituting the word need for want.

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14. Review your answers to all the previous questions. Is there anything you expect from your practicum placement that has not been covered? If so, list below and comment on each.

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15. What are your specific goals for practicum?

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16. List below your human services related job experience and volunteer work.

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17. List below any previous work experience and volunteer work that is unrelated to the human services field.

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I am aware that this information may be released to prospective practicum site agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX E**

Human and Social Services  
Southern State Community College

**PRACTICUM  
Site Approval Form**

Completed form must be submitted to practicum instructor for approval of practicum site.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Planning to begin practicum experience: Semester \_\_\_\_\_ Year \_\_\_\_\_

Potential practicum site: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

Student's major:  Human and Social Services (generalist)  Chemical Dependency

NOTE: Students majoring in Chemical Dependency must complete the entire practicum experience at a chemical dependency counseling/treatment facility.

Is this site a chemical dependency counseling/treatment facility?  Yes  No

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Faculty use only:

Requested site:  approved  not approved

Signature of Practicum Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Requested practicum site has not been approved until indicated and signed by practicum instructor.



## APPENDIX I

### Southern State Community College Human and Social Services Program **Student Professional Liability Insurance Program**

#### **Coverage Required:**

Students enrolled in the Human and Social Services Technology program are required to purchase professional liability insurance before beginning the practicum experience. Contracts for student clinical experience with outside agencies and institutions require this insurance coverage before a student is allowed to participate in a practicum or clinical experience.

#### **Why You Are Covered Under the Student Liability Insurance Program**

Over the past several years, there have been a number of claims nationwide involving students. These claims include error, negligence, and omission. As a student, you have a definite personal responsibility for your own activities in your contact with clients, even though you are not yet licensed, registered, or otherwise accredited for your profession.

#### **Coverage \***

Payment is made by the insurance company on claims arising out of a “medical incident.” That is any act or omission in the furnishing of professional services. Coverage terminates upon graduation.

#### **Cost**

First-time students enrolled in their first practicum course pay a \$18 premium (subject to increase). The professional coverage extends from the beginning of the first semester of practicum for a one year period. At that time, another \$18 premium, (subject to increase) will be charged if all required practicums have not been completed.

Students must pay the premium to the College Business Office representative on any SSCC campus.

No refunds will be made for unexpired coverage due to drop-outs.

#### **Limits of Professional Liability**

Pay up to \$1,000,000 for each incident; up to \$3,000,000 aggregate.

#### **You Are Not Covered for**

1. Operation of a motor-driven vehicle
2. Engaging in an unrelated business or profession
3. Act, errors or omissions of any insured that are dishonest, criminal or malicious

\*It is not possible in this format to include all of the benefits and limitations of the policies referred to in this summation. In the event of a loss or claim, the specific terms and limits of the policy will apply. For further information regarding these policies and actual benefits, limitations, exclusions or reductions, please contact the College Business Office.

**APPENDIX J**

**Southern State Community College  
Waiver of Responsibility**

**Professional Experience  
Human and Social Services Program**

The undersigned student acknowledges and agrees that:

1. He or she has undertaken practicum at a site (or sites) assigned by the College during the student's enrollment at Southern State community College, and that this experience is a requirement of the program.
2.
  - a. The student IS NOT covered under worker's compensation attributable to Southern State Community College on account of the program or the experience.
  - b. The student IS NOT covered by medical insurance attributable to Southern State Community College on account of the program or the experience.
  - c. The student IS covered by professional liability insurance attributable to Southern State Community College on account of the program or experience with limits and exclusions as noted on the descriptive page attached hereto.
3. While Southern State Community College has no knowledge of any condition with respect to the employment which could cause injury to the student while exercising reasonable care, Southern State Community College makes no other representations of any kind involving the experience.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number