

Site Supervision and Clinical Placement Agreement (Contract)

Student Informati	on:						
Student:		P	hone:				
Student email:		Sit	e email:				
Site Mailing Add	ress:						
City:			State:		_ Zip:	_	
Site and Site Supe	ervisor Informati	on:					
Physical Site Add	lress:			City: _			
State:Z	ip:						
Site Supervisor n	ame:		Pł	none:		_	
Email:		Site Supervisor	Credentials (e.g., LPC, Ll	MFT, NCC):		
Lic. No.:	Year	s of clinical men	ntal health co	unseling prac	tice:		
Approved Clinica	al Supervisor Cer	rtificate? Y N	Training in	Counseling S	Supervision: _		
Supervision Theo	ory/Philosophy:						
Modality of Supe describe training/				rtual 🗖 If D	istance Super	rvision, Pleaso	e
Beginning Date	of Placement: _	Ending	Date (last da	ay of course/	group superv	vision):	
Anticipated Weedays per week-E							
Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.	

Student/Supervisor Responsibilities & Agreements (*Please initial to indicate your agreement on each line*).

Student Responsibilities	Initials
Keep a daily/weekly log of both direct and indirect service activities. These logs must be reviewed weekly by the Site Supervisor who will	
sign them, indicating their approval of the hours.	
Receive weekly individual and/or triadic supervision from the Site Supervisor that averages at least one hour per week throughout the entire clinical placement experience. Students are encouraged to seek supervision outside of regularly scheduled sessions, as required.	
Engage in counseling interactions with clients (group or individual), which will be supervised by your Site Supervisor (and/or viewed by audio/video tape in supervision). University Supervisors will require verbatim accounts of counseling sessions.	
Maintain current liability insurance	
Adhere to all policies and procedures as required at the clinical placement site.	

Supervisor Responsibilities	Initials
Attend (each Spring) or view the recording of the Site Supervisor Orientation (Fall	
and/or Summer)	
Review the Site Supervisor Handbook	
Provide the student with adequate workspace, telephone, office supplies, and staff	
to conduct professional activities.	
Provide the student the ability to video and/or audio record individual counseling	
sessions.	
Review and sign the student's daily/weekly log of both direct and indirect	
hours weekly and at the end of the semester (semester-long log). Your	
signature indicates your approval of the hours indicated on the log.	
Provide weekly individual and/or triadic supervision to the student that	
averages one hour per week throughout the clinical placement experience.	
Provide the student with the opportunity to engage in counseling interactions with	
clients (<i>must include both group and individual counseling</i>), which includes at	
least 40 direct hours during practicum and 120 direct hours for each Internship (I & II).	
Conduct a mid and final evaluation of the student's performance.	
Communicate with the University Supervisor (course instructor) regarding any	
concerns regarding student's performance. The University Supervisor will	
contact Site Supervisors regularly to request regular feedback on the student's	
performance, however, Site Supervisors should contact the University Supervisor	
and Internship Coordinator with problems and concerns should they arise.	

By signing below, I am indicating that I have read, understood, and agreed to the terms of this contract.

Counselor in Training	Date	Site Supervisor	Date	
University Supervisor	Date	Internship Coordinator	Date	