

INTERNSHIP FIELDWORK CONTRACT

60-Hr. Marriage and Family Therapy

Fill in the blanks of the contract that explicitly describes the agreement between you the student, the supervisor, and the site, including:

- Student's name, address, and telephone number
- The name, address and telephone number of the site
- The clinical supervisor's name and credentials
- The contact person for the site, if different from the supervisor
- The time commitment per week/per semester by the student
- The supervision commitment by the supervisor

On-Site Fieldwork Contract

STUDENT

Name:
Address:
Home Phone:
Work Phone:

SITE

Name:
Address:
Phone Number:
Contact Person:

I, Student's Name:, agree to provide approximately 300 hours of direct client contact as a Master's-level fieldwork student at the Site's Name: during the twelve-month period between MM/DD/YY: and MM/DD/YY:

During this time, I agree to become familiar with the policies and procedures of the Site's Name:. I will do co-therapy, and do individual, group, and family therapy on my own as directed by my supervisor. I understand that 100 of the direct client contact hours are required to be relational hours.

Supervisor's Name: In all of my work, I will observe the established policies and procedures of the Site's Name:.

I, Supervisor's Name:, agree to supervise Student's Name: approximately 1 hour of individual supervision per week during the period between MM/DD/YY: and MM/DD/YY:. I will meet the responsibilities of a clinical supervisor as outlined in the "Clinical Supervisor Responsibilities" form. This includes meeting one hour face-to-face per week, regardless of hours Student's Name: has spent with clients. *To the degree that I am able, I will try to structure Student's Name: time so that he/she will have a minimum of 300 hours of face-to-face contact with clients.* I understand that this contact can include co-therapy, individual, group, and/or family therapy done by Student's Name:. In addition, I will support Student's Name: in conducting two taped sessions.

I will complete periodic evaluations of Student's Name: and, after discussing it with the student, I will enter the evaluation into CORE. I am aware that I will need to have *quarterly consultation via phone and/or email* with the faculty supervisor. I understand that the faculty member will provide Student's Name: with group supervision an average of 2.5 hours per week.

_____	_____	_____	_____
Supervisor Signature	Date	Student Signature	Date