

## **INTERNSHIP FIELDWORK CONTRACT**

### **60-Hr. Clinical Mental Health Counseling**

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 \_\_\_\_\_ hours of counseling-related services as a Master's-level fieldwork student at the Site's Name: during the four-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 observe therapy, do co-therapy, and do individual, group, and family therapy on my own as directed by my supervisor; Supervisor's Name:. I also agree to be available to help with any other therapy-related or educationally relevant experiences that would be helpful within my total requirement of 600 hours. 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 240 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 or provide & document live supervision. I will complete periodic evaluations of Student's Name: and, after discussing it with the student, I will enter the evaluation into *LiveText*. 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 hours per week.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date