

# INTERNSHIP FIELDWORK CONTRACT

## PhD Clinical Internship

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

## Offsite Fieldwork Contract

**STUDENT:**

Name:  
Address:  
Home Phone:  
Work Phone:

**AGENCY:**

Name:  
Address:  
Phone number:  
Contact Person:

I, Student's Name: agree to provide approximately 200 hours of counseling-related services as a Doctorate-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, Student's Name:. I also agree to be available to help any other therapy-related or educationally relevant experiences that would be helpful within the constraints of the 200 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 will have a minimum of 150 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 him, will submit the original into CORE. I am aware that I will meet with the faculty supervisor periodically. I understand that the faculty member will provide Student's Name: with group supervision an average of 2 hours per week.

I, Site Director: as the site director, of Site's Name: agree to give permission to Student's Name: to release confidential information to Offsite Supervisor:

I confirm this site is a traditional counseling site as defined in the Practicum/Internship Manual and Handbook.

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Supervisor Name                      Date                      Student Name Date                      Date

\_\_\_\_\_  
Site Director Name                      Date