

INTERNSHIP FIELDWORK CONTRACT
Counselor Education and Supervision, PhD 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

Onsite 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 Doctoral-level fieldwork student at the Site's Name: during the four-month period between DD/MM/YY: and DD/MM/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 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 DD/MM/YY: and DD/MM/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,* time will try to structure Student's Name: so that he/she 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/her, will submit the original into CORE. I am aware that I will communicate with the faculty supervisor periodically. I understand that the faculty member will provide the student with group supervision an average of 2 hours per week.

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

Supervisor Name Date

Student Name Date