

INTERNSHIP FIELDWORK CONTRACT

60-Hr. Clinical Mental Health Counseling

Draw up a typed 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 600 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/YYYY:* and *MM/DD/YYYY:*

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 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/YYYY:*, and *MM/DD/YYYY:*. 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 1.5 hours per week.

Supervisor Signature

Date

Student Signature

Date