

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

Off-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 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/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.

I will complete periodic evaluations of Student's Name: , and, after discussing it with him/her, will enter the evaluation into Tevera. 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.

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

Supervisor's Signature: _____
 Date: _____

Student's Signature: _____
 Date: _____

Site Director's Signature: _____
 Date: _____