## Site Supervision Agreement for Clinical Practicum or Internship

*Please Note: This form **MUST** be fully completed or it will be returned to you.

### 1. Student Information

**Specialty area** (Master’s students only, select one):
- [ ] Mental Health
- [ ] College
- [ ] School

### 2. Site Information

**Site name:**

**Site address:**

**Types of clients served:**

### 3. Supervisor Information

**Supervisor name:**

**Title:**

**Phone:**

**Email:**

**License Type**

(LPC, LCSW, LMFT, CSAC, LASTP, Psychologist, Psychiatrist, etc.)

**Year Licensed:**

**Highest counseling-related academic degree:**

**Conferring university:**

**Total years of experience providing counseling:**

**Types of counseling provided:**

**Experience providing counselor supervision:**

**Please list training or licenses received for providing supervision:** (Course name(s) & number(s), institution(s), date(s) with number of CEU’s or graduate credits received) Attach documentation if necessary.

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Rev. 07/2014
Recording Requirements

Students are required to record (video recording is preferred) some of their sessions with the client's permission obtained through a signed consent form. Students are required to submit a minimum of one recording per week for review with their university supervisor. _____ Initials

Responsibilities of Supervisor and Internship student

The supervisor agrees to: (Supervisor, please initial items to indicate you have read and agree to the responsibilities.)

- Ensure student receives orientation to the facility and has access to site policies and procedures.
- Provide a minimum of one (1) hour of weekly individual/triad supervision for practicum/internship students _____ (initials)
- Assist the student with the planning of the practicum or internship experience to include minimum hours and types of experiences delineated in the ODU Practicum or Internship Handbook.
- Meet with student's University Supervisor once during the semester and maintain contact with the student's university supervisor(s) to communicate the student's progress and any concerns.
- Ensure that students have at least 5-8 opportunities to record (audio/video) sessions with clients. _____ (initials)
- Complete the university's evaluation form concerning the student's counseling performance.

Student agrees to: (Student, please initial items to indicate you have read and agree to the responsibilities.)

- Provide site supervisor with information on ODU program requirements and supervision training opportunities.
- MEET WEEKLY WITH SUPERVISORS (site and university). _____ (initials)
- Facilitate communication among supervisors.
- Learn and adhere to the policies and procedures of the site, including procedures for crisis interventions.
- Represent self and the university in a professional manner.
- Follow the American Counseling Association's and American School Counselor Association's Ethical Guidelines, as appropriate.
- Record sessions 5-8 times during the semester to bring to University supervision. _____ (initials)
- Provide university with evaluations of site supervisor at middle and end of each semester. _____ (initials)
- Consult immediately with site supervisor or available licensed representative when client may be at risk for harm to self or others.

4. Length of agreement (start and end dates should correspond to University semester dates)

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<th>Hours per week:</th>
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5. Signatures

This document serves as contract between the site and the student. Signatures indicate agreement on the above requirements and responsibilities.

Site Supervisor ___________________________ Date __________________

Student ________________________________ Date __________________

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