Individual University Supervisor Agreement for Master’s/Ed.S. in Counseling Practicum

Both supervisee and supervisor retain a copy of this form. Supervisee submits this completed form to their group supervisor. *Please Note: This form **MUST** be fully completed or it will be returned to you.

1. Individual Supervisor Information

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<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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**Degrees held** (list with conferring University):

**Licenses/credentials held:**

**Employment history** (give last 2 employers):

**Training for providing supervision and/or experience providing counselor supervision:**

2. Supervisee Information

Course(s) student will take in conjunction with Practicum/Internship: (only one class may be taken with a 600-hour Internship)

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Day &amp; Time Class Meets</th>
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3. Practicum/Internship Recording Requirements

- Students are required to record (videotaping is preferred) some of their sessions with the client’s permission obtained through a signed consent form.
- Students are required to submit a 2 to 3 recordings before mid-semester and 3 to 5 recordings by the end of the semester for a total of 5 to 8 recordings for the semester. These recordings must be reviewed with their university individual supervisor.

4. Responsibilities of University Supervisor and Practicum/Internship Student

**University Supervisor Responsibilities:**
- Provide a minimum of one (1) hour of weekly supervision.
- Assist the student with the planning of the practicum experience.
- Consult with the student’s site (as needed) and group supervisor by phone or email regularly to communicate about supervisee progress. (Group supervisor will conduct site visits)
- Facilitate the counselor's professional and personal development.
- Promote counselor competencies. Advance accountable professional counselors.
- Provide Summative and Formative feedback. (Summative as requested by the clinical coordinator)

**Practicum/Internship student’s responsibilities:**
- Read appropriate handbook. “I have read the handbook for this clinical experience.” (initials)
- Secure an approved site.
- Adhere to the policies and procedures of the site.
- Represent themselves and the university in a professional manner.
- Follow the American Counseling Association’s and/or American School Counselor Association’s Ethical Guidelines.
- Complete self-evaluations for counseling skills and review of recorded sessions.
- Evaluate the university & site supervisors (end of each semester).
5. Length of agreement for Practicum/Internship (circle one):

<table>
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<th>Start date:</th>
<th>End date:</th>
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<tr>
<th>Hours per week:</th>
<th>Days of week:</th>
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6. Ethics & Standards of Practice

Students and supervisors are expected to follow the applicable ASCA and/or ACA Ethical Guidelines and Standards of Practice. Copies of this document should be kept with the student, supervisor and Clinical Coordinator. If a student has concerns about supervision, they are expected to try to first resolve the concerns with the supervisor. If the concerns have not been satisfactorily resolved, student and supervisor will meet with the Clinical Coordinator.

Supervisor ________________________________ Date________

Internship Student ____________________________ Date________

CONSENT TO PARTICIPATE IN RECORDED COUNSELOR SUPERVISION

Purpose and Use of Recordings

This recording will be used for teaching supervision. It will also be used for consulting with another supervisor to further the training of this supervisor.

Confidentiality

The students and supervisors reviewing this recording are ethically bound to respect the confidentiality of the supervisee and any information shared in this recording. Thank you for your cooperation.

By signing this document, the supervisor agrees to use the recording only in the manner described above.

________________________________  ______________
Individual University Supervisor Signature            Date

By signing this consent, the supervisee agrees to participate in the recording of supervisory sessions.

________________________________  ______________
Student Signature                Date