

STOCKTON UNIVERSITY | COUNSELING PROGRAM

Site Supervision and Practicum Agreement

Student: _____ Phone: _____

Student email: _____ Site email: _____

Site Mailing Address: _____

City: _____ State: _____ Zip: _____

Site Supervisor name: _____ Phone: _____

email: _____ Site Supervisor Credentials (e.g., LPC, LMFT, NCC): _____

Lic. No.: _____

Years of practice: _____ Supervision Certificate? Y N

Beginning Date of Practicum: _____ Ending Date: _____

Physical Site Address: _____ City _____

State: _____ Zip _____

Anticipated Weekly Schedule:

Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.

The University Program Agrees:

1. to assign a University faculty liaison (Internship Coordinator and University Supervisor) to facilitate communication between the University and Site;
2. to notify the student that the student must adhere to the administrative policies, rules, standards, schedules, and practices of the Site;
3. that the faculty liaison shall be available for consultation with both Site Supervisor and student and shall be immediately contacted should any problem or change in relation to the student, Site, or University occur; and
4. that the University supervisor is responsible for the assignment of the Practicum course grade.

The Practicum Site Agrees:

1. to assign a practicum supervisor who has the appropriate credentials, time and interest for training the practicum student;
2. to provide opportunities for the practicum student to engage in a variety of counseling activities under supervision and for evaluating the practicum student's performance;
3. to provide the practicum student with adequate work space, telephone, office supplies, the ability to video record sessions (not necessarily the equipment necessary for recording), and staff to conduct professional activities.

The Practicum Student Agrees:

1. to read and understand the ACA Code of Ethics and practice in accordance to these standards;
2. to keep practicum supervisors informed regarding practicum experiences;
3. to demonstrate a minimal level of competency in specified counseling knowledge, skills, and attitudes in order to receive a passing grade;
4. to attend classes and supervisory sessions fully prepared as outlined by the course requirements and supervisors' expectations.

Student Agreement: I understand and agree to perform the above responsibilities. I understand and agree to practice my counseling in accordance with the ACA Code of Ethics. I understand that it is my responsibility to keep my faculty & Site Supervisor informed of my on-site activities and provide them with the appropriate material needed for supervision.

Practicum Student: _____ Date: _____

Site
Supervisor: _____ Date: _____

University
Supervisor: _____ Date: _____

Individual/triadic
supervisor _____ Date: _____