



### Site Supervisor’s Practicum or Internship Supervisory Agreement

Thank you for allowing graduate students the opportunity to develop counseling skills by completing practicum and/or internship experiences at your facility and under your supervision. As you know, at this stage of development, students are in the final stages of training as a counselor. Consequently, the practicum and internship experience is of pivotal importance. This agreement is meant to clarify the responsibilities of all parties involved in this experience. If you agree to provide supervision for this student, please sign this supervisory agreement. If you wish, please retain a copy of this form, returning the original to the student. **PLEASE ATTACH A COPY OF THE SITE SUPERVISOR’S RESUME.**

As the University Supervisor, I and/or the designated Practicum/Internship Supervisor will contact you and arrange a meeting or phone consultation to discuss this student’s practicum or internship experience. Please feel free to contact me at 210-458-2600, if you have and questions or concerns.

SITE SUPERVISOR’S PRACTICUM OR INTERNSHIP SUPERVISORY AGREEMENT					
STUDENT INFORMATION					
Student Name:					
Banner ID:					
Level of placement (Please check all that apply):		Masters Student <input type="checkbox"/>	Doctoral Student <input type="checkbox"/>	School Counseling <input type="checkbox"/>	Community Counseling <input type="checkbox"/>
PRACTICUM/INTERNSHIP SITE INFORMATION					
Agency/Organization Name:					
City:		County:		State:	
Zip:		Phone:		Fax:	
Website:					
Specialization:					
Site Supervisor Name:			Site Supervisor E-mail:		
Highest Degree	Year Completed/ Name of University	Field of Study	CACREP Accredited	Certification/ Licensure	Years of Post-Grad Experience in Mental Health
PURPOSE OF AGREEMENT					
The purpose of this agreement is to provide a qualified graduate student with a practicum or internship experience in the field of counseling.					
THE UNIVERSITY PROGRAM AGREES					
<ol style="list-style-type: none"> <li>1. To assign a university faculty liaison to facilitate communication between university and site;</li> <li>2. To provide the site prior to placement of the student the following information:               <ol style="list-style-type: none"> <li>a. Profile of the student named above; and</li> <li>b. An academic calendar that shall include dates for periods during which student may be excused from site supervision;</li> </ol> </li> <li>3. To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;</li> <li>4. That the faculty liaison shall be available for consultation with both site supervisors and students and shall be immediately contacted should any problem or change in relation to student, site, or university occur; and</li> <li>5. That the university supervisor is responsible for the assignment of a fieldwork grade.</li> </ol>					



**THE INTERNSHIP SITE AGREES**

1. To assign an internship supervisor who has appropriate credentials, time, and interest for training the practicum student. Qualifications for the site supervisor are a minimum of a master’s degree in counseling or a closely related field and a minimum of two years counseling experience. In the case of school placement, counselor certification by the Texas Education Agency is required. This supervisor must provide 1 hour per week of individual or triadic supervision with each student. (Triadic supervision is defined as two students meeting with one supervisor.)
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student’s performance. (In a 300 hour internship, students need 120 direct hours. In a 600 hour internship, students need 240 direct hours. Suggested counseling experiences included in the Course Syllabus or the Site Supervisor’s Manual);
3. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
4. To provide supervisory contact that involves some examination of student work using audio/visual tapes, observation, and/or live supervision for a minimum of one hour each week; and
5. To provide written evaluation of student based on criteria established by the university program.

**THE UNIVERSITY STUDENT AGREES**

1. To adhere to the administrative policies, rules, standards, and practices of the practicum site;
2. To act in a professional manner regarding my interactions with staff and students/clients;
3. To be adequately available to secure the required number of direct, indirect and supervision hours needed to meet internship course requirements.
4. To keep the practicum supervisor(s) informed regarding his/her practicum experiences;
5. To abide by the American Counseling Association ethical standards and will practice his/her counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in her/his removal from practicum and a failing grade, and documentation of such behavior will become art of her/his permanent record;
6. To secure student liability insurance coverage for the duration of this practicum experience; and
7. Understands that a passing grade in practicum will not be issued unless the specified minimal level of counseling skill, knowledge, competence and completion of course requirements are met.
8. In accordance with the Family Educational Rights and Privacy Act of 1974, the student is authorizing the University of Texas at San Antonio to disclose the student’s relevant educations records to the practicum supervisor /site.

**EQUAL OPPORTUNITY**

It is mutually agreed that neither party shall discriminate on the basis of race, color, nationality, ethnic origin, age, sex, or creed.

**TERMINATION**

It is understood and agreed by and between the parties hereto that the Agency/ Institution/School has the right to terminate the practicum experience if, in the opinion of the supervising therapist/counselor, such person’s behavior is detrimental to the operation of the Agency/Institution/School and/or to patient or client care. Such action will not be taken until the grievance against any practicum student has been discussed with the student and with University Officials.

**ADDITIONAL COMMENTS AND/OR SUGGESTIONS**

**SIGNATURES**

Site Supervisor Signature	Printed Name	Date
Student Signature	Printed Name	Date
University Supervisor Signature	Printed Name	Date