Supervision Contract/Agreement for	&_	
(Printed student name)		(Semester / year)



MC Internship Supervision Agreement

This completed document denotes a supervisory agreement between the specified graduate student in the Master of Counseling Program at Arizona State University, and the agency & supervisor identified herein.

Student Name	d the agency & supervi	Date	
Address			
City	State	ZIP	
Preferred Phone	Alternate Phon	e	
Email			
Internship Start Date	Semeste	er/Year	
Internship End Date	Hours pe	erweek	
filled above). If you are unable to obta	ain all required hours by this dat 84 instructor) containing a revise	ond internship semester (date has been a e, you will submit an "Incomplete Letter of ed (estimated) end date. You will be relea thours and 600 cumulative hours.	of
Address			
City	State	ZIP	
Type of Agency			
Site Supervisor:	A	AZ License Number:	
name and highe	est degree	(attach copy of licen	se)
Preferred Phone	Alternate Phon	ne	
Email	Have you received	I training in Clinical Supervision? Y _	N

Supervision Contract/Agreement for_	or		
_	(Printed student name)	_	(Semester / year)

The internship experience is to provide the student with the opportunity to apply helping relationship skills under qualified supervision in an applied organizational environment, while at the same time contributing to the mission of the organization. As such, the student intern, site supervisor, and faculty/doctoral student supervisor agree to all of the following:

THE STUDENT AGREES TO:

- 1. Adhere to the ACA code of ethics.
- 2. Document a schedule with the site supervisor to work in the organization for a minimum of 300 hours during each semester (2 semesters), normally twenty (20) hours per week, across the duration of each 15-week semester. Interns must complete 120 hours of direct client contact and 180 hours of indirect services such as case notes, supervision, evaluations, and services deemed necessary for that site each semester.
- 3. Observe the working rules and professional standards of the organization under the supervision and to provide a weekly log during every supervision accounting for time spent accruing direct and indirect hours at the site.
- 4. Observe the requirements of the internship course as outlined in the course syllabus.
- 5. Provide site supervisor with a copy of the course syllabus during each semester of enrollment.
- 6. Provide the MC Program Internship Instructor with a revised Site Agreement form should the site supervisor information or weekly schedule change at any time.

THE SITE SUPERVISOR AGREES TO:

- 1. Adhere to the code of ethics associated with the supervisors' professional license.
- 2. Provide the ASU Intern with a caseload to include a reasonable combination of individual and group client hours. Specifically, the site agrees to provide a minimum of 8 direct client hours per week.
- 3. Verify via signature/initials the student interns' documentation of weekly hours via student provided log.
- 4. Be identified as the designated "Site Supervisor," and in this role, is identified as the person responsible for providing direct supervision to the student for a minimum of one hour per week (All supervisors of record must hold at least a Master's degree and be licensed in the State of Arizona in Counseling or a related field).
- 5. Verify whether they have received training in clinical supervision (included in this agreement).
- 6. In consultation with the supervised intern, document and provide supervisee with ongoing feedback regarding their demonstrated knowledge, skill, and professional dispositions.
- 7. Schedule periodic formal evaluative sessions throughout the supervisory relationship. Specifically, to complete a formal written evaluation of the student's knowledge, skill and professional dispositions twice during each semester using the evaluation form provided by ASU's Counseling Program and to submit said evaluation with wet or verified electronic signature to both the student and the CED 684 Internship Instructor. **NOTE: Supervision of internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.**
- 8. Contact the CED684 Internship Instructor regarding any performance related concerns as soon as they arise.
- 9. Keep a copy of this agreement.

THE FACULTY/DOCTORAL STUDENT SUPERVISORS AGREE TO:

- 1. Adhere to the code of ethics associated with the supervisor's professional license.
- 2. Meet weekly for at least 1.5 hours for supervision, with a focus on promoting the development of supervisee's professional disposition, clinical competence and professional counselor identity via written and/or verbal feedback
- 3. Provide weekly group supervision during scheduled class time on campus
- 4. Provide academic content for the supervisee's Internship course as outlined in the course syllabus
- 5. Consult with supervisee's site supervisor at any time, and to document formative (midterm) and summative (final) evaluations of the student's professional dispositions, counseling performance and ability to integrate and apply knowledge
- 6. Consult with supervisee's site supervisor as needed to determine final grade for the course.

Supervision Contr	act/Agreement f	•		&		
		(Printed stud	dent name)		(Semester / year)	
he following acti administration, ca altural groups, c nanagement, an	vities/experiend ase conceptual crisis counselin- ger manageme ese experiences n this documer	ces to counselin ization, DSM-V g, and psychoecent, relaxation trans. It is recomment.	g interns: Individiagnosis, treat ducational trainiaining). Internsended that altern	dual, group, and ment planning, ng (e.g., domes should be made ative experience	must be able to family counselicacess to diverse stic violence, street aware of and dees be discussed	ng, test e ethnic and ess ocument any
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				,		<u>, </u>
Notes:						
	vision Plan: Pi or "on call" in	rovide the name the event of s	e and license r upervisor abse	number/type of nce. Your supe	goals: a licensed indivervisor will make	
Telehealth/Rem	ote Services S	Supervision Plan	:			
Describe th contact info	e methods that ormation):	you will use to	contact your su	pervisor (includ	e modality and s _l	oecific
Describe th supervisor	e specific types while you are p	s of circumstanc roviding remote	es that will requ services to clie	uire immediate c nts:	onsultation with	your
We jointly agre	ee to the aforen	nentioned stated	d terms and cor	nditions of this	applied experien	ce:
S	tudent Signature	e:			Date:	
	ervisor Signature	۶.			Date:	
Internship Coord	dinator Signature				Date:	