GROUP University Supervisor Agreement for Counseling Practicum or Internship

Submit this from as part of the complete file at the end of the semester to clinicalcoord@odu.edu.

1. Supervisor Information

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

Employment history (give last 2 employers):

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

Responsibilities of Group University Supervisor:
- Provide weekly group supervision for at least 1.5 hours each week throughout the semester.
- Assist the student with processing the practicum/internship experience.
- Regularly consult with the student's individual supervisor by phone or email.
- Facilitate the counselor's professional and personal development.
- Conduct a midterm site visit and additional site visits as necessary.
- Evaluate the student (end of each semester).

Responsibilities of Practicum/Internship Student:
- Read P&I Handbook. "I have read the P&I Handbook prior to starting my clinical experience." (initials)
- Adhere to the policies and procedures of the placement 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.
- Submit audio or video recordings of counseling sessions based on guidelines in your course syllabus.
- Attend all supervision sessions (More than 2 absences from group supervision results in failing the course).
- Complete self-evaluations for counseling skills and review of recorded sessions.
- Evaluate the university & site supervisors (end of each semester)

Length of agreement for Practicum/Internship

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<th>Start date:</th>
<th>End date:</th>
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Ethics & Standards of Practice

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

Signatures

Supervisor ____________________________ Date__________

Student ____________________________ Date__________