**4e. Individual Supervision Agreement for Doctoral Internship Student**

COUN 868
Old Dominion University, Graduate Counseling Program

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>UIN:</th>
<th>ODU Email:</th>
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</table>

**Select competency areas for the semester:**

- _Supervision_
- _Teaching_
- _Research_
- _Leadership_
- _Clinical_ (For the Clinical Competency Area, fill out Form 2a: Site Agreement)

<table>
<thead>
<tr>
<th>Instructor/Group Supervisor:</th>
<th>Semester &amp; Year:</th>
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</thead>
</table>

**To the student:**

For each competency area in which you are completing internship hours, fill out your goals, expected responsibilities, and expected hours for each area at the beginning of the semester. Have your individual supervisor for each area sign the form.

For students completing hours in the clinical competency area, you also should fill out the Site Agreement for clinical placements in Qualtrics, in conjunction with your site supervisor.

For any area in which you are not completing hours, mark that area as “not applicable.”

Submit the evaluation form with signatures to your group supervisor and email with your final internship paperwork packet to clinicalcoord@odu.edu.
### SUPERVISION COMPETENCY AREA

<table>
<thead>
<tr>
<th>Student Name:</th>
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<tbody>
<tr>
<td>Individual Supervisor Name:</td>
</tr>
<tr>
<td>Supervisor's Highest Graduate Degree &amp; Concentration Area:</td>
</tr>
<tr>
<td>Supervisor's Professional License &amp; Credentials:</td>
</tr>
<tr>
<td>Individual Supervisor Email:</td>
</tr>
<tr>
<td>Expected Number of Hours to be completed in Competency Area:</td>
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</tbody>
</table>

#### Goals for the Semester:

1. 

2. 

3. 

#### Student Responsibilities in Competency Area (in addition to expectations listed in Doctoral P&I Handbook):

#### Signatures:

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Date</th>
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<tbody>
<tr>
<td>Student</td>
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<tr>
<td><strong>TEACHING COMPETENCY AREA</strong></td>
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<td><strong>Individual Supervisor Email:</strong></td>
<td><strong>Individual Supervisor Phone:</strong></td>
</tr>
<tr>
<td><strong>Organization:</strong></td>
<td><strong>Course ID &amp; Name:</strong></td>
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<tr>
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<tr>
<td><strong>Goals for the Semester:</strong></td>
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</tr>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td><strong>Student Responsibilities in Competency Area</strong> (in addition to expectations listed in Doctoral P&amp;I Handbook)</td>
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</table>

**Signatures:**

Supervisor _____________________________________________ Date ___________

Student _____________________________________________ Date ___________

Rev. 10/2018
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<tr>
<td><strong>Expected Number of Hours to be completed in Competency Area:</strong></td>
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</tbody>
</table>

**Goals for the Semester:**

1.

2.

3.

**Student Responsibilities in Competency Area** (in addition to expectations listed in Doctoral P&I Handbook):

**Signatures:**

Supervisor ____________________________ Date ___________

Student ______________________________ Date ___________

Rev. 10/2018
## RESEARCH COMPETENCY AREA

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<td>Individual Supervisor Phone:</td>
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<tr>
<td>Organization:</td>
<td>Title</td>
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</table>

### Expected Number of Hours to be completed in Competency Area:

### Goals for the Semester:
1. 

2. 

3. 

### Student Responsibilities in Competency Area (in addition to expectations listed in Doctoral P&I Handbook):

### Signatures:

**Supervisor** ___________________________________________  **Date** ___________

**Student** ___________________________________________  **Date** ___________