



Internship On-Site Supervisor Agreement Form
Department of Counselor Education
Adams State University

Complete this form with your prospective On-Site Supervisor. **Upload the fully completed form to Counselor Education Students Blackboard under the Clinical Coordinator tab. Forms must be uploaded in PDF Format.** The assignment is titled Internship On-Site Supervisor Agreement Form.

A. Student Information

Name _____

Cohort _____

Student ID # _____

Course Semester/Year _____

Student Liability Insurance Expiration Date* _____

**Students are responsible for maintaining liability insurance and uploading proof of insurance into Blackboard during Pre-Practicum, Practicum, Internship I, and Internship II.*

B. Pre-requisite Information

By the time you begin Internship, have you or will you have completed the following required courses for Internship? You cannot enroll in Internship if you haven't completed the required courses below.

COUN 537, Practicum Yes _____ No _____

COUN 550, Ethics and Professional Issues Yes _____ No _____

**Several courses are designed to be taken before or concurrently with the Internship experience depending on your specialty program. These courses include: COUN 555 Clinical Mental Health Counseling, COUN 542 Diagnosis and Psychopathology, COUN 554 Evidence Based Counseling, COUN 540 Foundations of School Counseling, COUN 541 Comprehensive School Counseling, COUN 551 Professional School Counseling Issues, and COUN 534 Counseling Modalities in a School Setting. Please reference Blackboard to ensure you are following your program of study.*

C. Site Information

Name of Site _____

Website _____

Site setting (select one)

_____ Clinical Mental Health Counseling

_____ School Counseling

Types of services provided to clients/students at site

Tentative duties for Internship student

Is the student currently employed at this site? Yes* _____ No _____

**If yes, please describe the new duties the student will be assuming for their Internship experience.*

D. On-Site Supervisor Information

On-Site Supervisor Name _____

Phone _____

Email _____

Physical Address of site: _____

On-Site Supervisor Qualifications (*all fields required*)

a. Highest degree earned (MA or PhD) _____

b. Degree concentration (e.g. Counseling, Psychology)

c. Year degree awarded _____

d. Professional counseling licenses and/or certifications and numbers (e.g. LPC #1234)

e. Number of years as a counselor, post master's degree (2 years minimum) _____

f. Number of years providing supervision _____

The ASU Counselor Education Program Faculty provide all on-site supervisors an online supervisor training aimed at orienting them to the ASU requirements while also providing models of supervision. Please acknowledge that you've reviewed this online here: _____

<https://www.adams.edu/academics/graduate/counselor-education/masters/supervisor-training/>

g. Has the supervisor received training in counseling supervision (training that includes an understanding of models and theories of counseling supervision, ethical issues relevant to counseling supervision, and multicultural issues relevant to counseling supervision)?

Yes _____ No* _____

** If No, on-site supervisors will be contacted by the Clinical Coordinator and relevant program counseling supervision training will be provided.*

h. Has the supervisor ever received disciplinary action from their state regulatory agency and/or department of education? Yes* _____ No _____

** If yes, please provide a summary of the disciplinary action.*

E. Contract, Schedule & Agreement Statements

The purpose of this agreement is to provide the ASU graduate student with an Internship experience in the field of counseling, to ensure the welfare of clients/students seen by the supervisee, and to promote the development of supervisee’s professional counselor identity and competence. Internship must reflect the comprehensive work experience of a Clinical Mental Health Counselor or School Counselor appropriate to the designated program specialty. For Internship, 600 clock hours of service are required (at minimum) over the course of two academic semesters (30 weeks), with 240 clock hours being in direct service with actual clients/ students. Of these 240 clock hours, 10 clock hours (at minimum) must be leading or co-leading groups and 40 clock hours (at minimum) must be providing individual counseling.

*School Counseling specialty students, please refer to the Clinical Manual for specific requirements pertaining to the School Counseling specialty.

The anticipated weekly schedule to begin and end with the academic semester is:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours							

Comments regarding schedule

This agreement will remain in effect for the duration of the students’ Internship experience. Termination of this agreement prior to the successful completion of Internship requires the consultation of the assigned on-site supervisor, Clinical Coordinator, Internship instructor, and the student.

INTERNSHIP RESPONSIBILITIES FOR UNIVERSITY, SITE, AND STUDENT

The University Agrees:

- * to assign a Faculty Instructor to facilitate communication between the University and the Site;
- * to provide students who are not receiving payment of any form with coverage under the Colorado Workers’ Compensation Act [more information can be provided on section 8-40-302, sub-section (7)(a), and (b)];
- * to notify the student that he or she must adhere to the administrative policies, rules, standards, schedules, and practices of the Site;
- * to provide training in supervision as required by accreditation standards;
- * that the Faculty Instructor shall be available for consultation with both on-site supervisor and student and shall be immediately contacted should any problem or change in relation to the student, Site, or University occur; and
- * that the Faculty Instructor is responsible for the assignment of the Internship grade with consideration of feedback provided by the on-site supervisor.

The Internship Site Agrees:

- * to assign a on-site supervisor who has the time and interest for training a student as well as the appropriate credentials for the work setting (on-site supervisors must be certified/ licensed in their state);
- * to assign a on-site supervisor who has appropriate training in supervision before the Internship experience begins (on-site supervisors can access a free training on supervision through ASU);

- * to provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance;
- * to provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities;
- * to provide the opportunity for audio/video recordings for use in supervision or to provide live supervision of the student's interactions with clients/ students;
- * to evaluate the student's strengths, areas for growth, and openness to feedback through observation of audio/ video recordings and/or live supervision;
- * to alert the Clinical Coordinator or Internship instructor of unsatisfactory performance or misconduct of student and provide documentation of any concern;
- * to participate in consultation with the Clinical Coordinator and Faculty Instructor via email or telephone.
- * to provide an average of 1 clock hour of individual or triadic supervision per week;
- * to assume legal responsibility for the welfare of clients/students seen by the supervisee as part of the Internship experience, to the extent responsible under Texas law; and
- * to provide timely formative and summative evaluation of student performance and completing all required documentation.

The Internship Student Agrees:

- * to read and understand the ACA Code of Ethics and/ or ASCA's Ethical Standards for School Counselors and practice in accordance to these standards;
- * to keep Faculty Instructor and on-site supervisor informed regarding Internship experiences;
- * to demonstrate a minimal level of competency in specified counseling knowledge, skills and attitudes in order to receive a passing grade;
- * to receive live supervision and/or review audio/video recorded sessions with on-site supervisor as outlined on the Internship I syllabus;
- * to engage in individual or triadic supervision with on-site supervisor a minimum of one hour per week;
- * to attend classes and supervisory sessions fully prepared as outlined by the course requirements and supervisors' expectations;
- * to develop a work schedule with on-site supervisor that will be most conducive to student learning;
- * to maintain their commitment to the site throughout the academic semester;
- * to complete documentation as required by Site and University;
- * to maintain student liability insurance coverage throughout Internship;
- * to comply with any other requests of the Site, such as completing HIPAA training, background checks, or drug testing; and
- * to contact and consult with the on-site supervisor in case of emergency.

* This agreement is goverend by the laws of Texas without regard to conflict of law principles. The parties hereto to independent. No partnership, agency or relationship or joint enterprise is intended to be created by this agreement, nor any principal-agent or employer-employee relationship. This agreement supersedes all prior agreements, written or oral, and shall constitute the entire agreement and understanding between the parties with respect to the internship.

We agree, to the best of our ability, to uphold the directives specified in this supervision contract and within the Clinical Manual and Supervisor Handbook and to conduct our professional behavior according to the ethical principles of our professional association.

[Redacted Signature Area]

Student Signature & Date

[Redacted Signature Area]

Supervisor Signature & Date

*By signing here, I verify that I have seen this student's A.S.U. ID / State-issued ID and have verified this is the above mentioned student.

DIGITAL SIGNATURES ARE NOT ACCEPTED.

** By signing this form, your name will be automatically added to our site database. Please email the Clinical Coordinator at counseloredcc@adams.edu if you wish to have your name removed from this database.*

APPROVED AS TO FORM:

SENIOR ASSISTANT CITY ATTORNEY

DATE

APPROVED AS TO FORM AND SUBSTANCE:

CHIEF HUMAN RESOURCES OFFICER

DATE

CA File: 21-001504