



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

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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 Practicum 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 Practicum, will you have completed the following pre-requisites?

COUN 536, Pre-Practicum                      Yes \_\_\_\_\_                      No \_\_\_\_\_

COUN 550, Ethics                              Yes \_\_\_\_\_                      No \_\_\_\_\_                      Concurrently Enrolled \_\_\_\_\_

*\*You cannot enroll in Practicum if you haven't completed the required courses.*

**C. Site Information**

Name of Site \_\_\_\_\_

Website \_\_\_\_\_

Site setting (*select one*)

\_\_\_\_\_ Clinical Mental Health Counseling

\_\_\_\_\_ School Counseling

Types of services/activities provided to clients and/or students

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Tentative responsibilities for Practicum student

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

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

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**D. On-Site Supervisor Information**

On-Site Supervisor Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Physical Address \_\_\_\_\_

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

a. Highest degree earned (MA or PhD) \_\_\_\_\_

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

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c. Year degree awarded \_\_\_\_\_

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

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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: \_\_\_\_\_

g. Has the supervisor received relevant 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 on-site 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.*

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**E. Contract, Schedule & Agreement Statements**

The purpose of this agreement is to provide the ASU graduate student with a Practicum 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. Practicum must be reflective of a clinical mental health or professional school counselor, with an emphasis on practicing foundational and advanced counseling skills, (e.g. demonstrating empathy, reflecting meaning, reframing, etc). A minimum of 100 clock hours are required over the course of an academic semester, with at least 40 clock hours being in direct service with clients/students.

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

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

Comments regarding schedule

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This agreement will remain in effect for the duration of the students’ Practicum experience. Termination of this agreement prior to the successful completion of Practicum requires the consultation of the assigned On-Site Supervisor, Clinical Coordinator, Practicum Instructor, and student.

**PRACTICUM 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;
- \* 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;
- \* the Faculty Instructor is responsible for the assignment of the Practicum grade with consideration of feedback provided by the on-site supervisor; and
- \* the University will maintain the security of the recorded sessions after the sessions are uploaded into MediaSpace and will delete the sessions once the student successfully completes Practicum.

### **The Practicum 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 Practicum experience begins (on-site supervisors can access a free web-based 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 live supervision or for audio/ video recording throughout the duration of Practicum;
- \* to provide the opportunity for the student to digitally record individual counseling sessions (not necessarily the equipment necessary for recording) and to supervise these sessions. If digital recording cannot be done on site, the on-site supervisor agrees to supervise sessions completed off-site as arranged by student and Faculty Instructor.
- \* to provide the opportunity for live supervision of the student's interactions with clients/ students;
- \* to participate in consultation with the Clinical Coordinator and Faculty Instructor via email or telephone.
- \* to alert the Clinical Coordinator or Practicum instructor of unsatisfactory performance or misconduct of student and provide documentation of any concern;
- \* 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 Practicum experience; and
- \* to provide timely formative and summative evaluation of student performance and completing all required documentation.

### **The Practicum 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 Practicum experiences;
- \* to demonstrate a minimal level of competency in specified counseling knowledge, skills and attitudes in order to receive a passing grade;
- \* to digitally record a minimum number of counseling sessions at site and have these sessions supervised by an approved on-site supervisor;

- \* to view the digital recordings before supervision as well as develop goals for supervision to maximize the supervision session;
- \* to receive supervision on each recorded session before the next recorded session occurs;
- \* to maintain the security of their recorded sessions. Recorded sessions are never to be sent to anyone electronically nor viewed in settings where others can see or hear the session. After the sessions are uploaded into MediaSpace, the student must delete the recorded session from the recording device;
- \* to make arrangements with Faculty Instructor and on-site supervisor if digital recordings cannot be completed at site, including supervision of the recorded sessions;
- \* 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 any documentation as required by Site and University;
- \* to maintain student liability insurance coverage throughout Practicum;
- \* 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.

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.

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Student Signature & Date

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On-Site 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.

*\* By signing this form, your name will be automatically added to our site database. Please email the Clinical Coordinator at [counseloredcc@adams.edu](mailto: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