**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form to be completed prior to SJSU student receiving site approval from fieldwork coordinator.

# Agency Information

Placement: Phone:

Placement Address:

Clinical Director or manager email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Supervisor Information\*

 \*if unknown at time of contract, have director complete as much as possible and check acknowledgments

**Supervisor Name:** Phone:

Supervisor email:

 Theoretical Orientation of the Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: Date Degree Granted:

Professional License (e.g., LMFT, LCSW): Year Granted: \_

CA License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_

Years of Supervisory Experience: \_

*Please initial each:*

|  |
| --- |
| \_\_\_\_\_\_ As a clinical supervisor, I meet current BBS requirements for supervising.  |
| \_\_\_\_\_\_ I completed all BBS required trainings and CEUs to supervise trainees.  |

# Agency & Supervisor Agreement with SJSU

# *Check or initial that you acknowledge the SJSU trainee is expected to have a minimum of:*

|  |
| --- |
| \_\_\_\_\_\_ Ongoing in-person contact with several clients for more than three sessions |
| \_\_\_\_\_\_ 60 face-to-face clinical contact hours in the Fall semester |
| \_\_\_\_\_\_ 90 face-to-face clinical contact hours in the Spring semester |
| \_\_\_\_\_\_ a TOTAL minimum of 150 face-to-face clinical contact hours as a trainee |
|  |

# Supervision Responsibilities

Supervision Format (Individual, Group, etc.):

\_\_\_\_\_\_Hour(s) of **individual** supervision each week per  **\_\_** client contact hours.

\_\_\_\_\_\_Hour(s) of **group** supervision per **\_\_\_\_\_\_** client contact hours.

Per BBS requirements: Trainees must receive one (1) unit of supervision for every five (5) hours of direct clinical counseling provided in a single week in a work setting. “One unit” of supervision = one (1) hour of individual or triadic supervision OR two (2) hours of group supervision.

# Clinical Responsibilities and Training

Clients served by agency:

Description of clinical problems trainee is likely to address:

**Total hours of work per week at placement:**

Client load: clients/week

Group therapy: hours/week

Family Therapy: hours/week

Other therapy responsibilities (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| *Please initial:*

|  |
| --- |
| \_\_\_\_\_\_ *I acknowledge SJSU trainees will not transport any clients in their car.* |

 |

# Administrative Responsibilities

Staff Meetings hours/week

Testing/Report Writing/Insurance billing (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-service or other training available to/ required of trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other administrative responsibilities (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SIGNATURES

MS Clinical Student: Date:

Supervisor of Training: Date: