

San Jose State University MS Clinical Psychology Program Fieldwork Placement Contract

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

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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: _____