 **Counselor Education Program**

**P & I Clinical Documentation**

**Site Agreement Form**

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| **Instructions:** Complete the information in the fields provided below. Review form upon completion and sign. Return completed form to the Department of Counselor Education office.**Due**: MHC/MFC: Approximately one month before end of semester-See website for exact date; SCG: End of 1st week of term in which registered.  |
| **Student Demographic Information**  |
| Name:  | UFID:  |
| Home Phone:  | Cell Phone:  |
| UF Email:  |
| Primary Email: |
| **Clinical Term Information**  |
| Semester:  | Year: |  |
| Date First Term Begins:  | Date First Term Ends:  |
| Clinical Course:  | Group Supervision Course:  |
| **Site Supervisor Information**  |
| The site Supervisor must be a professional employee at the site and meet the following criteria: (a) earned masters or doctorate in counseling or related field, with equivalent qualifications, including appropriate certifications and/or licenses, (b) completed a minimum of two (2) years of professional experience in the program area in which the student is completing training. The site supervisor agrees to (c) coordinate, manage, and/or administrate the student’s professional activities at the site, (d) observe the student’s clinical skills through live and recorded sessions, and (e) regularly communicate and collaborate with the clinical coordination team and university supervisors. Professionals who serve as site supervisors receive points toward University of Florida tuition waivers for providing this service. Contact the Clinical Coordinator for details. The following information must be provided in order for the student to do a practicum or internship at the site. |
| Site Supervisor:  | SSN:  |
| UF Employee:  | License No.  |
| Highest Earned Degree:  | Profession:  |
| Position Title:  |
| Agency Name:  |
| Agency Mailing Address:  |
| City:  | State:  | Zip:  |
| Agency Phone:  | Agency Fax:  |
| Site Host Email:  |

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| **Professional Activities**  |
| Please summarize the supervised activities provided at the site.  |
| Student Name:  | UFID:  |
| **Authorization and Required Signatures**  |
| The site supervisor’s signature below indicates authorization for the student identified above to participate in a practicum or internship at your site as well as your commitment to serve as a site supervisor for that student. Student safety should be a top priority. Students should never be left alone with a client without a supervisor available onsite. Trainees working with known potentially aggressive or violent clients must be supervised at all times. Your signature below also indicates that you are able and willing to assist with securing the safety of our trainees.  |
| Site Supervisor  | Date  |
| The student’s signature below indicates her/his acknowledgement of student expectations of professional, ethical, and collegial behavior during the clinical experience. The Site Agreement represents a quasi-legal contract among three signatories: the site, the department, and the student. All parties are expected to honor the terms of the agreement unless all parties agree that it can be modified. Choosing not to honor the terms of the contract represents a form of professional/ethical misconduct that could result in dismissal from the program.  |
| Student  | Date  |
| **Onsite Supervision Authorization**  |
| All students receive Individual/Triadic Supervision from a qualified and approved site supervisor. Individual supervision involves a minimum of one (1) hour per week of one-to-one supervision between the student and supervisor. Live observations or recordings are used to evaluate student’s counseling skills and dispositions. For practicum students receiving individual/triadic supervision by the site supervisor, the student’s university supervisor is in contact with the onsite supervisor for consultation on a regular basis. This includes contact through email, Livetext, and phone as needed throughout the semester. Supervisors’ contact information is provided at the beginning of each term. **Please identify below who will provide individual supervision at your site and to this student. If they are not the primary site supervisor, attach their CV or resume. If you are supervising a student in practicum, please check here:**  |
| Onsite Individual Supervisor: |
| Email: |  License No.: |
| University Supervisor:(to be filled out by UF Clinical Coordinator):  |
| Email: |   |