**INTERNSHIP PLACEMENT CONTRACT**

Student

Address

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Site

Brief Description of Clients \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DURATION:** The internship will run from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**HOURS PER WEEK:** The student will be expected to serve approximately \_\_\_\_\_\_hours per week.

**CLIENT CONTACT HOURS:**  The Internship student will obtain approximately \_\_\_\_\_\_total **client contact** hours per week.

**DUTIES:** The Internship student will be expected to perform the following specific task(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WRITTEN RECORD:** The Internship student will maintain a detailed written record of activities in which he or she is involved including supervisory hours, observations, appointments with clients, meetings, submit a weekly summary grid, and end-of-semester summary grids.

**SUPERVISION:** The supervisor will be (please include a second name in the event that a supervisor is absent for part of the year):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISION HOURS:**  The supervisor will *insure* that the Internship student has the required number of supervisory hours and that individual supervision hours will take place in 50 minute individual sessions. (The Licensing Board defines “individual session” as having no more than two trainees or interns with a single supervisor). Group supervision hours must be obtained in groups of 6 people or less.

**QUALIFICATIONS OF SUPERVISOR (attach letter asserting 5 years post-graduation experience and/OR licensure)**

**ALL STUDENTS WILL ACQUIRE PROFESSIONAL LIABILITY INSURANCE AND PROVIDE A COPY TO THE INTERNSHIP SUPERVISOR ON CAMPUS**

I HAVE READ AND UNDERSTAND AND AGREE TO THE GUIDELINES FOR PLACEMENT. In addition, I have read the procedural policies of the Internship Placement Institution and agree to comply with them.

**Signature of Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: Phone Number:

**Additionally for Supervisor:**

I have read this contract and can offer this student the required hours to complete the internship

 \_\_\_\_\_\_\_ (initial please)

I have read this contract and can offer this student the required hours for individual supervision. Moreover, I understand that individual supervision is to occur in sessions that are 50 consecutive minutes long:

 \_\_\_\_\_\_\_ (initial please)

I am licensed and have 5 years post-graduate experience

 \_\_\_\_\_\_\_ (initial please)

I understand that I need to help this student be able to record sessions in which both s/he is visible (the client can be out of the camera range) and that these recordings will be shown to the Internship University Supervisor and a class of no more than 10 students following regulations regarding confidentiality and HIPAA regulations.

 \_\_\_\_\_\_\_ (initial please)

**Agency Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E-mail: Phone Number: