

APPENDIX K: Supervision Contract

Information Regarding Individual Supervision

Dates: Weekly sessions

Day/Time: _____

On Site Supervisor: _____

Phone: _____

E-Mail: _____

Program Supervisor: Name: _____

Title: _____

Email Address: _____

Cell Number: _____

Office Number: _____

Format:

Goal of supervision sessions:

Participation:

Program Supervisor's orientation and qualifications:

Responsibilities:

Goal Setting:

By signing below, you acknowledge that this document has been explained to you and that you understand its content.

Student

Date

On-site Clinical Supervisor

Date