



FACULTY SUPERVISOR'S NAME: _____

**EDCO 292 Supervised Experience in Counseling
Department of Counselor Education**

CONTRACT

Name: _____ Semester _____ Year _____

Home Address: _____ Zip: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

This experience is to fulfill requirements for (Check all that apply): ___ MA ___ PPS ___ CWA

Field Site: _____

School District (If applicable) _____

Field Site Address: _____

Field Site Supervisor Name: _____ Position _____

Field Site Supervisor Degree or Credential: _____

Field Site Supervisor Email: _____ Phone(_____) _____

Fieldwork Schedule (times that you complete fieldwork hours):

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

I have read and understand the following expectations for field work placement.

_____ Over the course of the semester, I will complete _____ hours of fieldwork.
(200 hours are required to earn credit for 3 units of 292)

_____ I will meet with my field site supervisor for a minimum of one hour per week.

_____ I will follow any field site protocols and processes regarding meeting with students,
documenting discussions, situations requiring parental contact and/or approval,
and informing my supervisor regarding unusual situations.

_____ I will behave ethically and professionally, keeping my field site supervisor informed of any
factors impacting my fieldwork.

_____ I will treat the fieldwork experience with the dedication and professionalism of a paid
position, understanding that I must be punctual, commit to my schedule, inform my field site
supervisor if an emergency should arise and I must be absent, complete any makeup hours
for absences and follow field site guidelines regarding dress/attire.

_____ I understand that this is a learning semester and I will be expected to take some risks and
grow. In addition, I must also keep my field site supervisor and/or university faculty
supervisor informed if I feel I need additional support to be successful.

Fieldwork Goal(s):

Objective #1:

Related Activities (List in outline form, the activities which you propose to complete during your field-work assignment. If more space is needed, attach an additional document.)

Objective #2

Related Activities

Objective #3

Related Activities

Student Signature: _____

Field Site Supervisor Signature: _____

University Faculty Supervisor Signature: _____