

**San Jose State University
MS Clinical Psychology Program
Fieldwork Placement Contract**

Instructions to student and placement coordinator: This form should be completed in consultation **after** the SJSU student has received verbal site approval from the fieldwork coordinator.

Name: _____ Phone: _____

Address: _____

Agency Information

Placement: _____ Phone: _____

Placement Address: _____

Name of Supervisor: _____ Phone: _____

Supervisor Credentials

Degree: _____ Date Degree Granted: _____ Institution: _____

License: _____ Year Granted: _____ Years of Supervisory Experience: _____

Clinical Responsibilities and Training

1. Supervision Format(s) (Individual, Group, etc.): _____
2. _____ hour(s) of individual supervision each week per _____ client contact hours.
3. Theoretical Orientation of the Supervisor: _____

Clinical Responsibilities and Training

1. Clientele served by the agency: _____
2. Description of clinical problems trainee is likely to address: _____

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3. Total hours per week at placement: _____

Individual Client load: _____ clients/week

Group therapy: _____ hours/week

Family Therapy: _____ hours/week

Other therapy responsibilities (please describe):

Administrative Responsibilities

1. Testing/Report Writing (describe):

2. Staff Meetings _____ hours/week

3. Other Responsibilities (please describe):

4. In-service or other training available to trainee:

I understand that trainees at SJSU will not transport any clients in their car.

SIGNATURES

MS Clinical Student: _____

Date: _____

Supervisor of Training: _____

Date: _____

Title of Supervisor: _____