

UNIVERSITY OF LOUISVILLE  
DEPARTMENT OF COUNSELING AND HUMAN DEVELOPMENT

COUNSELING PSYCHOLOGY PRACTICUM AGREEMENT

PRACTICUM SITE: \_\_\_\_\_

PRACTICUM SUPERVISOR: \_\_\_\_\_

STUDENT: \_\_\_\_\_

I \_\_\_\_\_ certify that:  
(name of practicum student)

- (1) I have completed all prerequisites for the counseling practicum and am pursuing a (\_\_\_) Master's (\_\_\_) Doctoral Degree in the Department of Counseling and Human Development
- (2) I am required to complete a minimum of 150 hours per semester of practicum experience.
- (3) I am aware that, during the semester, I am required to accumulate a minimum of 45 client contact hours performing direct service to clients. This may include individual, couple, family or group counseling, career or psychological testing, crisis intervention, initial intake assessment, or psychological testing batteries.
- (4) I will keep confidentiality and professionalism regarding all client matters including video or audio tapes and notes.
- (5) I am required to be supervised by my practicum on-site supervisor a minimum of one hour of person-to-person individual supervision weekly.
- (6) I am required to complete at least one case report or conceptualization. To complete this requirement, I would benefit from one client seen on a long-term basis (at least five sessions).
- (7) I would benefit by attending case staffings and meetings and to be involved in activities within the agency pertaining to professional growth.
- (8) I have malpractice insurance. I note that students are required to be covered by malpractice insurance before they are allowed to see clients. (This insurance may be purchased by the student through the American Psychological Association, American Counseling Association, privately, or may be provided by the practicum site.) **I WILL SHOW PROOF OF INSURANCE COVERAGE BEFORE COMMENCING CLIENT CONTACT. IF LACK OF INSURANCE DELAYS CLIENT CONTACT, I MAY RECEIVE AN INCOMPLETE GRADE FOR THE SEMESTER ("I").**
- (9) I am aware that the practicum site and practicum supervisor are expected to provide a safe environment for the practicum student and will make known to me and the ECPY Department in advance, in writing, before placement, any hazards or potential risks to my health or well being.
- (10) I will be provided with maximum exposure to this practicum site before the beginning of the practicum. I should arrange to:
  - (a) tour the practicum site
  - (b) become acquainted with the functions and regulations of this site/agency
  - (c) complete any training required by this site as a prerequisite to individual and/or group counseling
  - (d) be assigned suitable space for counseling
  - (e) set up a time schedule with my practicum supervisor
  - (f) determine if the practicum site has instituted a system for obtaining clients for me

- (g) establish a consistent time for supervision with my practicum supervisor
- (11) I will keep a daily activity log for review by my on-site supervisor and practicum instructor.
- (12) I am required to be on site for the entire semester regardless of when minimum requirements are satisfied.
- (13) I am enrolled in a practicum seminar at the University of Louisville and will attend this class for three hours per week. Although clients' concerns will be discussed, the major emphasis of the feedback will focus on the student counselor's skills. My practicum supervisor is encouraged to contact my practicum instructor listed below with any questions or concerns. This information is contained in the section above.

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**THE PRACTICUM SUPERVISOR AND STUDENT HAVE ESTABLISHED THE FOLLOWING GOALS AND RESPONSIBILITIES:**

Student's goals and expectations for practicum placement (include exposure to or improvement of specific counseling skills, access to specific client populations, expectations from supervision, etc.)

Student's perceived barriers to accomplishing the above (list):

**PRACTICUM AGREEMENT**

**To Student:**

**I have read and completed all of the above information and certify that I will abide by the terms of this agreement.**

**I have kept a copy of this agreement for future reference.**

**I have obtained malpractice insurance through (please check):**

**( ) the practicum placement site listed above,**

**( ) another source listed below:**

\_\_\_\_\_  
**Name of policy provider**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Signature of Practicum Student**

\_\_\_\_\_  
**Date**

## DEPARTMENT OF COUNSELING AND HUMAN DEVELOPMENT

## COUNSELING PSYCHOLOGY PRACTICUM AGREEMENT

Student: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

Practicum Agency &amp; Address \_\_\_\_\_

I \_\_\_\_\_ certify that:  
 (name of practicum site supervisor)

- 1) I have, at minimum, a doctorate degree in counseling or clinical psychology.
- 2) My agency will provide a minimum of 150 hours per semester of practicum experience for the student listed above.
- 3) I will provide a minimum of one hour of person-to-person individual supervision weekly.

- 4) An evaluation form for mid-term and the end of each semester of the practicum must be completed by me using the following dates:

|                              |               |               |          |
|------------------------------|---------------|---------------|----------|
| <u>Fall</u>                  | <u>Spring</u> | <u>Summer</u> |          |
| Date for Midterm evaluation: | October 15    | February 15   | June 15  |
| Date for Final evaluation:   | December 1    | April 20      | August 1 |

If the evaluation forms are misplaced, I will contact the Department of Counseling and Human Development at (502) 852-6884 as soon as possible and ask for a replacement.

- 5) The practicum site and I, the practicum supervisor, will provide a safe environment for the practicum student. Any safety hazards or potential risks to the student's health or well being will be made known to the student and the ECPY Department in advance, in writing, before placement.

I am aware that:

- 6) During the semester, students need to accumulate a minimum of 45 client contact hours performing direct service to clients. This may include individual, couple, family or group counseling, career or psychological testing, crisis intervention, initial intake assessment, or psychological testing batteries.
- 7) The Department of Counseling and Human Development recommends that counseling sessions be taped in order to facilitate live supervision and insists upon strict confidentiality and professionalism on the part of the practicum student in all client matters.
- 8) All practicum students are required to complete at least one case report or case conceptualization. To complete this requirement, the student would benefit from one client seen on a long-term basis (at least five interviews/sessions).
- 9) The practicum student should be given access to and encouraged to attend case staffings and clinical meetings and to be involved in activities within the agency pertaining to professional growth.
- 10) Students are **REQUIRED** to be covered by malpractice insurance. This may be purchased by the student through the American Psychological Association, American Counseling Association, privately, or may be provided by the practicum site.
- 11) Students are required to be on site for the entire semester regardless of whether minimum requirements are satisfied.
- 12) In addition to the above, I will provide the practicum student listed above with maximum exposure to this practicum site by arranging for the following experiences before the beginning of the practicum:



**PRACTICUM AGREEMENT**

**Practicum supervisor's goals and/or expectations for the practicum student (include anticipated progress in practicum student's counseling skills, expectations of attendance and participation in agency functions, required paperwork, proper attire, etc.)**

**Practicum supervisor's perceived barriers to accomplishing the above (list):**

**PRACTICUM AGREEMENT**

**List of any current or perceived safety hazards or risks to the practicum student's health or well being:**

**Practicum Student and Practicum Supervisor's joint plan to address barriers and/or safety hazards or risks:**

**PRACTICUM AGREEMENT**

**To Supervisor:**

**I have read and completed all of the above information and certify that I will abide by the terms of this agreement.**

**I will return the mid-term and final evaluation forms at the times listed above.**

**I have retained a copy of this agreement.**

**My agency, the practicum placement site listed above:**

**(\_\_\_\_) will**

**(\_\_\_\_) will not**

**provide malpractice insurance coverage for the practicum student listed above.**

\_\_\_\_\_  
**Signature of Practicum Site Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Field of Study**

\_\_\_\_\_  
**Degree**

\_\_\_\_\_  
**Professional License Held**

\_\_\_\_\_  
**License Number & State**