

## Practicum/Internship Learning Agreement

*\*Note:* This is simply a guideline. You will insert information that applies to you and your site, which may or may not include the suggestions stated below. You will work on this form with your site supervisor. Please create an appropriate contract format for this agreement with headings and signature lines.

### I. General Information

- A. Date of internship (beginning and ending)
- B. Schedule (Days and hours)
- C. Site, Site address, Site phone number
- D. Site Host (position, educational and work-related background), phone number

### II. Site Experiences

*List proposed activities, which may include (but are not limited to):*

- Learning about the site (procedures, policies, etc.)
- Participation in site meetings, workshops, and professional development activities
- Opportunities for individual counseling
- Opportunities for group counseling
- Opportunities for family counseling
- Assessment and/or intake activities
- Development of treatment plans
- Coordination/consultation activities (e.g., with other agencies, professionals, treatment teams)
- Weekly supervision meetings

### III. Signatures (Student, Site Supervisor, University Supervisor), dated