PRACTICUM AGREEMENT FORM
MEd Counselor Education Program
Department of Educational Psychology
The University of Texas at Austin

Date: _________________________________

Student: __________________________________ Agency: ________________________________

This is a non-binding agreement that documents an initial understanding between this student--from The University of Texas Counselor Education Program-- and the agency providing practicum training. The purpose of this agreement is twofold; first, to serve as documentation for the Program to describe the nature of training this student is receiving (and later as reference on Internship and licensure applications); and secondly, to establish initial consensus between the training student and the practicum agency about their responsibilities to each other.

Starting date for practicum ______________________ Tentative date for ending _________________

Practicum Agency will provide:

_______ hours/week of individual supervision (1 hr/wk minimum) by

Site Supervisor’s name ________________________________ Title ________________________________

_______ hours/week of group supervision/case conferencing

_______ hours/week counseling/advising case load (5 hrs/wk minimum)

_______ hours/week of other professional experiences to be distributed among:

________ crisis intervention

________ group presentations

________ parent meetings

________ intake assessment

________ writing case notes

________ administrative meetings

________ other: ___________________________________

________ other: ___________________________________

________ other: ___________________________________

Students will provide:

_______ hours/week to practicum duties (12-15 hours/week is expected)

Other activities considered important to practicum experience:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Site Supervisor ________________________________ Practicum Student ________________________________

Supervisor’s Phone ________________________________ Supervisor’s E-Mail ________________________________

(A copy should be provided to MEd Practicum Instructor, Dept. of Educational Psychology, George I. Sánchez Building 504, Austin, TX 78712-1296 Fax: (512) 475-7641)