

Site Approval Form

MA Only Field Experience

Student Information:

Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ email: _____

Placement Site: (Circle yes or no if employed there)

Agency Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Type of Clients Served: _____

Supervisor:

Supervisor Name: _____

Supervisor Credentials: _____

Supervisor Phone: (____) _____ email: _____

Office Hours: _____

Description of Activity:

On-Site Supervision Contract:

I agree to supervise _____,
a counselor trainee enrolled in the Counselor Education MA Program at California
State University, Stanislaus during his/her placement at
_____.

I understand that the student is required to keep a log of his/her counseling activities and is responsible for all assigned paperwork or documentation of assigned individual and/or group counseling activities.

I understand that I am responsible for monitoring the trainees' work while on-site, assigning a work schedule, appropriate counseling activities, and discussing the performance of those activities on a regularly scheduled basis with the trainee.

I have been presented with a listing of students' rights and responsibilities as well as on-site supervisors' rights and responsibilities.

I have confirmed that our agency has an approved Memorandum of Understanding (MOU) with CSU Stanislaus.

On-Site Supervisor Signature Date

On-Site Supervisor Name (Printed)

Counselor Trainee Signature Date

Counselor Trainee Name (Printed)