Supervisor’s Toolbox

Supervision Agreement Sample (things to include)
Based on the Supervisee’s Bill of Rights
The Supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory process.

Introduction of Expectations of the Supervisory Experience

**Supervisor**
- Introduce yourself, credentials, licenses, academic background, counseling experience, supervisory style.
- Describe role
- Discuss your responsibilities (including ethics, evaluation, and feedback)
- Ask supervisee about his/her learning style and developmental needs

**Supervisee**
- Introduce yourself and academic background, clinical experience, and training
- Information you want to address in supervisory meetings

**Goals:**
- List three therapeutic skills you would like to further develop
- List three general skills you would like to attain during the supervisory process
- List three specific counseling or professional development experiences you would like to have during the next three months
Expectation of the Supervisory Relationship

Ethics and Issues in the Supervisory Relationship

1. Discuss the Code of Ethics
2. Discuss dual relationship
3. After initial supervisory meeting, the supervisee and supervisor can reestablish goals, expectations, and discuss roles of the supervisory process. The supervisor and supervisee proved one another with regular feedback.
4. Discuss confidentiality
5. The supervisor is ultimately responsible for the welfare of the supervisees’ clients. During each supervisory session, the supervisee will review each client's progress and relate specific concerns to the supervisor in a timely manner.

Expectations of the Supervisory Process

Supervisor

1. Describe your theory of counseling and how it influences your counseling and supervision style.
2. Discuss your theory or model of supervision

Supervisee

1. Discuss your learning style and your developmental needs.
2. Discuss your current ideas about your theoretical orientation.

(Bernard & Goodyear, 2014)
Expectations of Supervisory Sessions

Supervisee
Be ready to discuss cases, have audio/video tapes cued to the appropriate place to discuss

Supervisor
Describe structure and content of weekly supervisory sessions
Discuss your expectations regarding supervisee preparedness for supervisory sessions (audio/video take, case notes, etc.)

***CACREP standards require students in their internship experience to receive a minimum 1 hour of individual supervision per week and 90 minutes of group supervision each week. The weekly supervisory session will take place face-to-face in a profession environment that insures confidentiality. Decide the location, day, and time.

Expectations Regarding Evaluation

Supervisee: discuss your interests in receiving weekly feedback in areas such as: relationship building, counseling techniques, client conceptualization, and assessment.

Supervisor: 1) Discuss your style of providing verbal feedback and evaluation. 2) provide supervisee with a copy of formal evaluation you will use (UCCS copy will be provided).

Signatures/Dates
Supervisor’s Toolbox

Sample Forms
Sample Supervision Record Form
Supervisor:__________________________
Counselor:__________________________
First name(s) of client(s) discussed:_____________________________
For the names of clients listed, indicate whether you heard/saw a portion of the counseling session:
1. Goals for the supervision session
2. Extent to which goals were met (comment)
3. Major topics that emerged during the supervision session (either supervisor-initiated or supervisee-initiated)
4. List area(s) where your supervisee needs to grow that you attended to in this session.
5. Note strengths of the supervisee demonstrated in this session.
6. To what extend did your counseling theoretical orientation inform this session and how? Did you use another counseling theory this session?
7. List any supervision interventions (including a rationale for each) having to do with your supervisee's work with a particular client:
8. What are your goals for the next supervision session?
Risk management review. Note any concerns based on review of supervisee's entire caseload. Include (a) first name(or case #) of client, (b) nature of the concern, and (c) supervision intervention at this time.
Signature________________________________________ Date_____________________

Practicum Agreement and Statement of Goals

This form to be completed by the student and supervisor prior to beginning the supervised Practicum/Internship.

**Counseling Department Goals: Student shall:**

Under direct supervision, experience counseling interviews with clients in which to practice basic attending and responding skills.

Under direct supervision, practice using counseling skills in eliciting client’s story and gathering pertinent information.

Begin to use supervision as a resource for processing your work with clients.

Accrue 40 practicum hours of face-to-face counseling experience with clients including both individual and group counseling, and 100 total hours of experience.

**Additional Goals (Student’s personal goals)**

1. 
2. 
3. 

**Site’s Goals with this student**

1. 
2. 
3. 

**SCHEDULE**

The Practicum/Internship will begin on (date): __________________________

The student will be on site on the following day(s)/hours: Mon Tue Wed Thurs Fri

Time: ________________

Site supervision meetings will be on: (identify) : Mon Tue Wed Thurs Fri

Time: ________________

Campus supervision meetings will be: Mon Tue Wed Thurs Fri

Time: ________________

**CONTACT INFORMATION**

**Student Contact Information:**

Name: _____________ Phone: _____________ E-mail: _____________
Consent for Discussing or Recording Counseling Sessions

I understand that my counseling sessions are private and that these sessions cannot be recorded or discussed outside this agency without my consent. I also understand that this agency is involved in the education and training of professional counselors. As a part of this training, students or faculty discuss or tape record counseling sessions. I am being asked to permit confidential access to my counseling sessions in this manner.

I understand that exclusively graduate students and their faculty or other appropriate personnel at CSUS may review these sessions for the purposes of counseling education and training, and that confidentiality (including my identity) will be assured. Any recordings will be erased within six (6) weeks of the date of the recording. I am informed that recordings are typically erased within 2 weeks. I understand that I can withdraw this permission at any time.

The seminar leader at CSUS will keep a copy of this release, with all confidential counseling information stored in a separate, confidential location, until the completion of the seminar, after which the form will be destroyed.

I understand that there will be no penalty to me if I refuse to give my permission.

I give permission for my counseling sessions to be:

[ ] discussed

[ ] audio or videotaped

_________________________       _______________________________
Client Signature Date       Parent’s or Guardian’s Signature Date
(for a minor)

_________________________       _______________________________
Agency Supervisor Date       Practicum/Internship Student Date
<table>
<thead>
<tr>
<th>Activities</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4-5</th>
<th>Monthly Totals</th>
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<tbody>
<tr>
<td><strong>Direct Client Hours</strong></td>
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<td>Individual Counseling</td>
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<td>Group Counseling</td>
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<td>Family/Couples Counseling</td>
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<td>Intake Interviews</td>
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<td>Testing</td>
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<td><strong>Career Counseling</strong></td>
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<td><strong>Indirect Hours</strong></td>
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<td>Supervision</td>
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<td>Shadowing</td>
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<td>Case Conferences</td>
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<td>Paper Work, Notes, Reports</td>
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<td>Consultation</td>
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<td>In-services, trainings, etc.</td>
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<td>Case Management</td>
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<td>Other:</td>
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<td>Weekly Totals Direct</td>
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Mid-Semester Site Evaluation
This questions may be used by the university instructor during their site visit. This is not a form students need to print, bring to your supervisor, or have as part of the student paperwork. This is simply an example of questions discussed around student performance.

Agency:

Student:

Staff/Supervisor:

1. What is the student doing in his/her work there?

2. Has the student been dependable and reliable, showing up as scheduled?

3. Have any ethical questions arisen associated with this student – if so please describe?

4. Have there been any issues with respect to the student’s professionalism or performance? If so please describe.

5. Has the student been able to participate fully in supervisory sessions?

6. Have you been able to observe the student’s clinical skills directly?

7. Are there any clinical competence areas (knowledge or skills) in which the student is lacking? If so please describe.
References

- Association for Counselor Education and Supervision retrieved from [http://www.acesonline.net/members/supervision/](http://www.acesonline.net/members/supervision/)
- National Board for Certified Counselors retrieved from [http://www.nbcc.org/ethics](http://www.nbcc.org/ethics)
Resources

• ACES
  • http://files.acesonline.net/doc/ethical_guidelines.htm
• NBCC
  • http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf
• ACA
  • 2014 Code of Ethics
• CCA
  • Professional Guide to Licensure