School Counseling
Supervision Contract

This contract serves as verification and description of the counseling supervision provided by
______________________________________________ (supervisor), to
______________________________________________ (supervisee), Counselor Trainee enrolled in________________________ (course title
and #) at Kent State University for the__________ semester.

PURPOSE, GOALS, & OBJECTIVES
• Monitor and ensure welfare of clients seen by supervisee
• Promote development of supervisee’s professional counselor identity and competence
• Fulfill academic requirement for supervisee’s practicum or internship
• Fulfill requirements in preparation for supervisee’s pursuit of counselor licensure (when applicable)

CONTEXT OF SERVICE
• One (1) clock hour of individual supervision weekly
• Supervision will revolve around counseling conducted with students seen at________________________ (name of school)
• Individual supervision will be conducted on______________ (day of the week), from______________ to______________ (time).
• The supervisor will be adhering to specific models of supervision along with using progress notes and tape review.

METHOD OF EVALUATION
• Feedback will be provided by the supervisor during each session, and a formal evaluation, using the program’s standard evaluation of
  student client skills, will be conducted at mid-term and at the conclusion of the semester. A narrative evaluation may also be provided
  at mid-term and at the conclusion of the semester as an addendum to the objective evaluations completed.
• Specific feedback provided by supervisor will focus on supervisee’s demonstrated counseling skills, professional behavior, and
documentation.
• Supervisee will evaluate supervisor at mid-semester and at the close of the semester, using the program’s standard evaluation form for
  evaluating supervisors. A narrative evaluation may also accompany the objective evaluations.

DUTIES AND RESPONSIBILITIES OF SUPERVISOR
• Examine students presenting complaints and intervention methods
• View tapes of supervisee’s counseling sessions outside of regularly scheduled supervision sessions
• Sign off on all student documentation
• Challenge supervisee to justify approach and techniques used
• Monitor supervisee’s basic attending skills
• Support supervisee’s development as counselor
• Present and model appropriate directives
• Intervene when student welfare is at risk
• Ensure that ethical guidelines are upheld
• Maintain weekly supervision case notes

DUTIES AND RESPONSIBILITIES OF SUPERVISOR
• Uphold ethical guidelines
• Review counseling session tapes in preparation for weekly supervision
• Be prepared to discuss all student cases; have student files, current and completed student case notes, and counseling
  session tapes ready to review in weekly supervision sessions
• Justify case conceptualizations made and approach and techniques used
• Complete case notes and place in appropriate student files
• Consult with field placement staff and supervisor in case of emergency
• Implement supervisory directives in subsequent session

Revised January 2017
SUPERVISORS SCOPE OF COMPETENCE (If Applicable)

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PROCEDURAL CONSIDERATIONS

- Supervisee’s written case notes, treatment plans, and videotapes will be reviewed and evaluated in each session
- Issues related to supervisee’s professional development will be discussed
- Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined here in contract. If concerns of either party are not resolved in supervision, the practicum instructor and/or Dr. Lynne Guillot-Miller will be consulted.
- In the event of emergency, supervisee is to contact supervisor at __________________________

SPECIFIC GOALS FOR THE SUPERVISEE

1. ________________________________________________________________________________________________

2. ________________________________________________________________________________________________

3. ________________________________________________________________________________________________

4. ________________________________________________________________________________________________

5. ________________________________________________________________________________________________

We agree, to the best of our ability, to uphold the directives specified in this supervision contact and to conduct our professional behavior according to the ethical principles of our professional association.

Supervisee: ________________________________ Date: ________________________________

Supervisor: ________________________________ Date: ________________________________

Verification of Submission of Federal/State Background Checks (for School Counseling students only)

My signature serves as verification that the above names student (supervisee) has submitted a copy of their Federal/State Background Checks to our school.

____________________________________________ Date: ________________________________

Signature of School Administrator (Principal, Vice-Principal, etc.)

Revised January 2017