THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

Department of Counseling

**Practicum/Internship Site Agreement**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum/Internship Site Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site supervisor**

Title Degree: \_\_\_\_\_\_\_\_\_

Degree Field: \_\_\_\_\_\_\_\_\_\_\_\_Years of Experience:\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum/Internship Experience Summary

On the next page **concisely** outline the proposed practicum or internship experience. The agreement should make clear the chief responsibilities of the student. You may take advantage, however, of new opportunities when they arise, after consulting with your instructor and your site supervisor.

The agreement should cover the duties that you will perform. A practicum or internship student should have the opportunity to engage in the activities that are performed by a staff member of the site. The activities and goals for the clinical experience should be discussed, identified, and agreed upon, by the intern. site supervisor, and university instructor. **NOTE**: Internship II interns should review and revise these activities and goals as they move forward in their final semester.

After the practicum or internship agreement is completed and signed by the student, site supervisor, and practicum or internship supervisor, copies for the site supervisor and student should be made. The original is to be given to the university supervisor.

When developing the practicum or internship agreement, the student and site supervisor should keep in mind the basic clinical requirements for the program i.e. the number of direct and indirect hours required for each clinical semester.

**Practicum or Internship Agreement Outline**: [**NOTE**: It is essential that this page detail the activities/goals intern will be engaged in to accomplish their required clinical experience and hours]:

Student Date

Site Supervisor Date

University Supervisor Date