SUPERVISION CONTRACT
Extension of Profession Supervision Disclosure Statement

This supervision contract spells out an understanding of the work we will do in supervision.

Supervisee: ___________________________________________

Supervisor: ___________________________________________

Effective dates: ______________________________ to ___________________________

Role of Supervisor:   Supervision of supervision _____
                       Individual supervision _____

1. Purpose, Goals, and Objectives of Supervision:
   a. Monitor and ensure welfare of clients seen by supervisee or supervisee’s supervisees;
   b. Monitor and ensure professional development of supervisee or counselors under supervision by named supervisee;
   c. Ensure academic requirements are fulfilled for supervisee and supervisee’s supervisees;
   d. Monitor for certification requirements.

2. Supervisee Goals:
   a. ________________________________________________________________
   b. ________________________________________________________________
   c. ________________________________________________________________
   d. ________________________________________________________________

3. Context of Meetings:
   a. Our meetings will involve CLINICAL SUPERVISION, focusing on your counseling and/or supervision skills. Your site supervisor will provide more focus on your ADMINISTRATIVE SUPERVISION.
   b. Supervision will consist of one clock hour weekly as scheduled.
   c. Supervision meetings will take place in ROOM in Location (i.e. PAES).
   d. Please bring a tape to each meeting, cued to content with which you need help. This is a time for working on your counseling skills and/or supervision skills -- my goal is to focus on what I can do to facilitate your growth and development.
   e. Interpersonal recall, tape review, and review of documents will be used.

4. Supervision Style:
   a. I want you to name your theory of counseling or your theory of supervision. I will work with you in the context of that theory.
   b. My foundation of supervision stems from the (Model/Theory of supervision) for supervision.
   c. Your prior experience with supervision: __________________________________________
      __________________________________________
      __________________________________________
   d. What works for you in supervision: __________________________________________
I will do my best to incorporate those insights into our work together. I will ask you to communicate with me on an on-going basis about what is working for you and what we can do to improve your experience.

5. Methods of Evaluation:
   a. Tapes that are due for your class will be submitted to me on the due date. No late tapes will be allowed. With each tape, please submit the appropriate summary form. Written feedback will be given for each tape.
   b. Formative feedback will consist of verbal discussions during supervision and of comments on progress.
   c. For a comprehensive evaluation, the Clinical/School Counseling Competencies rubric will be used (please see Practicum and Internship Handbook for that document).
   d. Summative feedback will be given at the end of the quarter.
   e. Evaluation of the supervisor will be conducted at the end of the quarter using the form in the Practicum/Internship Handbook.

6. Procedural Considerations:
   a. Tapes will be reviewed in each meeting, and discussion about theory, treatment planning, and school counseling activities will take place.
   b. Issues related to your professional growth and development will be highlighted.
   c. In case of problems in our supervision relationship, other counselor educators, supervisors, and professional colleagues may be consulted.
   d. Each week, I meet with all individual supervisors to process administrative considerations and consult with each other. Group supervision of supervision takes place.
   e. In the case of emergencies, please contact me at (phone number) and contact your site supervisor.

Minor revisions to this contract may be made with consent of both parties. However, academic requirements for The Ohio State University and certification requirements for the State of Ohio are non-negotiable.

Supervisor Signature: _____________________ Date: ___________________

Supervisee Signature: _____________________ Date: ___________________