

Dept. of Counselor Education and School Psychology
College of Health Science and Human Service
The University of Toledo

Internship Agreement

As a student in the Department of Counselor Education and School Psychology, College of Health Science and Human Service, The University of Toledo _____
_____(student's name) is contracting with _____
_____ (program, agency name) in order to fulfill the requirements of his or her clinical internship.

- A. The program/agency agrees to assign the student (Counselor Trainee) clients and provide experiences in counseling, assessment, and treatment planning and intervention consistent with the Counselor Trainee's level of training and ability.
- B. The program/agency agrees to develop a work schedule and case assignment procedures consistent with the requirements of the internship as outlined in the Internship Policies and Procedures for the Department of Counselor Education and School Psychology.
- C. The student's role within the program/agency will be that of a Counselor Trainee and the student shall function under the direct clinical supervision of _____
_____(Supervisor's name, Degree, and Title) who is employed by the program/agency and is qualified to provide supervision for counselor trainees. The Supervisor must meet and maintain academic requirements and licensure and/or certification necessary under state law and CACREP standards.
- D. The Supervisor agrees to meet the minimum requirements for supervision of 1 hour of face-to-face, individual supervision per 20 hours of the Counselor Trainee's experience in the program/agency.
- E. The Supervisor agrees to complete a mid-term and final evaluation of the Counselor Trainee on a form to be provided by the Department.
- F. The Counselor Trainee shall function as a member of the program's/agency's staff with full rights and privileges consistent with his or her level of training and ability. In exchange, the Counselor Trainee agrees to abide by and conform his or her behavior to program/agency policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the Counselor Trainee and program/agency that this Agreement does not give rise to an employment relationship between the Counselor Trainee and program/agency and the Counselor Trainee is not entitled to any employee benefits as a result of this Agreement.
- G. The Counselor Trainee agrees to obtain at his or her own expense professional liability insurance (minimum \$1,000,000 each incident, \$3,000,000 aggregate) prior to starting his or her internship and to maintain such insurance throughout his or her internship except where such requirements are waived

by the program/agency in writing. A waiver of this requirement can be made only in those cases where the program/agency agrees to maintain professional liability insurance on behalf of the counselor trainee.

H. The Department reserves the right to withdraw a counselor trainee from his/her internship program/agency placement when in the Department's judgment the experience does not meet the needs of the counselor trainee.

I. The program/agency may resolve any problem situation in favor of clients' welfare and may take the client assignment from the Counselor Trainee. If deemed necessary by the program/agency, for any reason, the Client Trainee may be removed from the program/agency and be required to withdraw from the internship site.

J. This Agreement will commence on _____ and will terminate on _____. This Agreement is subject to renegotiation or termination upon written receipt of fifteen (15) days notice by either party. Any amendments or changes to the Agreement prior to its expiration must be mutually agreeable to all parties who are signatories to the Agreement.

Program/ Agency Representative Signature

Date

Supervisor Signature

Date

Counselor Trainee (Student) Signature

Date

UT Internship Instructor Signature

Date

I have received and read the Internship Policies and Procedures for the Department of Counselor Education and School Psychology.

Supervisor Initials _____

Date _____

Counselor Trainee Initials _____

Date _____