



**ST. STEPHEN'S COLLEGE**  
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**DEPARTMENT OF PSYCHOTHERAPY AND SPIRITUALITY**

**PRACTICUM CONTRACT  
 ON-SITE CLINICAL SUPERVISOR**

<b>Practicum Site</b>	
<b>Student</b>	
<b>Start Date</b>	
<b>Proposed End Date</b>	

Description of site (provide details about the site, specify group/individual work, etc.):

Student goals specific to the Practicum (note areas of growth, what you hope to learn):

- RESPONSIBILITIES OF THE STUDENT:**
- \_\_\_\_\_ - To provide and maintain a consistent, comfortable, and safe environment in which to conduct therapy.
  - \_\_\_\_\_ - To meet regularly with your on-site contact person (if not the same as your supervisor) for feedback regarding your professional conduct on site and to keep them informed of any safety concerns regarding clients.
  - \_\_\_\_\_ - To meet regularly with your supervisor, committing to attending supervision at the designated location and to arrive prepared with relevant material to discuss.
  - \_\_\_\_\_ - In case of emergency, inform the on-site contact person and contact your supervisor immediately for direction on how to move forward.
  - \_\_\_\_\_ - To keep client files updated and well maintained. To maintain the facilities used in an orderly and respectful manner.
  - \_\_\_\_\_ - To monitor and record practicum hours, being aware of guidelines regarding group vs individual work.

\_\_\_\_\_ **Note:** St. Stephen's College maintains Off-Premises Student Liability Insurance and Worker's Compensation Insurance throughout the duration of practicum.

\_\_\_\_\_ - I have read and understood the contents of this contract and agree to abide by this contract for its duration.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**RESPONSIBILITIES OF THE ON-SITE SUPERVISOR:**

*Please initial/ check beside each point:*

- \_\_\_\_\_ - To support and encourage the student in their practicum work through regular supervision.
- \_\_\_\_\_ - To assist in developing, reviewing, and projecting the direction of the therapy goals and treatment plan.
- \_\_\_\_\_ - To ensure that a plan is in place for the student in case a breach of confidentiality may be necessary.
- \_\_\_\_\_ - To provide feedback to the student on their work and ensure the student is working toward outlined goals.
- \_\_\_\_\_ - To provide feedback to the student regarding their professional conduct on-site.
- \_\_\_\_\_ - To notify the Clinical Director if there are any concerns regarding the student's professional conduct.
- \_\_\_\_\_ - To provide on-site contact as appropriate.
- \_\_\_\_\_ - To provide a Formative mid-point evaluation and a Summative final evaluation of student practicum once complete.
- \_\_\_\_\_ - To review the student's work, either through watching video recordings of sessions or, directly observing a student's work in session. Approximately half of client sessions should be viewed directly.
- \_\_\_\_\_ - To keep record of time spent with the student for supervision.
- \_\_\_\_\_ - To be available to the student while on-site working with clients (students are not allowed to see clients in the building alone).
- \_\_\_\_\_ - To familiarize the student with agency procedures and expectations.
- \_\_\_\_\_ - To assist the student with referrals for clients.
- \_\_\_\_\_ - To commit to keeping client files securely stored on-site for seven (7) years following the termination of counselling (on-site or with clinical supervisor).
- \_\_\_\_\_ - To provide (budget for) art supplies where required.

Other: \_\_\_\_\_

Does the Practicum Site agree to give student access to client consent forms - related to research permission for a thesis or capstone project - after student is no longer active at the practicum site? (Confidentiality of clients and their work will be protected and assured as per the requirements of the Research Ethics application process.) \*

YES

NO

**ON-SITE SUPERVISOR:**

I have read and understood the contents of this contract and agree to abide by this contract for its duration:

\_\_\_\_\_  
Signature, On-Site Supervisor

\_\_\_\_\_  
Date

**Contact Information:**

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**OFF-SITE SUPERVISOR:**

I have read and understood the contents of this contract and agree to abide by this contract for its duration:

\_\_\_\_\_  
Signature, Off-Site Supervisor

\_\_\_\_\_  
Date

**Contact Information:**

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**APPROVAL - CLINICAL DIRECTOR:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACADEMIC OFFICE USE ONLY**

\_\_\_\_ Practicum start recorded in LW and xls.

\_\_\_\_ Supervisor in Instructor Database

\_\_\_\_ MPS and PMATD program students must be enrolled in Counselling Practicum course.

**Student submits this form to the Clinical Director after all supervisors have signed. Students may not commence practicum until the Practicum Contract *has been submitted to, and approved by,* the Clinical Director.**