

Contract for Off-site Supervision for Licensure

Name of Supervisee _____

Address _____

Phone and other contact information _____

Professional degree and/or current professional training _____

Licensing regulatory board _____

Place of Employment and Employer _____

Name of on-site supervisor _____

Name(s) of other supervisor(s) for licensure _____

Purpose of supervision _____

Number of supervision hours required _____

Type of supervision provided : (Group)_____ (Individual)_____

Nature of supervisee's caseload _____

Contractual Agreement for Off-site Supervision

Purpose

Clinical supervision towards licensure in the State of Maryland is an important step in your professional development. I am pleased that you have decided to work with me as your clinical supervisor. Throughout this supervision experience, I will take on different roles at various times – teacher, consultant, facilitator and evaluator. We will further discuss these roles in our introductory meeting.

Format and Schedule

Supervision will be provided individually in a face-to-face session _____ times per _____.

Supervisee will present case material, receive feedback from the supervisor, mutually analyze material presented, and demonstrate skill.

The supervisor may obtain information on the supervisee's performance by verbal report (case presentation), observation (being physically present), role-play, and/or review of written case record

Supervision Process Supervision is an interactive and collaborative process intended to monitor the quality of client care, improve clinical skills and facilitate professional and personal growth. You can expect to receive timely feedback of your clinical interventions and to have a supportive environment in which to explore client-related concerns. You will be expected to be an active participant in the supervision process, to arrive on time and be prepared for each session, and to complete all required work in a timely manner. These expectations are designed to improve your case conceptualizations, and intervention skills to increase your sense of professional identity

Method of Evaluation: Evaluation will be conducted in the following ways: □ dual feedback (supervisee/supervisor) will be provided each session; □ records will be limited to session details and major issues relevant to the supervision at hand.

Compensation

The supervisee agrees to pay _____ per one-hour session. Payment will be in cash or by check and will be made when services are rendered. If 24-hour cancellation is not given by the supervisee, supervisee will be responsible for paying the session fee.

My signature below indicates that I have read and understand this contract and agree to its terms.

Supervisee

Date

Supervisor

Date