

AGREEMENT BETWEEN

MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY

&
COOPERATING AGENCY (Name and Address):

Telephone: _____ **Email:** _____

FOR THE CONDUCT OF A SUPERVISED COUNSELING INTERNSHIP

The above-named agency agrees to provide the facilities, student work opportunity, instruction, and supervision necessary to properly conduct a counseling internship experience for the student named below and according to the guidelines described in the Department of Counselor Education and Counseling Psychology's "*Handbook for Master's Counseling Practicum and Internship*." Specifically, students are required to receive a minimum of one hour of individual or triadic on-site supervision per week. Supervisors must be licensed (i.e., LPC, LCSW, psychologist, LMFT, or psychiatrist) for at least two years and have training to supervise. Doctoral students are permitted to supervise if they have supervision training and are receiving supervision of supervision. The internship course instructor will consult with the on-site supervisor about the student's progress as needed throughout the semester and will conduct at least one site visit each semester. On-site supervisors will provide a written evaluation of the intern at midterm and at the end of the semester.

Name of Student

Print Name

Inclusive Dates of Internship

Month/Date/Year

On-Site Supervisor

Print Name

Signature **Date**

Agency or Clinic Director

Print Name

Signature **Date**

Internship Student

Signature **Date**

**Marquette Faculty
Supervisor**

***It should be noted that the faculty supervisor will shift each semester, and the signature here indicates overall programmatic approval of this agreement.*

Signature **Date**