

# CLINICAL SUPERVISION AGREEMENT

I, \_\_\_\_\_, as the supervisee, agree to the following requirements for Clinical Supervision:

- Attend supervision on \_\_\_\_\_ at \_\_\_\_\_ for individual / group supervision;
- To set goals for supervision based on my personal growth and skill development as a professional counselor;
- To periodic evaluation of my goals and a redefining of those goals;
- To participate with honest disclosure of cases, particularly difficult and potentially harmful or lethal cases;
- And, I will provide a copy of my transcript, proof of liability insurance, record of any license / certification currently held, and a professional disclosure statement;
- I agree to maintain my practice within the ethical and legal codes for counselors and within the professional standards for counselors with careful attention to cultural and ethnicity issues;
- I agree to pay \_\_\_\_\_ for each scheduled hour of supervision.
- I agree to pay \_\_\_\_\_ for each group session of two supervisees.

As your supervisor, you can expect me to use the roles of teacher, counselor or consultant in my efforts to effectively direct supervision. I want to assure you that I do not do “counseling” with the supervisee. My role of counselor in supervision includes expanding supervisee’s awareness of personal issues which affect their clinical work. If necessary, I will make referrals to “work out” supervisee’s therapeutic blind spots.

My role will be to teach counseling skills and knowledge related to being an effective counselor. I will also help you expand self-awareness. You will be asked to assess yourself according to the categories of skills, knowledge and awareness to facilitate your growth.

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Supervisee \_\_\_\_\_ Date \_\_\_\_\_

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Supervisor \_\_\_\_\_ Date \_\_\_\_\_