

External Supervision Contract



Supervisee Name: _____
Phone: _____
Street: _____
City: _____ State: _____ Zip: _____
Email: _____
Agency: _____
Supervisor Name: _____ Supervision Start Date: _____
License: _____ Malpractice Insurance Coverage: _____
Supervision Fee Based on a 50-minute Session: \$_____

Supervision will include the following:

- Case consultation, with decision making authority on cases being held by the agency the supervisee comes from, including emergencies
- Discussion of Ethical concerns
- The person of the Supervisee including how family of origin impacts clinical work
- Mutual evaluation and ongoing feedback
- Education as agreed upon

Goals will be developed in a mutual process and may change over time

1. _____

2. _____

3. _____

4. _____

5. _____

Cancellations require 24-hour notice from the Supervisee, with a fee for late cancellations or no shows, at the discretion of the Supervisor. If the Supervisor misses a session, the following session will be provided without charge.

We acknowledge by our individual signatures below, that each of us has read this Contract, that we understand it and have had an opportunity to discuss its content and that we enter Supervision in agreement with this Contract.

Supervisee Signature

Date

Supervisor Signature

Date