

DEPARTMENT OF COUNSELING
SAN FRANCISCO STATE UNIVERSITY

TRAINEE PLACEMENT AGREEMENT

Date _____

Trainee's Counseling Specialization:

Check Appropriate Box: CAREER COLLEGE GERONTOLOGY REHABILITATION SCHOOL

Student enrolled in: Coun 705/706 Coun 890 Coun 850

PRINT LEGIBLY

TRAINEE NAME: _____ HOME PHONE: (____) _____

TRAINEE ADDRESS: _____ WORK/Cell PHONE: (____) _____

EMAIL: _____

(City, State) (Zip Code)

PLACEMENT NAME: _____ ASSIGNMENT IF NOT SAME: _____

PLACEMENT ADDRESS: _____ PHONE: (____) _____

EMAIL: _____

TRAINEE'S SUPERVISOR: _____ DEGREE (Year earned)/CREDENTIAL: _____

Credential #, type & expiration

TRAINEE RESPONSIBILITIES

DATES OF PLACEMENT: _____ REQUIRED HOURS PER WEEK: _____

DAYS AND HOURS IN PLACEMENT: _____

ACTIVITIES/ROLE ON SITE: _____

*******TRAINEE SUPERVISOR RESPONSIBILITIES*******

ONE HOUR OF INDIVIDUAL SUPERVISION PER WEEK IS REQUIRED: SCHEDULED SUPERVISION HOUR:

Review of Agency CRISIS PROTOCOL with trainee is scheduled for:

GOALS/OBJECTIVES OF LEARNING: _____

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AUDIO RECORDING IS REQUIRED. Two written evaluations of the trainee's progress will be made during the placement year.

I have received and agree to the above provisions and guidelines in the Practicum and Trainee Handbook. If there are any problems concerning these provisions, I may contact the Department Field Placement Coordinator at (415) 338-7647.

Trainee Supervisor Date

Trainee Date

Field Placement Coordinator Date

The SFSU Counseling program is committed to a culture that is inclusive of, but not limited to, ethnicity, race, gender, sexual identity sexual orientation, religion, socioeconomic status, national origin, disability, age, and indigenous status. Therefore, we encourage supervisors from all cultural backgrounds to work with our diverse students.