## TRAINEE PLACEMENT AGREEMENT

**Trainee’s Counseling Specialization:**
- Check Appropriate Box:  
  - [ ] CAREER  
  - [ ] COLLEGE  
  - [ ] GERONTOLOGY  
  - [ ] REHABILITATION  
  - [ ] SCHOOL  

**Student enrolled in:**
- [ ] Coun 705/706  
- [ ] Coun 890  
- [ ] Coun 850  

**Date:** ______________________

**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:**

**Use back of page**

**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.

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**Trainee Supervisor**
- **Date**

**Trainee**
- **Date**

**Field Placement Coordinator**
- **Date**

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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.