Practicum Agreement
Indiana University
Department of Counseling and Educational Psychology
Master's in Counseling and Counselor Education

This agreement is established between: (1) the Counseling and Counselor Education Program, School of Education, Indiana University (IU), (2) __________________________, a graduate student in said Program, and (3) the Participating School or Agency __________________________.

**Participating School or Agency**
On behalf of the agency, I indicate by my signature below that I have read the requirements for the counseling practicum described in the attached guidelines document and that I have explained same to those persons in the school/agency who will be involved in the conduct of the practicum. Our questions about the practicum requirements have been answered to our satisfaction and the school/agency will abide by them when providing a practicum to the above-named student. I understand that the school/agency may replace the supervisor of record upon written notice to the Faculty Director of Field Placement of the Counseling and Counselor Education Program, School of Education, Indiana University (IU). I understand that modifications to the practicum requirements described in the attached document may be made only after written agreement among this agency, the practicum student, and the Counseling and Counselor Education Program.

**Practicum Student**
By my signature below, I indicate that I have read and understand the practicum requirements described in the attached guidelines/requirements document. My questions about the practicum requirements have been explained to my satisfaction and I agree to abide by same when performing a practicum in the above-named school/agency.

**Counseling and Counselor Education Program**
On behalf of the faculty of the Counseling and Counselor Education Program, School of Education, Indiana University (IU), I have read and understand the practicum requirements in the attached guidelines document and have explained them to those persons in the Program who will be involved in the conduct of the practicum. Our questions have been answered to our
satisfaction and we will abide by the attached guidelines and requirements when providing a practicum to the above named practicum student. Furthermore, we are in agreement with arrangements the school/agency has made with regard to the substantive and procedural aspects of the practicum and supervision, including the designation of a supervisor of record.

By signature below we agree to the terms set forth above and agree further that these may be modified only with written consent of all parties.

_______________________________________  _______________
Participating School/Agency      Date

_______________________________________ _______________
Practicum Student      Date

_______________________________________ _______________
Field Placement Director     Date

Terms of Practicum
1. The practicum will commence on__________ and will be completed on ___________.
2. The supervisor of record for the above-named intern will be (please print):

   Supervisor Name: ____________________________ Title:_________________________
   License Number:___________________________________________________________
   Site Name: _______________________________________________________________
   Site Address: _____________________________________________________________
   Phone Number: ____________________________ Fax Number: _________________
   e-mail: ____________________________

If you have questions about this agreement or the practicum guidelines please call Catherine Gray, Field Placement Director at 812-856-8547 or email me at catgray@indiana.edu