

Mental Health Associate Program

Student Contract

Student Information:

Name: _____
Address: _____
Phone Number(s): (h) _____ (c) _____
E-mail: _____

Site Information:

Agency Name: _____
Address: _____
Agency Director: _____
Phone: _____
Assigned Department: _____
Department Supervisor: _____
Phone: _____
E-mail: _____
Other Contact: _____
Phone: _____
E-mail: _____
Contact Notes and Information: _____ _____ _____

Student Responsibilities:

Identify assigned responsibilities that student intern is expected to complete during the semester. Please review these responsibilities with student.

1. _____

2. _____

3. _____

4. _____

5. _____

Student Responsibilities:

1. Student is expected to complete 200 hours at practicum site unless other arrangements have been made and approved by both practicum coordinator and practicum supervisor.
2. Student is to keep a log of hours completed at the practicum hours. Supervisor will sign timesheet to verify hours.
3. Student is expected to follow all agency rules and regulations including confidentiality policies and procedures.
4. Student is to report to immediate supervisor if there will be a schedule change.
5. Student is to schedule regular meetings with supervisor to discuss progress and other concerns.
6. Student is responsible for reminding and providing evaluation forms to supervisor and returning completed forms to practicum coordinator.
7. Student is to conference with practicum supervisor and practicum coordinator if any issues should arise.

Supervisor Responsibilities:

1. Ensure that student has a designated supervisor who is familiar with program expectations and is available to oversee student progress.
2. Identify and explain student responsibilities at the beginning of the internship.
3. Ensure that student is getting hands-on experience at the practicum site.
4. Oversee student activity and progress.
5. Conference with student on a regular basis.
6. Complete program forms including contract, midterm report and final evaluation.
7. Contact practicum coordinator if any issues should arise.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Practicum Coordinator _____ Date _____