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CALIFORNIA STATE UNIVERSITY, LOS ANGELES

MEMO

FROM: **Masters of Counseling in Marriage and Family Therapy (MFT) Program, Division of Special Education and Counseling**

TO: **Site Supervisor for MFT Trainee**

SUBJECT: **Acknowledgement of providing supervision for MFT Trainee in fieldwork experience**

SITE SUPERVISION TRAINING AGREEMENT FOR MFT TRAINEES

I agree to provide on-site clinical supervision in Marriage and Family Therapy (MFT) for:

Name of Candidate: _____

Supervisor Information:
Name of Supervisor: _____
(if volunteer, provide a copy of Letter of Agreement to Trainee)

License Information _____
(Type, Number, Date Issued, Expiration Date:

Agency Information:

Name of Agency: _____

Address:_____

Phone Number:_____ Email:_____

Training Coordinator/Contact Person:_____

The Agency agrees to the following:

- to maintain an active MFT Clinical Training Agreement on file with the University
- to provide the MFT Trainee with the following supervision:
  - weekly individual (1 hour supervisor contact per 5 hours of client contact), or weekly group (no more than 8 supervisees in group, 2 hours supervisor contact per 5 hours of client contact)
- to comply with all current BBS regulations
- to sign a Supervisor Responsibility Statement (The student will provide a copy for the agency and the University Supervisor and retain the original);
- to ensure the Trainee's compliance with all agency policies and procedures;
- that the supervisor will review case records and monitor the Trainee's assessments and treatment decisions;
- that the supervision will periodically include either direct observation or review of audio or video tapes of the Trainee;
- to complete a written evaluation of the Trainee at the end of each academic quarter which will be reviewed with the student and sent to the University Supervisor.

SIGNATURES:

Signature of Trainee _____ **DATE:**_____

Signature of Clinical Supervisor_____ **DATE:**_____