CONTRACT FOR SUPERVISION IN THE PRACTICUM SETTING

Student: ____________________________________________

Supervisor: __________________________________________

Practicum Site: _______________________________________

Practicum Dates: _______________________________________

The supervisor listed above has agreed to provide clinical supervision of the named student during the ___________ semester at the designated site.

The supervisor agrees:

1. to follow the guidelines required by ASHA;

2. to directly observe the student in at least 25% of the treatment sessions and for at least 50% of each diagnostic session;

3. to accept no compensation from the student;

4. to provide a grade for the student at the end of the practicum period using forms provided by the UF Speech and Hearing Clinic;

5. to give the student written and verbal feedback suggestions, and reinforcement;

6. to provide a minimum average of eight contact hours per week for the duration of the practicum.

The student agrees:

7. to devote a minimum of 20 hours per week on site;

8. to follow format and procedures suggested by the supervisor for daily plans, progress notes, reports, etc;

9. to receive no remuneration for treatment or diagnostic services provided as part of this practicum;

10. to complete assignments in a timely manner.

The Director of Clinical Education at UF Speech and Hearing Clinic agrees:

11. to provide information about procedures and requirements to the student and the supervisor.
12. to advise the supervisor about supervisory techniques if so requested;

13. to mediate any disputes between the student and supervisor if requested to do so;

14. to provide forms to be used by the supervisor in evaluating the student;

15. to contact the supervisor at least one time per semester regarding the student’s performance.

Signatures: __________________________________________________________ (student)

_____________________________________________________(Supervisor)

______________________________________________________(Director of Clinical Education)

Date: ________________________________