

Estimated Number of Hours per Week: _____

Population Student Will Work With (select all that apply):

- Children Adolescent Adult Seniors
 Individuals Couples Families Groups

Types of Training Experience Provided: (Intake, treatment planning, assessment, case notes, etc.)

On-Site Supervisor's Responsibilities:

1. Regular face-to-face supervision (individual or group) at least 1 hour of supervision per week
2. Agency/site related education (e.g. orientation to agency; policies, protocols, and procedures; services offered, etc.)
3. Professional training (e.g. intake, assessment, treatment planning, case note, etc.)
4. Personal guidance/mentoring (e.g. cultural competency, self-awareness, self of therapist, values clarification, etc.)
5. Evaluation of competency, self-awareness, proficiency, effective use of Internship, participation in evaluation sessions, etc.)

Student's Responsibilities:

- 1.
- 2.
- 3.
- 4.
- 5.

Student's Goals (include professional and personal goals):

- 1.
- 2.
- 3.
- 4.
- 5.

AFFIDAVIT: I have read and approved the Field Experience Clinical Learning Agreement. I certify that the information is correct regarding the on-site supervisor status and licensure.

For purposes of expanding and deepening clinical experiences/learning, if a student is employed at the internship site, it is strongly recommended that the student engage in clinical activities outside the scope of her/his regular employment. In addition, it is strongly recommended supervision of clinical hours be outside of the pre-existing employment relationship.

I understand the Minnesota Data Protection Act, Chapter 13 and the Federal Family Education Rights and Privacy Act (FERPA) is designed to protect the privacy of educational records and to establish the rights of students to inspect and review their educational records. It also provided control over the release of educational record information. FERPA restrict the release or disclosure of student academic information (grades or academic standing, GPA, academic transcript, academic warning, academic probation, or discipline records, financial information).

I understand that Adler Graduate School, the Field Experience Site Supervisor, and the Field Experience Clinical Instructor will request and receive information from one another and consult regarding my professional disposition during field experience placement, including conduct, suitability, hours, performance, and any other records necessary, requested, and required about my field experience status and progress. The information will be used for the following: to assess, direct, administer, supervise, and monitor internship status and progress and/or standing as a student.

I understand that by signing this Informed Consent Form that I am authorizing Adler Graduate School to receive information that would otherwise be private and not accessible to them. I understand that without my informed consent, such information could not be released. I understand that Adler Graduate School will remain in adherence with FERPA and Minnesota Data Protections Act and not disclose any information in your education record.

This consent expires upon completion of the above-stated purpose or after one year, whichever occurs first. I am giving this consent freely and voluntarily and understand the consequences of my giving this consent.

Student Signature: _____ Date: _____

On-Site Supervisor Signature: _____ Date: _____

This Agreement is: Approved Not Approved _____

Field Ex Coordinator Signature: _____ Date: _____