

## Field Experience Learning Agreement

Students: Please complete this form with on-site supervisor. Turn into the mailbox of the MFT Field Experience Coordinator.

Every AGS student must establish a learning agreement in association with their graduate field experience. The Field Experience Learning Agreement serves to guide the applied learning experience. A Field Experience Learning Agreement must be completed and submitted for each new practicum/internship site. Each Field Experience Learning Agreement must be approved by the individual student, the student's field placement on site supervisor, and the AGS Field Experience Coordinator or Program director.

## **Student Information**

Student Name:					
Student Email:	Student Phone #:				
Current Field Experience Class: 946 948	□ 949				
Student Professional Liability Insurance: (Please ATTACH A COPY)					
Company:Policy #					
Site Information Anticipated Start Date:	Anticipated End Date:				
Name of Site:					
Site Address:  Street Address City	State Zip Code				
Site Phone #:	Fax #:				
Contact Person Name:					
Contact Person Phone #:	Fax #:				
Contact Person E-mail:					
Supervisor Name:					
Supervisor Phone #:	Fax #:				
Supervisor Email:					
Supervisor License and Credentials:					
Student's Schedule at Site:					



## Marriage and Family Therapy

Estimated	Number of	f Hours per Week:			
Population Childre		Vill Work With (select	t all that apply):	☐ Seniors	
☐ Individ	luals	☐ Couples	☐ Families	Groups	
Types of T	'raining Ex	perience Provided: (I	ntake, treatment planr	ing, assessment, case notes, etc.)	
On-Site S	upervisor'	s Responsibilities:			
1. Regular face-to-face supervision (individual or group) at least <u>1 hour</u> 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	Responsib	bilities:			
1.					
2.					
3.					
4.					
5.					
Student's	Goals (inc	clude professional and	l personal goals):		
1.					
2.					
3.					
4.					
5.					



## Marriage and Family Therapy

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: