

**San Jose State University  
MS Clinical Psychology Program  
Fieldwork Placement Contract**

**Instructions to student and placement coordinator:** This form should be completed in consultation **after** the SJSU student has received verbal site approval from the fieldwork coordinator.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Agency Information**

Placement: \_\_\_\_\_ Phone: \_\_\_\_\_

Placement Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Supervisor Credentials**

Degree: \_\_\_\_\_ Date Degree Granted: \_\_\_\_\_ Institution: \_\_\_\_\_

License: \_\_\_\_\_ Year Granted: \_\_\_\_\_ Years of Supervisory Experience: \_\_\_\_\_

**Clinical Responsibilities and Training**

1. Supervision Format(s) (Individual, Group, etc.): \_\_\_\_\_
2. \_\_\_\_\_ hour(s) of individual supervision each week per \_\_\_\_\_ client contact hours.
3. Theoretical Orientation of the Supervisor: \_\_\_\_\_

**Clinical Responsibilities and Training**

1. Clientele served by the agency: \_\_\_\_\_
2. Description of clinical problems trainee is likely to address: \_\_\_\_\_

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3. Total hours per week at placement: \_\_\_\_\_

Individual Client load: \_\_\_\_\_ clients/week

Group therapy: \_\_\_\_\_ hours/week

Family Therapy: \_\_\_\_\_ hours/week

Other therapy responsibilities (please describe):

**Administrative Responsibilities**

1. Testing/Report Writing (describe):

2. Staff Meetings \_\_\_\_\_ hours/week

3. Other Responsibilities (please describe):

4. In-service or other training available to trainee:

I understand that trainees at SJSU will not transport any clients in their car.

**SIGNATURES**

MS Clinical Student: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor of Training: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_