

INDIANA WESLEYAN UNIVERSITY
ADDICTIONS COUNSELOR TRAINING PRACTICUM
Student/Agency Contract

STUDENT: _____ DATE: _____

AGENCY: _____

SITE SUPERVISOR: _____

_____ will begin a _____ hour weekly practicum with _____
(Student) (Agency)

_____ on _____ which will end on _____
(Date) (Date)

It is understood that the student will follow agency requirements for practicum students. The student will keep exact record of the hours worked and the agency will document those hours on a weekly basis. The student will arrive on time unless there is sickness or an emergency at which time he/she will inform both the site supervisor and his/her course instructor. Subsequent to each practicum, the agency will complete a final evaluation for the student. The supervisor will meet with the student and mail the evaluation form to the instructor. If there are concerns for the agency or the student, the instructor will be notified.

Signed _____ Signed _____
(Site Supervisor) (Student)

Signed _____
(IWU Program Director)