

BETWEEN SEMESTER ACCRUAL CRITERIA

CURRENT HANDBOOK SAYS:

Students are not allowed to see clients during University breaks (i.e., between semesters) unless arrangements are made with an instructor to provide clinical supervision during that time period. (p. 13)

SUGGESTED REVISION:

Between Semester Hours

With the approval of the Practicum Instructor(s) and Site Supervisor, Practicum students may continue accruing direct and indirect contact hours during the break between semesters. All students who want to accrue hours between semesters **MUST** complete a *Between-Semester Supervision Agreement* and submit to the *Practicum Instructor* **before** the break begins. **Students who fail to complete documentation as required BEFORE the between-semester break will not be allowed to count hours towards fulfillment of Practicum.**

During the between-semester period, students **MUST** participate in site supervision as documented on the *Between-Semester Log*. At the start of the next semester, students must submit a *Between-Semester Log* to the Practicum Instructor with appropriate signatures.

SUPERVISION AGREEMENT

SCHOOL OF HEALTH PROFESSIONS

TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

Name: _____ Semester/Year: _____ / _____

Log covers: _____ to _____
(Month/day/year) (Month/day/year)

Field Site: _____ Site Supervisor: _____

This agreement, made between _____
(Name of field supervisor)

and _____ permits the student counselor to accumulate
(Name of student counselor)

between semester supervised direct and indirect counseling service hours at the field site. It is understood that the Graduate Program in Counseling and Texas Wesleyan University will provide no regular supervision services during this time period. It is understood that the field site supervisor will provide supervision services on average of one hour per week during the between-semester time period.

The time period covered by this agreement **begins** on ____/____/____ and
ends on ____/____/____.

(Field Supervisor Signature)

_____/____/_____
(Date)

(Graduate Counseling Student Signature)

_____/____/_____
(Date)

BETWEEN-SEMESTER WEEKLY PRACTICUM LOG

SCHOOL OF HEALTH PROFESSIONS

TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

Name: _____ ID: _____ Course: COU _____ Semester: _____

Location: _____

*****Signature by student and Field supervisor (where hours obtained) required*****

Activities day	MON	TUE	WED	THUR	FRI	SAT	SUN	WEEK TOTALS	
Dates:	/	/	/	/	/	/	/	(D)	(I)
Observation (I)									
Office (i)									
Consultation (I)									
Reports/Records (I)									
Community Work (I)									
Meetings (I)									
Training s(I)									
On-site Supervision (I)									
Other (I) (list below)									
Individual Counseling (D)									
Family Counseling (D)									
Couple Counseling (D)									
Group Counseling (D)									
Other (D) (list below)									

(D) (I)

WEEKLY TOTAL (D)+(I) =

(Field Supervisor **Signature**) (Date)

(CCC Supervisor **Signature**) (Date)

(Graduate Counseling Student **Signature**) (Date)

(Practicum Instructor **Signature**) (Date)