

Supervisory Agreement

Please read this carefully for information regarding due dates of your reports

_____ and _____

(Candidate)

(Supervisor)

have agreed to work together weekly in the supervision of a control case.

Date supervision began: _____

This control case will meet at a frequency of _____ times per week.

Candidate:

1. I agree that **immediately** after beginning supervision, I will submit an initial brief case report. This report must be submitted to my Supervisor, my Advisor and the ICP office not later than 6 weeks after beginning supervision.
2. I will submit **three six-month control case reports by March 1 and September 1 deadlines**. These reports will be submitted to the supervisor, the advisor and the ICP Office.
3. I understand that my Control Case reports are due on March 1 and September 1. I will have a grace period until March 31 for the March 1 due date and September 30 for the September 1 due date. If the report is not in by those final deadlines, I will lose credit for the control case hours for the time period that the delinquent report covers.
_____(initial)
4. Upon receipt of the supervisor report I will be responsible for submitting the report to my Advisor and the ICP Office.

Supervisor:

1. I will submit **three supervisory reports by April 15 and October 15 deadlines following receipt of each of the candidate's control case reports**. These reports will be given to the candidate who will in turn submit them to their Advisor and the ICP office. I understand that my supervisory reports are due on April 15 and October 15. I will have a grace period until November 15 for the October 15 deadline and May 15 for the April 15 deadline. If the report is not in by those final deadlines the candidate will be required to choose a new supervisor. _____ (initial)

2. The supervision will only be considered complete it when I have signed off that at least 18 months of treatment occurred and there were a minimum of 65 supervisory sessions. I will complete the Confirmation of Supervision Completion form and send it to the candidate and the ICP Office with these criteria have been met.

We understand that the supervisor's evaluation of this process is essential to evaluating one aspect of each candidate's progress in achieving the core competencies required for graduation.

Candidate's Signature and Date

Supervisors Signature and Date