



Master of Arts in Counseling  
*Professional Practice Form*  
PRACTICUM CONTRACT LETTER

SCHOOL OF GRADUATE &  
PROFESSIONAL STUDIES

Date

Supervisor name, title

Agency

Address

Dear Supervisor name:

This letter is a contract to confirm that you are in agreement to being my practicum counseling supervisor for the spring semester of year, beginning first day of semester, and ending last day of spring semester. Practicum is the first experience graduate students have in training to begin practicing the role.

Within the dates stated above, I, your name, a student of the Master of Arts in counseling program at Eastern Mennonite University, agree to work with you as a counselor every week at the site name. This will provide approximately 100 hours of on-site counseling experience, including 40 hours of face-to-face contact with clients (individual and group) and one hour per week of face-to-face supervision time with you. This agreement will not include certain university breaks when faculty are not available for supervision as per our accreditation standards requiring regular weekly group supervision by faculty. I will take responsibility for informing you of those dates.

An integral part of our supervision is review of our work throughout the practicum. I am required to record as many counseling sessions as possible for supervision and training purposes only. Your assistance with getting consent from clients is appreciated! These recordings are also to be reviewed and discussed in our individual supervision times as much as possible.

For future reference, my faculty group supervisor is                      and he/she may be reached at                     . I look forward to practicing counseling with you this year!

Sincerely,

By signing this I have read and agreed to the scheduling arrangements, supervision requirements, and recording needs for your practicum experience.

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

CC: EMU Faculty Supervisor name, title