



# Consultation Intake Form

STUDENT INFORMATION & CONSENT

Pre-Screen Checklist	Yes	No	Unk
Student is currently enrolled in a program requiring practicum/field supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School allows outside or off-site supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand this is a paid supervision service, deposit required to secure field instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to obtain or can provide proof of professional liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commit to scheduled supervision sessions and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Information			
Name			
School:		Program:	
Address			
City		ZIP	
Phone		Email	

Practicum Details			
Start date- End date			
Required supervision hours (weekly/monthly):		Required program total:	
Name & address of site:			
Agency contact full name:		Title:	
Phone:		Email:	

Background Experience		
Relevant experience (brief):		
Current work setting (if applicable):		
Populations of interest:		

Scheduling
Preference:
Availability:
Preferred format (Individual / Group / Flexible):

Goals
1)
2)
3)

### **Field Supervision Policy Agreement**

By submitting and signing this form, I acknowledge and agree to the following (Initial):

- Confidentiality & Disclosure:** Supervision is conducted in a professional and confidential manner; however, I understand that relevant information, concerns regarding performance, or required documentation may be shared with my academic program or placement site as needed to meet practicum and supervision requirements.
- School & Agency Communication:** I consent to communication between the supervisor and my school and/or placement site for purposes of coordination, evaluation, and compliance with program expectations.
- Responsibility for Fees:** I understand that off-site or external supervision services are not covered by my school or placement site, and I am financially responsible for all supervision-related fees.
- Professional Expectations:** I agree to maintain professional conduct, including punctuality, preparedness, ethical behavior, and active participation in supervision.
- Documentation Responsibility:** I understand that I am responsible for maintaining accurate records of my supervision hours and any required documentation, in alignment with my school's requirements.
- Accuracy of Information:** I confirm that the information I have provided is accurate and complete to the best of my knowledge.
- Agreement to Terms:** I acknowledge that this consultation is for assessment of fit and does not guarantee placement or approval.

**Student Name:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_