



AGREEMENT TO SUPERVISE FOR ADDITIONAL SUPERVISOR

We are pleased to have the opportunity to place a student under your supervision and appreciate this partnership in clinical education. Please provide the following information for our records:

Student Name: _____ Semester: _____

Practicum Level: _____ Credit Hours: _____ Cohort: _____ Miles from ENMU: _____

Days of the week student is scheduled at site: Mon Tues Wed Thurs Fri Sat

Start date of practicum: _____ End date of practicum: _____

Supervisor and Site Information

Supervisor Name: _____

Employer: _____

Site Name: _____

City, State, Zip: _____

Miles from ENMU: _____

Site Phone: _____

Supervisor Email: _____

8-Digit ASHA Number and Expiration Date: _____

State with License Number and Expiration Date: _____

The new 2020 certification standards in Speech-Language Pathology will require all clinical supervisors to have:

- 2 hours of professional development in the area of supervision
- a minimum of 9 months of professional practice post-certification

Free continuing education courses (Nine Building Blocks of Supervision / Knowledge, Skills, and Competencies for Supervision) can be found on the ASHA website through July 26, 2021 at <https://www.asha.org/professional-development/supervision-courses/>

Student Reflection

To be completed by the student clinician and reviewed with the supervisor at beginning and end of practicum.

1. Describe your growth as a clinician, including clinical style, to date.

2. Describe your professional interactions with administration; clinical, professional, and support staff; and clients' families.

3. What have you learned in this setting from your clients, their family, supervisor, and the site?

4. What research have you done to produce more successful results with your clients?

Supervision Requirements

Supervisors: Please read and initial each statement to indicate that you will follow the supervision requirements.

- _____ *I agree to provide direct supervision in real time for at least 25% of the student's total contact with each client/patient, periodically throughout the practicum.*
- _____ *I agree that the amount of supervision provided will be sufficient to ensure the welfare of each client/patient and commensurate with the student's knowledge, skills, and experience.*
- _____ *I agree to be available to consult with the student to provide guidance and feedback to facilitate the student's acquisition of essential skills.*
- _____ *I certify that I hold ASHA's Certificate of Clinical Competence and am in good standing with ASHA.*
- _____ *I certify that I hold licensure in the state in which I practice and am in good standing with the state licensing board.*
- _____ *I agree to be on site at all times the student clinician is providing services.*

Supervisor Signature

Date

Student Signature

Date

NOTE: Students must include a copy of their supervisor's ASHA certification and their state licensure when submitting their Agreement to Supervise.

Scan these documents as one (1) PDF.

Email this PDF to practicum.forms@enmu.edu.

Label document as: **last name_semester_practicum level_Addt'ISup**

EXAMPLE: Jones_SP18_502_Addt'ISup

***Be sure to complete this form in its entirety. Incomplete packets will be returned and may result in delays in starting your placement.