

IU South Bend Department of Counseling and Human Services

Field Placement Approval Screening Form

Date: _____

Student Name: _____

Student Track: School Counseling Clinical Mental Health Counseling

Name of Proposed Site: _____

Address of Proposed Site: _____

Proposed Site Supervisor Name: _____

Proposed Site Supervisor Contact Information: _____

Proposed Site Supervisor Highest Level of Education: _____

Proposed Site Supervisor Professional Certifications and Licenses: _____

Number of years the proposed site supervisors has been licensed: _____

Question	Yes	No	Comments
Has the site had a field placement student from the counseling and human services program in the past?			
Has the proposed site supervisor provided clinical supervision in the past?			
Has the proposed site supervisor had supervision training in the past? (when? _____)			
Is the proposed site supervisor agreeable to meet with the student for at least an hour a week for clinical supervision?			
Does the student have a dual relationship with the proposed site supervisor, or anyone else at the site whom they will interact?			
Is the proposed site also the students' employer?			
Was the proposed site provided the Agency Agreement for review?			
Was the proposed site supervisor provided the Site Supervisor Contract for review?			
Does the site provided individual counseling and have enough clients to meet the field work hour expectations? (100 practicum clinic hours with 40 direct; 300 internship clock hours with 120 direct)			
Will there be a fully licensed professional on site when students are seeing clients?			
Will the site allow for the audio and or video recording of client sessions?			
Will the qualified supervisor be an employee of the agency? (vs. being an outside the agency supervisor)			
Will the ACA Code of Ethics be followed in the provision of services?			

Additional Comments:

CHS Department Determination: Approve Deny More Information Needed

Signature: _____ Date: _____