

**ROGUE COMMUNITY COLLEGE
HUMAN SERVICES PRACTICUM STUDENT/SUPERVISOR AGREEMENT
and
RELEASE OF CONFIDENTIAL INFORMATION**

This agreement is entered into by _____
(student name)

and _____, an employee of
(supervisor name)

(agency name)

who is assigned to act in a supervisory role for this student during the _____.
(term(s), year)

Supervisor hereby agrees to the following stipulations in consideration of gaining the services of a Rogue Community College practicum student.

1. Meet weekly with the student for whom I am responsible to discuss progress toward learning objectives
2. I further agree to meet with a Rogue Community College faculty member to discuss student progress on a regular basis (at least two times a quarter).
3. I also agree that all evaluations and assessments will be completed and returned to the student or Rogue Community College during the week of the site visitation or before.
4. I will help the student develop practical objectives.
5. If any problems arise between the agency and the student, I will discuss it with the student.
6. I also agree **not** to do the following:
 - A. Take a practicum student who has been a former client (without Rogue Community College agreement).
 - B. Take a student whose family (any member) is currently in treatment at my agency (without Rogue Community College agreement).
 - C. Allow students to put in hours on Rogue Community College holidays, unless prior arrangements have been made with RCC staff.
7. It is understood that this agreement is for the benefit of the agency as well as for the student and the college.
8. It is also understood that I will make myself available in situations where a student's performance is substandard or flawed.

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RELEASE OF CONFIDENTIAL INFORMATION

Student voluntarily consents to the sharing of information between instructors in the Human Services program at Rogue Community College (RCC) and the clinical practicum site for purposes of supervision, evaluation and audit as completing course requirements for Clinical Practicum at Rogue Community College.

I understand that all information gathered from my participation in the Clinical Practicum may be shared with others at the school and/or institution. I further understand that this release may be revoked by myself at any time. However, I understand that certain data may be necessary for assessment of my grade and computation of clinical hours, and I agree to provide and allow this information to be shared between my Clinical Supervisory and RCC faculty.

I understand that this information SHALL NOT be shared with any person outside the College or Clinical Practicum site except where allowed/required by law, including the following:

- Reporting suspected child and/or elder abuse
- Reporting imminent danger to interviewee or others
- Reporting to relevant agencies as required by law

I hereby acknowledge with my signature that I voluntarily consent to participate in the Clinical Practicum, freely share personal information for this practicum, and understand the nature and scope of this release of confidential information.

Executed this _____ day of _____

(signature of clinical practicum student)

(signature of clinical site supervisor)

(signature of Human Services faculty representative)