

COUNSELOR ASSISTANT SUPERVISORY PLAN AND AGREEMENT

COUNSELOR ASSISTANT	
SUPERVISING CREDENTIALLED COUNSELOR	

DATE OF PLAN CIRCLE ONE :INITIAL OR UPDATE	
ANTICIPATED TERM OF AGREEMENT	
ANNUAL UPDATE DUE	

PROCESS OF TERMINATION

Either party at anytime can terminate this agreement in writing. This agreement will automatically terminate if the counselor assistant is granted AAPS counselor status.

ACADEMIC HOURS REQUIREMENT

This plan requires that the counselor assistant attends a minimum of 6 academic credit hours per year and that all academic requirements are met within 4 years.

ACADEMIC HOURS RECORD

CLASS	INSTITUTION	TARGET DATE	COMPLETED
Addictions			
Individual Counseling			
Group Counseling			
Screening, Assessment, Treatment Planning, & Client Records Management			
Multi-cultural Aspects & Special Populations			
Ethics and Confidentiality			
Pharmacology			
High Risk Medical Issues			
Family & Addictions			
Abnormal Psychology			
Field Experience			

ADDITIONAL CONTACT HOURS

CLASS	TARGET DATE	COMPLETED
Ethics		
Confidentiality		
Infectious Disease		
Notes:		

GOALS AND OBJECTIVES OF SUPERVISION

GOAL # 1	
OBJECTIVE A	
TARGET DATE	
PROCESS OF EVALUATION	
PROGRESS NOTES	
OBJECTIVE B	
TARGET DATE	
PROCESS OF EVALUATION	
PROGRESS NOTES	

GOALS AND OBJECTIVES OF SUPERVISION

GOAL #	
OBJECTIVE	
TARGET DATE	
PROCESS OF EVALUATION	
PROGRESS NOTES	
OBJECTIVE	
TARGET DATE	
PROCESS OF EVALUATION	
PROGRESS NOTES	

We have agreed to enter into this supervisor/counselor assistant relationship via this plan.
Either party may decide to terminate this agreement at any time.

Counselor Assistant

Date

Supervising Counselor

Date

Distribution: Original: Supervising Counselor
Copies to : Counselor Assistant, Program Director, Dir. Of Program Development,
Employee File