

**New Mexico State University
Counseling and Educational Psychology Department
Field Experience Contract**

Trainee's Name:
Supervisor's Name and Title:
Date:

Brief Description of Site:

Specific Activities:

Description of Supervision and Methods of Evaluation:

Hours:
Direct Individual hours: _____
Indirect hours: _____
Supervision hours: _____
Total hours: _____

Signature of Supervisor Date

Signature of Supervisor Date

Signature of Supervisor Date

Signature of Student Date

