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COLLEGE OF EDUCATION  
SCHOOL COUNSELING UNIVERSITY SUPERVISOR AGREEMENT**

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**Site Supervisor**
**Phone Number**


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**Address**
**Email**


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**School Counseling Candidate**
**Semester (Fall or Spring/Year)**

I agree to guide and supervise a school counseling candidate for the semester designated above. I agree to follow the policies and procedures as outlined in the School Counseling Guidebook:

<http://www.msubillings.edu/coe/FieldExper/CounselingInternships.htm>

**Specific duties of the University Supervisor are inclusive of the following:**

Requirements include but are not limited to the following:

- Guiding and supervising school counseling candidate in school counseling activities and duties.
- Assisting school counseling candidate and site mentor in completing the Knowledge, Skills, and Abilities document.
- Completing two Site Observations per candidate.
- **Submission of evaluation scores and date to the MSUB**
  - Two (2) Progress Report: School Counseling Internship forms (MIDTERM and FINAL)
  - One (1) Dispositions Observation form
  - One (1) School Counseling Internship-Final Evaluation Report
- I understand that I will be compensated at the rate of \$250 (minus tax/retirement) per semester. If more than one School Counseling Site Mentor participates during the same semester for the same candidate, the stipend will be split equally. Said compensation will be issued under the following conditions:
  - Submission of this **School Counseling Site Mentor Agreement form**
  - Submission of **New Employee Info Forms, W-4 & I-9 forms**
  - **Submission of the Field Experience Diversity Report**

Please mail these forms to:

**MSUB – College of Education  
1500 University Drive, Billings, MT 59101.  
Attn: School Counseling**

Once materials listed above have been received, a check for \$250 (minus tax/retirement) will be mailed to you at the end of the semester.

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**University Supervisor Signature**
**Date**