



THRIVE
Counseling & Consultation, LLC
Tampa, FL
www.thriveflorida.com

COUNSELING SUPERVISION CONTRACT

Thank you for choosing THRIVE for your counselor supervision services! We want this to be a positive and straightforward experience for everyone involved. This contract is our agreement to have everyone on the same page. Please review THRIVE's [Supervision Policies and Procedures](#) before completing this form.

DETAILS OF CONTRACT

Supervisor: _____

Supervisor Licensure: _____ Licensure Expiration Date: _____

Supervisee: _____

Supervisee Licensure: _____ Licensure Expiration Date: _____

Supervision Site: _____

Site Supervisor: _____

University: _____

Faculty Supervisor (if applicable): _____

Supervision Start Date: _____ Supervision End Date: _____

Frequency: _____/month of Individual Supervision Sessions

_____/month of Group Supervision Sessions

Your signature below indicates that you have read THRIVE's [Supervision Policies and Procedures](#), reviewed the information above, and agree to abide by these terms during our professional relationship.

Signature of Supervisee Date

Signature of Licensed Supervisor Date

Signature of Site Supervisor Date

Signature of Faculty Supervisor (if applicable) Date