

Counseling and Psychological Services University of California, San Diego

Supervisory Contract

Date:

1. Reason for Contract:

Health

Development (DAP)

Remediation (RAP)

Probation (PAP)

Other _____

Please describe the training issue or specific behaviors being addressed and if applicable, the Competency Benchmark in Professional Psychology which applies.

2. Specify the contract plan to address or rectify the issue.

3. When will the supervisee be evaluated next and by whom? Include specific dates and frequency.

4. How will this contract be evaluated? (Include specific criteria for determining a successful outcome.)

5. If this is a Remedial (RAP) or Probationary (PAP) contract, what could result if the contract conditions are not met?

Supervisor Signature:

Date:

Training Director
Signature:

Date:

My supervisor has discussed the contract with me and I agree to its terms:

Trainee Signature:		Date:	
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**Counseling and Psychological Services
University of California, San Diego**

Contract Evaluation			
1. Date of contract evaluation:			
2. Name(s) of contract evaluator(s):			
3. Outcome of the evaluation:			
4. Will another Supervisory Contract be necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, briefly indicate the <u>reason</u> and the <u>type of action required</u> , e.g. DAP, RAP, PAP			
5. This contract has been satisfactorily completed.			
Supervisor Signature:		Date:	
Training Director Signature:		Date:	

(Attach completed contract to Postdoctoral Resident's Evaluation for filing)