Florida Institute of Technology Workplace Agreement
For Masters in Applied Behavior Analysis Degree Program

Student’s Name: ____________________________________________

Intensive Practicum Site Name: ________________________________

Authorized Site Contact: ____________________________________

This form is not an agreement about remuneration or an offer for employment. Its sole purpose is to notify Florida Tech administration that the aforementioned site agrees to allow the named student to accrue Intensive Practicum hours at the site. Additionally, the site agrees to provide 1 hour of BCBA individual supervision to the student each week that the practicum student is enrolled (practicum occurs across three 15-week semesters).

The student must comply with all local, regional, and state laws relevant to client confidentiality and care. At no point will Florida Tech practicum assignments take precedence over clinical supervision provided by the site’s BCBA. Any recommendations from the FIT faculty is made with the understanding that they may have a limited understanding of the clinical context and should be discussed with the site’s clinical supervisor before any changes may occur.

We, _____________________________ understand that the student ________________________ is enrolled in a course that may require assignments that may include information from their work experience. In doing so, the student will follow all applicable laws (HIPAA, FERPA, etc) and will maintain confidentiality.

During stage 2, the student will begin their intensive practicum. As such, the site agrees to provide the following:

The student agrees to:
- Maintain client confidentiality when discussing anything related to client programming and workplace situations.
- Communicate all assignments that include site information with their site supervisor on intervals requested by the site.

The workplace location agrees to:
- Facilitate and maintain communication between site and Florida Tech faculty
- Allow the student to share their experience in mentorship meetings (weekly) with all confidentiality protections in place.
- Provide the student with 1 hour weekly of 1:1 supervision by a qualified BCBA or BCBA-D

Student Signature: ____________________________ Date: _____________

Site Contact Signature: ____________________________ Date: _____________