



# COMPLETE BOTH SIDES OF THIS APPLICATION

## *School Counseling PRACTICUM SITE REQUEST*

**DO NOT CONTACT DESIRED PRACTICUM SITE/SUPERVISOR BEFORE RECEIVING APPROVAL. CONTACT BEFORE APPROVAL MAY JEOPARDIZE YOUR PLACEMENT.**

DIRECTIONS: Please type or print all requested information. *Be sure all names are correctly spelled. Give complete and accurate address and communications information.*

YOUR NAME \_\_\_\_\_

PRESENT POSITION/JOB \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

SCHOOL SYSTEM IN WHICH YOU ARE CURRENTLY EMPLOYED \_\_\_\_\_

WK PHONE ( ) \_\_\_\_\_ WK FAX( ) \_\_\_\_\_ WK EMAIL \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

1. \_\_\_ YES \_\_\_ NO Do you hold a current valid clear renewal certificate? If yes, attach copy of certificate.
2. \_\_\_ YES \_\_\_ NO Do you hold a current professional certificate? If yes, attach copy of certificate.
3. \_\_\_ YES \_\_\_ NO \_\_\_ N/A Do you wish to be placed at the school where you are currently employed?
4. \_\_\_ YES \_\_\_ NO Is there a supervisor with whom you'd like to work during this Practicum?
5. \_\_\_ YES \_\_\_ NO If you are not employed in a system already, is there a school or school system where you'd like to work during this Practicum?

If YES to 3 or 4 or 5 above, provide information below. DO NOT INITIATE CONTACT WITHOUT APPROVAL

Name & Job Title of Desired Supervisor \_\_\_\_\_

School \_\_\_\_\_ School System \_\_\_\_\_

Address \_\_\_\_\_

Phone( ) \_\_\_\_\_ FAX( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

If NO or N/A to 3, 4, and 5 above, list below the 3 SCHOOL DISTRICTS AND THE LEVEL in which you'd like to work during this Practicum. *Note that the exact school and supervisor will be determined by the district.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_