



CNS 680: Site Placement Information

Student's Name: _____

Student's Address: _____

_____ Zip: _____

Student's Home Number: _____ Work: _____

Student's Email: _____

CSU # Number: _____

Track: Agency _____ School _____

Placement Name: _____

Placement Address: _____

_____ Zip: _____

Placement Phone Number: () _____

Supervisor: _____

Supervisor's Title: _____

Supervisor's Degree: _____

Supervisor's Phone: _____

Supervisor's Email: _____

Contact Person at site if not supervisor: _____

Title of contact person (if applicable): _____

Please check and complete the appropriate statement:

___ The supervisor is a Licensed/Certified School Counselor with at least 2 years of experience.

___ The supervisor is an Ohio licensed Professional Clinical Counselor with a supervision endorsement (PCC-s).

ALL Practicum Students:

By your signature below, you indicate that all the above information is accurate to the best of your knowledge.

Signature: _____ Date: _____