



PRACTICUM STUDENT PLACEMENT AGREEMENT

CPS – 512 Practicum in Mental Health Counseling
CPS – 513 Practicum in Alcohol and Substance Abuse Counseling

Practicum Student's Name

Placement Site

Name of Site Supervisor

Period of Site Placement

Complete Site Address

Supervisor Phone (____) _____ (____) _____

Supervisor E-mail

THE FOLLOWING SIGNATURES ACKNOWLEDGE THAT BOTH THE PRACTICUM STUDENT AND THE SUPERVISOR HAVE REVIEWED THE PRACTICUM SITE MANUAL.

Practicum Student Signature

Date

Site Supervisor Signature

Date