



THE SCHOOL OF EDUCATION
Counselor Education Programs
Field Placement Supervisor Training Verification

Student Information:

Semester/Year: _____ Campus: Queens Staten Island

Course: Practicum Internship I Internship II

Student Name: _____ ID: _____

Student Address: _____

Primary Phone (Home/Mobile): _____

Supervisor Information:

Name of Clinical Setting: _____

Address of Setting: _____

Supervisor Name: _____

Supervisor Title: _____

Contact Phone: _____ Email: _____

Supervisor's Credentials (highest degree/area of study): _____

Note to Supervisors: Verifying our site-supervisor's training in supervision is a requirement of our CACREP Accreditation. We appreciate your reviewing the statement below, signing and returning this form to your practicum/internship student as soon as possible. Thank you.

Supervisor's Agreement:

By signing this agreement, you verify that you have received and reviewed the "Field Placement Site Supervisor Manual for Practicum and Internship", as well as the "Site Supervisor Training for Internship and Practicum Students" PowerPoint, provided by the student (and posted on the program website).

Supervisor's Name & Title Printed: _____

Supervisor's Signature: _____ Date: _____