

LEHMAN COLLEGE
Of the City University of New York
DEPARTMENT OF SPECIALIZED SERVICES IN EDUCATION
GRADUATE PROGRAM IN COUNSELOR EDUCATION

PRE-PRACTICUM SITE SUPERVISOR AGREEMENT

Directions: Please completely fill out every item on this form.

Counselor trainee's name: _____

Counselor trainee's email and phone number: _____

Counselor trainee's Liability Insurance Co. and #: _____

Membership (check all that applies): _____ ASCA _____ ACA _____ Other:

Course number: _____ Semester _____ Year _____

Faculty instructor: _____

Practicum site name: _____

Practicum site address: _____

Practicum site phone number: _____

Site supervisor's name: _____

Site supervisor's title: _____

Site supervisor's certification / license: _____

Site supervisor's email / phone number: _____

Site supervisor's years of experience as a certified/licensed school counselor/mental health professional: _____

The above named graduate student has permission to participate in a 10 hour counseling pre-practicum experience at this site under the supervision of the site supervisor. It is understood that, with parental consent, some of the services provided by the graduate student may be audio and videotaped as part course requirement. It is also understood that all ethical guidelines of the counseling profession (American School Counselor Association and American Counseling Association Code of Ethics and Standards of Practice) shall be maintained. Confidentiality in supervision and course materials will be maintained. Thank you very much for your assistance and cooperation.

Counselor Trainee's Signature

Date

Site Supervisor's Signature

Date

Student makes four copies of this form. Give one to your site supervisor, retain one for your records, and give the other two to your professor.