

PRACTICUM/INTERNSHIP PLACEMENT SITE AND SUPERVISOR INFORMATION
Counseling Programs
Western Carolina University

Student Information

Name _____ Program _____ Community Counseling

Address _____ School Counseling

Telephone _____ Email: _____

Enrolled in: _____ Practicum, _____ Internship: _____ Fall, _____ Spring, 20 _____

Name of University Supervisor _____

Agency/School Information

Name _____

Address _____ Telephone _____

Services Offered _____

Types of Clients Served _____

Agency/School Supervisor Information

Name _____ Email: _____

Position Title _____

Degree(s) Held (with areas indicated) _____

Counseling or Counseling-Related Credentials Held (licenses, certifications,

etc.) _____

Years Experience in Counseling, Counseling-Related, and/or Counseling

Supervision Positions _____