Student’s Field Site Information Form

(For students to complete for department records)

This form is for students who are enrolling in COUN 551 or COUN 552. Please read the site and supervisor requirements listed in the Clinical Mental Health and School Counseling Practicum and Internship Handbooks.

**Dr. Ajitha Kumaran must approve ALL placements BEFORE you can begin to work at that site**. If the site it NOT listed on the suggested site list, you must get her approval by having that site complete the Field Site Application. Then, send it to Linda Ball for approval at [DirectorofTrainingandPlacement@cp.tamuc.edu](mailto:DirectorofTrainingandPlacement@cp.tamuc.edu).

**This form DOES NOT take the place of the site contract or other documents required. It is for information gathering ONLY.**

**Please type your responses to each item in the corresponding box. Save the completed form on your computer or flash drive so you can locate it, and then send it attached to an email to the Director of Training and Placement for the Counseling Department at** [DirectorofTrainingandPlacement@cp.tamuc.edu](mailto:DirectorofTrainingandPlacement@cp.tamuc.edu).

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| --- | --- | --- | --- | --- |
| Date: |  |  | CWID: |  |
|  |  | | | |
| Your Name: |  | | | |
|  |  | | | |
| Leo Email: |  | | | |
|  |  | | | |
| Your Phone: |  | | | |
| Practicum or internship I/II: |  | | | |
| **SITE INFORMATION** | | | | |
| Site name: |  | | | |
|  |  | | | |
| Site’s Address: |  | | | |
|  |  | | | |
| Supervisor’s name and credentials: |  | | | |
|  |  | | | |
| Supervisor’s Email & Phone: |  | | | |