

Appendix J: Specialized Supervision Plan

Professional Practice Site Name:

Professional Practice Site Address:

Professional Practice Site Phone:

Site Supervisor Name:

Email:

Current course in which student is enrolled:

- COUN 5963: Practicum
- COUN 6943: Internship I
- COUN 6953: Internship II
- COUN 6961: Internship Continuation

Date(s)/Time(s) Supervision was/will be missed:

Describe plan for completing the required number supervision of hours:

Date: _____

Student Signature

Date

Site Supervisor Signature

Date

Clinical Director Signature (Indicates Plan Approval)

Date