

## **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* \_\_\_\_\_