



FACULTY SUPERVISOR'S NAME: _____

**EDCO 292 Supervised Experience in Counseling
Department of Counselor Education**

CONTRACT

Name: _____ Semester _____ Year _____ Units ____ (3or 6)

Home Address: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

This experience is to fulfill the requirement for: MA PPS Both

I have completed _____ units in the Department of Counselor Education.

I have completed EDCO 215 Yes, No EDCO 227 Yes No or others _____

CBEST Taken Date: _____ I've attached copy with this contract Yes No

Field-Work Site: _____

School District(If it is at a school) _____

Field-Work Site Address: _____

Field-Work Supervisor Name: _____ Position _____

Field Supervisor degree/cred: _____

Field Supervisor Email: _____ Phone(_____) _____

Internship Schedule (days and hours that you will work):

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Goal(s):

Objective#1

Related Activities (List in outline form, the activities which you propose to complete during your field-work assignment. Additional space on back page.)

Objective #2

Related Activities

Objective #3

Related Activities

Student Signature: _____

Field-Work Site Supervisor Signature: _____

University Supervisor Signature: _____

