

FACULTY SUPERVISOR'S NAME: _____ Semester _____ Year 20_____

**EDCO 292 Supervised Experience in Counseling
Counselor Education Program
CONTRACT**

Name: _____ SJSU ID: _____

Home Address: _____ Zip: _____

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

Email Address: _____

I have completed EDCO 215 Yes, No EDCO 227 Yes, No EDCO 218 Yes, No

I have completed a total of _____ units in the Department of Counselor Education

I am enrolled in EDCO 292 to fulfill the requirement for: (Check all that apply)

MA PPSC CWA LPCC

Number of EDCO 292 units you are enrolled in this semester: 3 or 6

Field-Work Site Name: _____

School District (If it is at a school) _____

Field-Work Site Address: _____

Field-Work Supervisor Name: _____

Field-Work Supervisor Position: _____

Field Supervisor Degree/Credential: _____

Field Supervisor Email: _____ Phone: _____

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

M _____ T _____ W _____ R _____ F _____

¹Please state your goal(s) for the fieldwork experience:

Objective#1

Related Activities (List in outline form, the activities you propose to complete during your field-work assignment.)

Objective #2

Related Activities

Objective #3

Related Activities²

Student Signature: _____

Field-Work Site Supervisor Signature: _____

University Supervisor Signature: _____

Revised on 9/01/15