

# EMPORIA STATE UNIVERSITY

## School Counseling Clinical Experience Placement Request (updated 12.01.2017)

### Part I. Candidate Information and Placement Information (completed by Candidate and forwarded to Faculty Supervisor)

Name: \_\_\_\_\_ E number: \_\_\_\_\_

Signature: \_\_\_\_\_  
(By providing my signature, I am giving consent for OFPL to share the information on this form with the school district(s) or agency listed below.)

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Semester of Placement: \_\_\_\_\_ Date of Request: \_\_\_\_\_

#### **Check Field Experience(s) below:**

SC701 Intro Secondary Couns (16 clock hrs): _____	SC871 Practicum (100 clock hrs): _____
SC706 Intro Elem/Middle Couns (16 clock hrs): _____	Emporia: _____ ESU-KC: _____
SC711 Multicultural Counseling (16 clock hrs): _____	
SC716 Parenting/Consultation (16 clock hrs): _____	SC881 Internship: _____ # of Clock hours: _____
SC821 Career Counseling (16 clock hrs): _____	Emporia: _____ ESU-KC: _____
SC861 Leadership & Advocacy (16 clock hrs): _____	

School District Name and Number (or agency): \_\_\_\_\_

Site preference and requested on-site supervisor) \_\_\_\_\_  
(District or agency may choose site and/or supervisor if preferred.) )

Level/Grade Requested: \_\_\_\_\_

Are you currently teaching at a PK-12 public school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you asking for a placement at the school you are currently teaching or employed at? Yes: \_\_\_\_\_ No: \_\_\_\_\_

# of Weeks: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Clinical Experience Dates: Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

### Part II. Faculty Approval (completed by Faculty Supervisor and forwarded to OFPL)

Name and Signature of Faculty Supervisor: \_\_\_\_\_

### Part III. School District/Agency Approval (completed by School District or Agency and returned to OFPL)

School District or Agency Signature/Approval: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

School Principal or Agency Administrator: \_\_\_\_\_

Cooperating Teacher/On-Site Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Candidate/student needs to report to (if different from On-Site Supervisor): \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Approved with condition(s): \_\_\_\_\_