

School Counseling Clinical Experience Placement Request (updated 01.27.21)

			E number <u>:</u>		
Signature:	gnature, I am giving consent for OFP	PL to share the information on	this form with the school dis	strict(s) or agenc	y listed below
Address:	Street		City	State	Zip
	Guodi				
Semester of Plac	ement		Date of Request: _		
Direct Entry Field	Experience (30 clock hrs):	Elem or Middle School _	High School		
SC871 Practicum	ı (100 clock hrs): Emporia_	ESU-KC	_		
SC881 Internship	: # of Clock hours:	Emporia ESU-	KC		
School District Na	ame and Number (or agency):_				
•	nd requested on-site supervisor ay choose site and/or supervisor if prefe				
(,	.,	circu.)			
	uested <u>:</u>				
Level/Grade Req					
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Level/Grade Requester Are you currently Are you asking for	uested <u>:</u> teaching at a PK-12 public sch	nool? Yes: Number of the currently teaching or	o: employed at? Yes:		
Level/Grade Requestion Are you currently Are you asking for # of Weeks:	uested <u>:</u> teaching at a PK-12 public schor a placement at the school you	nool? Yes: Number of the contract of the c	o: employed at? Yes: eginning on:		
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