

SYRACUSE UNIVERSITY
Counseling and Human Services
Site Supervisor Information Form

Date: _____ Semester/Year supervision occurred: _____

Site Supervisor: _____

Syracuse student being supervised: _____

Student registered for (check one): _____ Practicum _____ Internship
_____ # of credit hours

Site and Contact Information:

Site Name: _____

Description of site: _____

Site Address: _____

Supervisor's site phone number: _____

Supervisor email address: _____

Supervisor Social Security Number _____

Supervisor Information:

Complete position title: _____

List any/all graduate degrees, majors, year degree was granted, and degree-granting institution.

DEGREE	YEAR	MAJOR	INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Years of experience in counseling or related field: _____ Years in present position: _____

Credentials/Licenses/Certifications: _____

Clinical supervision training/experience: _____

University Supervisor _____

THANK YOU!!
Revised 07/10 SKP

*Form is to be returned by student to instructor.