

Site Supervisor Information Form

Today's Date: _____

Supervisor Name: _____

Syracuse Student (Supervisee): _____

Semester/Year that supervision will occur (e.g. Spring 2024): _____

Student is Registered For: Practicum Internship

Practicum/Internship Site and Contact Information

Site Name: _____

Description of Site: _____

Site Address: _____

Supervisor Email: _____ Supervisor Work Phone : _____

Supervisor Information

Complete Position Title: _____

Years in Present Position: _____

CACREP 4.P.1: List any graduate degrees/majors, year granted, and degree-granting institution, preferably in counseling or a related profession:

Degree	Year	Major	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CACREP 4.P.2: Active Licenses and/or Certifications in the geographic location where the student is placed, preferably in counseling or a related profession (complete up to three certifications, up to three licenses, and up to one other credential below):

Certification:

What is the Certification? _____

What agency issued it? _____

What is the expiration date? _____

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Certification:

What is the Certification? _____

What agency issued it? _____

What is the expiration date? _____

Active License:

What is the License? _____

What state issued it? _____

What is the expiration date? _____

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What is the License? _____

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What is the expiration date? _____

Any Other Relevant Credential:

What is the Credential? _____

What agency issued it? _____

What is the expiration date? _____

For what specialized practice area will you be providing supervision:

- School Counseling
- Clinical Mental Health Counseling
- Counseling and Counselor Education (for PhD students)

CACREP 4.P.3: Years of experience in relation to the specialized practice area for which supervision will be provided (a minimum of two years post-master's professional experience is required) _____

CACREP 4.P.4 and 4.P.5 What types of relevant training in counseling supervision and in the technology utilized for supervision (e.g., in-person and/or distance) have you have received? Check all that apply:

- I have completed coursework (please specify): _____
- I have completed training (e.g., webinar, conference presentation, training from fieldwork site; specify):

- I have completed other training (please specify): _____
- I have no training in supervision

CACREP 4.P.6 I have been provided information about the program's expectations, requirements, and student evaluation procedures (e.g., Practicum or Internship Agreement, syllabus, handbook, discussion with CHS or School of Education faculty/staff).

Check to confirm: Yes

For office use only: CHS/SOE faculty or staff signature: _____