

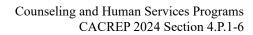
## **Site Supervisor Information Form**

Today's Date:		<u>_</u>	
Supervisor Name:			
Syracuse Student (Supervisee)	:		
Semester/Year that supervision	will occur (e.g. Spri	ng 2024):	
Student is Registered For:	☐ Practicum	☐ Internship	
Practicum/Internship Si	te and Contact I	nformation	
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 gradu counseling or a related profess:		vear granted, and degree-granting	institution, preferably in
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):

Certif	cation:
	What is the Certification?
	What agency issued it?
	What is the expiration date?
Certif	ication:
	What is the Certification?
	What agency issued it?
	What is the expiration date?
Certif	ication:
	What is the Certification?
	What agency issued it?
	What is the expiration date?
Active	e License:
	What is the License?
	What state issued it?
	What is the expiration date?
Active	e License:
	What is the License?
	What state issued it?
	What is the expiration date?
Active	e License:
	What is the License?
	What state issued it?
	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: