

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: _____

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: _____

What preparation have you completed for in-person and/or distance counseling supervision? (check all that apply):

- Coursework on supervision
- Training on supervision (e.g. webinar, conference presentation)
- Other training on supervision (please specify): _____
- No training on supervision

THANK YOU!

University Supervisor: _____