

Form to be completed by both the student and the On-Site Supervisor before submitting the final signed form to the Program Coordinator.

PRACTICUM AGREEMENT FORM

STUDENT INFORMATION							
Name of Student:							
Name of On-Site Supervisor:							
Name of Organization:							
Complete Address of Location: (where the Practicum will take place)							
DATES & SCHEDULE							
START DATE	__ / __ / __ DD / MM / YY	END DATE	__ / __ / __ DD / MM / YY	Weekly Schedule		Hours/Week:	
						# of Weeks:	
ACTIVITIES & DUTIES (to be completed by On Site Supervisor)							
<p><i>The On-Site Supervisor should check all boxes that apply, and fill in relevant details as necessary, in conjunction with the student's availability and schedule.</i></p>							
<p><i>Training Provided by On-Site Supervisor and/or Practicum Organization</i></p>							
<input type="checkbox"/>	First-day orientation			Date (if applicable):			
<input type="checkbox"/>	Assessment of skills			Date (if applicable):			
<input type="checkbox"/>	Introduction to other staff			Date (if applicable):			
<input type="checkbox"/>	Scheduling and negotiation of duties and tasks			Date (if applicable):			
<input type="checkbox"/>	Demonstration of working procedures			Date (if applicable):			
<input type="checkbox"/>	Outlining expectations and objectives			Date (if applicable):			
<input type="checkbox"/>	Other:						
<p><i>Supervised Duties Provided by On-Site Supervisor Throughout Practicum</i></p>							
<input type="checkbox"/>	Holding meetings with the student			Scheduled meeting dates:			
<input type="checkbox"/>	Assigning daily tasks or duties						
<input type="checkbox"/>	Evaluating oral reports			Report due dates:			
<input type="checkbox"/>	Evaluating written reports			Report due dates:			
<input type="checkbox"/>	Including student in staff meetings			Scheduled meeting dates:			
<input type="checkbox"/>	Other:						
APPROVALS							
Student Signature:				DATE:			
On-Site Supervisor Signature:				DATE:			
Program Coordinator Signature:				DATE:			