**Practicum AGREEMENT FORM**

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| **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)*** |
| *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.* |
| *Training Provided by On-Site Supervisor and/or Practicum Organization* |
| [ ]  | First-day orientation | Date (if applicable):       |
| [ ]  | Assessment of skills | Date (if applicable):       |
| [ ]  | Introduction to other staff | Date (if applicable):       |
| [ ]  | Scheduling and negotiation of duties and tasks | Date (if applicable):       |
| [ ]  | Demonstration of working procedures | Date (if applicable):       |
| [ ]  | Outlining expectations and objectives | Date (if applicable):       |
| [ ]  | Other:       |
| *Supervised Duties Provided by On-Site Supervisor Throughout Practicum* |
| [ ]  | Holding meetings with the student | Scheduled meeting dates:       |
| [ ]  | Assigning daily tasks or duties |  |
| [ ]  | Evaluating oral reports | Report due dates:       |
| [ ]  | Evaluating written reports | Report due dates:       |
| [ ]  | Including student in staff meetings | Scheduled meeting dates:       |
| [ ]  | Other:       |
| **APPROVALS** |
| Student Signature: |  | DATE: |  |
| On-Site Supervisor Signature: |  | DATE: |  |
| Program Coordinator Signature: |  | DATE: |  |