**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: | |  | |