

**LEWIS & CLARK COLLEGE**  
**SCHOOL COUNSELING PRACTICUM (SCED 517)**  
**PRE-AGREEMENT FORM**

**AS SOON AS THE PLACEMENT IS MADE, COMPLETE THIS FORM AND SUBMIT TO  
YOUR INSTRUCTOR ASAP**

Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Practicum Site \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

School Principal \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_

Degree & Discipline of Site Supervisor \_\_\_\_\_

License and/or Certification(s) \_\_\_\_\_

Years of Post-Master Teaching Experience \_\_\_\_\_

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(Date) (Field site)

\_\_\_\_\_ and Lewis & Clark College. This agreement will be in effect from

\_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ per week.  
(start date mm/dd/yy) (end date mm/dd/yy) (Number of hours)

\_\_\_\_\_  
(Practicum Intern Signature) (Phone Number)

\_\_\_\_\_  
(Site Supervisor Signature) (Phone Number)

Your signature on this form indicates that all parties have read and understand in its entirety the information attached to the Counseling Practicum Agreement Form.

One copy of this agreement form must be returned to the student's Lewis & Clark Practicum Coordinator within two weeks after the student begins their practicum. The on-site supervisor and the student should also keep copies of this agreement.

**Please attach a copy of your Mentor's Resume**  
(We must now have a new mentor resume every year, regardless of past Lewis & Clark mentoring)