

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING PSYCHOLOGY

PLACEMENT PLAN APPROVAL REQUEST

Completion of **this form does not guarantee approval** of the placement plan.

A Practicum or Internship Contract **cannot** be completed until after the Clinical Coordinator approves the student placement.

No clinical work may begin before official enrollment and attendance in a Lewis & Clark practicum or internship class.

Student Name: _____ Date: _____

Degree Program: _____

Proposed placement is for: Practicum Internship 3-Semester Practicum-to-Internship

Start Term: Summer Fall Spring Year: _____

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Primary On-Site Supervisor: _____

Secondary On-Site Supervisor: _____

Office Use Only:

Primary Supervisor Resume on File: Yes No Previously Approved Site? Yes No

Secondary Supervisor Resume on File: Yes No Plan Status: Approved Not Approved

Faculty Signature: _____ Date: _____