

CLEVELAND STATE UNIVERSITY
Department of Counseling, Administration,
Supervision and Adult Learning

CNS 685/686
Site Placement Information

Intern's Name _____ CSU ID # _____

Intern's Address _____

_____ Zip _____

Intern's Phone Number _____ Cell _____

Intern's Email _____ Expected graduation date _____

Agency Intern _____ School Intern _____ License only _____

Placement Name _____

Placement Address _____

_____ Zip _____

Contact person at Placement (other than supervisor) _____

Placement Phone Number _____ Contact's Phone _____

Supervisor's Name _____

Supervisor's Title _____ License _____

Supervisor's Phone _____ Supervision time _____

SCHOOL INTERNS:

Supervisor's years of experience as a Licensed/Certified School Counselor _____

AGENCY INTERNS:

Acknowledgement of Supervisor's PCC-S status _____ (yes)

ALL INTERNS:

By your signature, you indicate that all the above information is accurate to the best of your knowledge.

Signature _____ Date _____