

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

THIS FORM MUST BE SUBMITTED AS SOON AS PLACEMENT IS MADE

All Fields Required

Student _____

Address _____

City, St _____ Zip Code _____ Phone _____

Practicum Site _____ School Principal _____

Site Address _____

City, St _____ Zip Code _____ Phone _____

On-Site Mentor _____

On-Site Mentor E-mail _____

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 in the Mentor Practicum Manual.

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.