

EMPORIA STATE UNIVERSITY

School Counseling Clinical Experience Placement Request (updated 8/19/23)

Part I. Candidate Information and Placement Information (completed by Candidate and forwarded to Faculty Supervisor)

Name: _____ E number: _____

Signature: _____
(By providing my signature, I am giving consent for OFPL to share the information on this form with the school district(s) or agency listed below.)

Address: _____
Street City State Zip

E-mail: _____ Daytime Phone _____

Semester of Placement _____ Date of Request: _____

Direct Entry Field Experience (30 clock hrs): Elem or Middle School _____ High School _____

School District Name and Number (or agency): _____

Site preference and requested on-site supervisor) _____
(District or agency may choose site and/or supervisor if preferred.)

Level/Grade Requested: _____

Are you currently teaching at a PK-12 public school? Yes: _____ No: _____

Are you asking for a placement at the school you are currently teaching or employed at? Yes: _____ No: _____

of Weeks: _____ # of Hours: _____ Clinical Experience Dates: Beginning on: _____ Ending on: _____

Part II. Faculty Approval (completed by Faculty Supervisor and forwarded to OFPL)

Name and Signature of Faculty Supervisor: _____

Part III. School District/Agency Approval (completed by School District or Agency and returned to OFPL)

School District or Agency Signature/Approval: _____

School/Agency: _____ Phone: _____ Email: _____

Address: _____
Street City State Zip

School Principal or Agency Administrator: _____

Cooperating Teacher/On-Site Supervisor: _____ Position: _____

I certify I have two years of experience as a fully licensed school counselor (supervisor initials) _____

Candidate/student needs to report to (if different from On-Site Supervisor): _____

Approved: _____ Disapproved: _____ Approved with condition(s): _____