

# Agency Site Visit Scheduling Form

PLEASE COMPLETE AND RETURN TO Wanda Brown AT THE PRACTICUM OFFICE ASAP.  
THANK-YOU.

Re: Practicum Coordinator Site Visit

Student Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address and Room Number of Supervision Site: \_\_\_\_\_

Field Instructor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Practicum Schedule: \_\_\_\_\_ Supervision Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Number of Hours Per Week: \_\_\_\_\_



Days/Times in addition to your Supervision Time that you and your Field Instructor are available to meet with your Practicum Coordinator:

1] \_\_\_\_\_

2] \_\_\_\_\_

3] \_\_\_\_\_