
School counselor Trainee: _____ Date: _____

Fieldwork Site: _____

Address: _____ City: _____

Level: Elementary: Middle School: High School: Alternate:

Site Supervisor: _____ Position: _____

Supervisor's Email Address: _____

Dates of Service: From: _____ to: _____

Total Hours Completed: _____

As the Site Supervisor, I certify that the information listed above is accurate:

Supervisor's
Signature: _____ Date: _____