

UNIVERSITY OF LA VERNE

Educational Counseling PPS 583 Supervised Fieldwork
Application for Fieldwork Placement

For Office Use Only	
Received	
Confirmed	

Name: _____ Cell Phone: _____
La Verne Email: _____ Student ID #: _____
Regional Campus: _____ Cohort Number: _____

IMPORTANT: All correspondence will be sent to your University of La Verne email account. Please check this account daily.

All applications must be submitted to the Fieldwork Director or Lead Regional Faculty (LRF) before starting at your fieldwork site. They will approve your placement selection and contact the district as needed to facilitate placement.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

This application is for 583A: 583B: 583C: 584 (SFBC students only)

Anticipated Start Date: _____

Check the box if you **would like to stay within the same** district for PPS 583B.

My first placement was at: _____ Grade Level: _____

My second placement was at the following site: _____ Grade Level: _____

I plan to get the PPS Credential: Yes No

I have passed all sections of the CBEST: Yes No

I am pursuing the SFBC Concentration (licensure eligibility): Yes No

Complete the following section to request a placement site.

- Begin networking and reaching out to practicing school counselors to locate a potential placement. Once you have a school counselor that is willing to supervise you, you may request that individual, however the final decision rests with district personnel and cannot be guaranteed.

- If you have shadowed a school counselor at a specific school site, you may request that individual, however the final decision rests with district personnel and cannot be guaranteed.
- After the LRF receives your request, they will confirm your placement with district personnel.

The choice listed below is for the following course: 583A 583B 583C* 584**

*Requires CBEST passage **Requires CBEST and admission to SFBC program

First Choice: I am currently employed at this district/site: Yes No

District Name: _____

District Contact's Name: _____ District Contact's Email: _____

School Site: _____ School Counselor: _____

School Counselor Site Supervisor: _____

Check the days and times you will be working at the site (e.g. 8am- 3pm). You need to be able to work approximately 12-15 hours per week in order to stay on track for graduation.

- Monday: _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____

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Signature: _____

You will be required to provide your university supervisor with a copy of your school counselor liability insurance policy and Child Abuse Mandated Reporter certificate

before starting work at your approved site. Candidates must be covered by professional liability insurance for the entire time period they are at their site.

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TB:	District:
Insurance Expiration:	School:
CBEST:	Grade Level:
	Site Supervisor:
	Faculty Supervisor: