Verification of Placement— Practica, Supervised Field Work/Internship For University of La Verne School Psychology Program

To: (Name of University Super	visor of Supervised Field W	Vork/Internship)
This is to attest that the undersign	ned is willing to provide sup	pervision for
		as follows:
Period of placement	From (date)	to
Number of service/work hours p	er week	
Number of supervision hours per (NASP requires 2 hours of super		
Total TRAINEE hours to be com	pleted at this site	
It is recognized that IF the schoo credential or pupil personnel serv copy of an Affidavit for Certifica	vices credential, s/he has pro	
Name of Supervisor:		(Print)
Title of Supervisor:		(Print)
Type of Pupil Personnel Services	s Credential Held:	
Signature of Supervisor:		
Approval of Placement:	(Signature of Site Adminis	strator)
	(Signature of District/Agency Admini	strator if required