

❑ SP 624A (50 hours)

❑ SP 624B (75 hours)

❑ SP 624C

❑ SP 624D (150 hours)

❑ SP 624E (175 hours)

❑ SP 624F

***Revised January 2014***

**SCHOOL PSYCHOLOGY PROGRAM**

**NOTIFICATION OF FIELD PLACEMENT**

**FOR USE BY FIELDWORK/PRACTICA CANDIDATES**

(Please complete this form for each placement and return to the Department of School Psychology.)

Name of Candidate

Current semester: (Include year after checkmark)❑ Fall \_\_\_\_\_\_\_\_ ❑ Spring \_\_\_\_\_\_\_\_ ❑ Summer\_\_\_\_\_\_\_\_\_

**Please print. Please do not abbreviate**.

Name of School School District

School Principal

School Address:

City: Zip Code:

Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start of Placement Date:

Name of Psychologist Supervisor

Placement Supervisor’s phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office)

Placement Supervisor e-mail

School Hours

Type of setting: ❑ Elementary ❑ Middle School ❑Charter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❑ High School ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the candidate a paid employee at this placement? ❑ Yes ❑ No

**Candidate**

**Signature Date**

**Faculty Supervisor’s Signature Date**

**Field Supervisor’s Signature** **Date**