Practicum/Internship
School Counseling
Change of Site Supervisor Form

Department of Counseling and Higher Education
Eastern Illinois University

To insure that all Supervisees and Site Supervisors are familiar with the CHE 5630--Practicum and/or CHE 6920, CHE 6921, CHE 6922--Supervised School Experience (Internship) requirements and procedures, you are required to fill out and sign the following form to be placed in the Department of Counseling and Higher Education's file**. Please return to Office Manager, Department of Counseling and Higher Education, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.**

I, _____ as of _____ will be taking over
(**print name**) (**date**)

supervision previously being conducted by _____
(**print prior supervisor name**)

at _____ of _____
(**Site Name**) (**Supervisee**)

and hereby indicate that I have read, understand and am in agreement with the requirements and procedures outlined in the Practicum/Internship Agreement for the Department of Counseling and Higher Education. The Original Agreement is attached to this form for reference.

Supervisee Signature Date	CHE Coordinator of Practicum/Internship Date
Site Supervisor Signature Date	CHE Department Chairperson Date
Site Supervisor (Print Name)	Dean, College of Education Date
Site Administrator Signature Date	
Site Administrator (Print Name & Title)	

Revised 12/2019