

**Practicum/Internship  
School Counseling  
Change of Site Supervisor Form**  
Department of Counseling and Higher Education  
Eastern Illinois University

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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.**

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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

\_\_\_\_\_  
**Additional Site Supervisor Email Address**

\_\_\_\_\_  
Site Administrator Signature Date

\_\_\_\_\_  
Site Administrator (Print Name & Title)