

**Practicum/Internship
Clinical Mental Health Counseling
ADDITIONAL 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 6900, CHE 6901, CHE 6902--Supervised Clinical 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 assisting in
(PRINT Additional Supervisor name) (date)

Supervision being conducted by _____
(PRINT original supervisor name)

at _____ of
(PRINT Site Name and Phone #)

_____ and hereby indicate that I have read, understand and am in
(PRINT Supervisee name)

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

Additional Site Supervisor Signature Date

CHE Department Chairperson Date

Additional Site Supervisor (Print Name)

Dean, College of Education Date

Additional Site Supervisor Email Address

Site Administrator Signature Date

Site Administrator (Print Name & Title)