



**School of Education and Behavioral Sciences Graduate Program
Department of Rehabilitation and Disability Studies (DRDS)**

PRACTICUM SITE REQUEST FORM
(Completed by Student)

This form is to be completed before students are approved to enroll in a clinical experience course. A Practicum site supervisor must sign-off on this document signifying that said student has the permission to carryout clinical experience activities as required by the Langston University's Department of Rehabilitation Counseling and Disability Studies at the site location indicated below. Students are required to complete 100 hours of supervised observation of services being provided in the areas of Counseling, Case Management, Job development/placement, and Evaluation. An appropriate site location may only provide any two of the four aforementioned services to individuals with disabilities.

[All information is required to be typed and double spaced]

Student Name:

Date:

Student Email:

Student Contact Number:

1. Name of the Company/Organization:
2. Name of on site supervisor:
3. Address/Location of the practicum site:
4. Contact number(s) of site supervisor:
5. Electronic Contact of site supervisor (email address):
6. Explain the client demographics that the site has:

7. What are the professional practices of the site?

8. What is the mission statement of the site?

9. What would your role be as a practicum student within the organization?
(What would you actually be doing?)

10. Start date _____ End date _____.

11. On average, how many practicum hours per week will be accumulated? _____. (can be estimated)

Students Signature

Site Supervisors Signature

Special Note: All clinical experience activities are to be approved by the Department of Rehabilitation Counseling and Disability Studies Clinical Experience Coordinator before student can officially enroll in a practicum course or begin accumulating hours.

Approved _____

Insurance Liability paid _____

Denied _____

Date _____

Justification for denial: