



Cleveland State University

College of Education and Human Services
Counseling, Administration, Supervision and Adult Learning

CNS 686/687: Site Placement Information

Student's Name: _____

Student's Address: _____

_____ Zip: _____

Student's Home Number: _____ Work: _____

Student's Email: _____

CSU Student ID Number: _____

Track: Clinical Mental Health Counseling _____ School Counseling _____

Placement Name: _____

Placement Address: _____

_____ Zip _____

Placement Phone Number: _____

Site Supervisor: _____

Supervisor's Title: _____

Supervisor's Degree: _____

Supervisor's Phone: _____

Supervisor's Email: _____

Contact Person at site if not Supervisor: _____

Title of contact person (if applicable): _____

Please Check and complete the appropriate statement:

____ The Supervisor is a Licensed/ Certified School Counselor with at least 2 years of experience

____ The Supervisor is an Ohio licensed Professional Clinical Counselor with a Supervisory endorsement
(LPCC-S).

Intern Students:

By your signature below, you indicate that all the above information is accurate to the best of your knowledge.

Signature: _____ Date: _____