

LIU POST/LIU BRENTWOOD
College of Education, Information & Technology
DEPARTMENT OF COUNSELING & DEVELOPMENT

SITE SUPERVISOR CONTACT RECORD

Practicum: EDC 669

Professor: _____
Course and Section Semester

Student's name _____

Cooperating Counselor's Name Site Location

Site Address Site Phone #

Site Supervisor's Email Address _____

For each contact, include the following: (A) Contact date(s); (B) Contact type (telephone, email) and; (C) Relevant topic(s) discussed. There must be three (3) contacts.

First Contact: _____

Second Contact: _____

Third Contact: _____

Additional Contacts: _____

Check here if back of form includes additional contact information