

**Texas Tech University
College of Education/Counselor Education
Site Supervisor Information Collection Form**

The purpose of this form is to gather information required for CACREP accreditation. Please complete the information as accurately and completely as possible.

Name of Supervisor: _____

Title: _____

Site Information:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Based on the clinical guidelines, your site would be considered (mark all that apply):

____ Practicum Site

____ Internship Site

Number of student internship(s) available: _____

Name of Student practicum(s) available: _____

Type of Clients Served: _____

Licenses/Certifications Held by Site Supervisor:

Degrees Held: (please list your earned degrees)

<i>Degree</i>	<i>Institution</i>	<i>Major</i>	<i>Date Earned</i>

Professional Experience(s) (show at least two years of pertinent counseling experience):

Please Read and Sign Below: I have received a copy of the "Supervision Guidelines for Site Supervisors" from the TTU Counselor Education Program and have knowledge of the Program's expectations, requirements, and procedures.

Signature: _____

Date: _____