



**FLORIDA ATLANTIC UNIVERSITY**  
College of Education

**COUNSELOR EDUCATION PLACEMENT INFORMATION SHEET**

**(In-Own School ONLY)**

**Student Name:** \_\_\_\_\_

**Placement County:** \_\_\_\_\_

**Internship School:** \_\_\_\_\_

**Principal's Name:** \_\_\_\_\_

**Is this a school in which you are currently employed?** \_\_\_\_ yes \_\_\_\_ no

**If yes,**

- **Are you in a full-time instructional position?** \_\_\_\_ yes \_\_\_\_ no
- **Are you in a full-time counselor position?** \_\_\_\_ yes \_\_\_\_ no

**Site Supervisor's Name** \_\_\_\_\_

**I agree to the proposed placement of this FAU Counselor Education Student**

**Principal**

**Date**

\_\_\_\_\_

**I agree to the proposed placement of this FAU Counselor Education Student. I have completed the required Clinical Education training and am eligible to mentor this student.**

**Clinical Educator**

**Date**

\_\_\_\_\_