



FLORIDA ATLANTIC UNIVERSITY
College of Education

COUNSELOR EDUCATION PLACEMENT INFORMATION SHEET

(Palm Beach County and 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
