

AGENCY INTEREST IN STUDENT

To be completed by the student:

Your name _____

Phone # _____

Campus Address: _____

To be completed by the Agency:

Name of Agency: _____

Agency Address: _____

City State Zip

Agency Supervisor's Name: _____

Supervisor's Phone: () _____

Supervisor's E-mail: _____

If this student decided to complete a Practicum (12 weeks – 480 hours) with your agency, what would be the:

Starting Date: _____ Ending Date: _____

Salary/Stipend (if applicable)

Would this Student be covered by your agency's:

General liability insurance?

Yes

No

Workman's compensation insurance?

Yes

No

This agency hereby indicated interest in the above named student as a practicum student under the provisions listed above.

Agency representative

date

Thank you for taking the time to interview this student.