

## APPLICATION FOR PRACTICUM WORKSHEET

Directions: This is a worksheet for you to complete (by hand) and submit to your Faculty Advisor for approval. Once you have received approval, the Faculty Advisor will help you enter the information into the database and print copies of it. Your Faculty Advisor will then send one copy of the form with a letter to your Agency Supervisor. Be sure to take the time to write out thoughtful goals and objectives that will be measurable. *Attach a copy of your DARS Report to this application*

Name \_\_\_\_\_

Starting Date is:

Ending Date is:

My address during my practicum:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My phone # during my practicum: (    ) \_\_\_\_\_

My e-mail address (if you have one): \_\_\_\_\_

Name of the Agency where I will be doing my practicum: \_\_\_\_\_

Agency Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's phone #: (    ) \_\_\_\_\_

Supervisor's e-mail address: \_\_\_\_\_

My goals and objectives to be achieved during this Practicum include:  
(list 5)

- 1.
- 2.
- 3.
- 4.
- 5.