



SIENA HEIGHTS UNIVERSITY

Practicum Plan and Schedule

CSV 495: Community Services Practicum

(Please complete the following information and return to your CSV 495 instructor immediately following the start date of the practicum or by the end of the first week of class).

Student's Name: _____ **SHU I.D. #:** _____

Supervisor's Name: _____ **Title:** _____

Degree: _____ **Years of experience in supervision:** _____

Organization/Institution: _____

Address: _____

Phone: _____ **Extension:** _____

Fax: _____ **Email:** _____ **Website:** _____

Goals: *Please outline at least five goals that you have for this practicum.*

1. _____

2. _____

3. _____

4. _____

5. _____

Practicum Areas of Responsibility: *Please list and describe the major responsibilities and duties of the practicum experience.*

Date Practicum began: _____

Schedule: *Please indicate the days and times you will be working at the practicum site to fulfill the 100 hour requirement.*

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

Student's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____