

CYC 563
Practicum in Child and Youth Care

PRACTICUM PLACEMENT DESCRIPTION

1. Student: _____ Student # _____

Address: _____

Postal code: _____ Phone: _____

E-mail: _____

2. Name of Field Placement

Site: _____

Director/Manager/etc. (person with signing authority)

Address: _____

Postal code: _____ Phone: _____

3. Field Supervisor:

Address: _____

Postal code: _____ Phone: _____

E-mail: _____

4. Placement Specifics:

Start date: _____ End date: _____

Days on site: _____ Hours on site: _____

Weekly hour commitment: _____

Telephone number student can be reached at while in practicum:

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5. Student Learning Goals

6. Activities performed by student in the practicum site:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

7. Signatures:

Student: _____ Date: _____

Field Supervisor: _____ Date: _____

Course Instructor: _____ Date: _____

Note: *The practicum placement cannot commence until all of the above signatures are in place.*

copy: student
practicum supervisor
instructor
practicum consultant