

USU Professional School Guidance Counselor Education Program
SEMESTER PRACTICUM LOG COVER PAGE

PRACTICUM INFORMATION	
Student Name	A#
E-mail	Phone
Have you been a full-time, licensed, K-12 teacher for at least 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please contact the School Counselor Education Office at camille.odell@usu.edu	

PRACTICUM SITE 1:	
School:	District:
Date: _____ to _____	Semester/year:
School Supervisor:	Total hours:
PLEASE INDICATE THAT THE FOLLOWING ADDITIONAL REQUIRED DOCUMENTS FOR THIS SITE HAVE BEEN SUBMITTED TO CAMILLE ODELL VIA CANVAS:	
<input type="checkbox"/> CONTRACT	
<input type="checkbox"/> SUPERVISOR EVALUATION	

PRACTICUM SITE 2 (IF APPLICABLE):	
School:	District:
Date: _____ to _____	Semester/year:
School Supervisor:	Total hours:
PLEASE INDICATE THAT THE FOLLOWING ADDITIONAL REQUIRED DOCUMENTS FOR THIS SITE HAVE BEEN SUBMITTED TO CAMILLE ODELL VIA CANVAS:	
<input type="checkbox"/> CONTRACT	
<input type="checkbox"/> SUPERVISOR EVALUATION	

GRAND TOTAL OF HOURS (REQUIRED):
PLEASE ENTER TOTAL HOURS HERE _____
NOTE: IF HOURS ARE NOT TOTALED, THIS FORM WILL BE RETURNED
PLEASE SUBMIT THIS COVER PAGE, YOUR LOG, AND THE SUPERVISOR EVALUATION VIA CANVAS.

SIGNATURES	
School Supervisor	Date
Practicum Student	Date
(For office use only) Reviewer	Date