



McGill

McGill University
School/Applied Child Psychology
FIELD EXPERIENCE PLACEMENT FORM

This form is to be completed by the individual(s) who will assume direct supervision of and/or responsibility for the student named below. Each student in the field placement has an on-site supervisor as well as a university program supervisor. The student cannot be formally accepted until this form is completed and returned to the Director of Clinical Training, School/Applied Child Psychology Program.

Name of Student: _____

Placement: _____

Placement's Address: _____

Telephone: _____ Fax: _____

Name of the person(s) who will supervise or assume responsibility for the student's fieldwork:
 (Please print clearly)

Supervisor Name	Phone number	Email

Nature of the duties of this student's internship: _____

Number of days per week this student will be involved in the above duties: _____

Days and time that the student will be required at his/her internship site (e.g., supervision, department grand rounds, team supervision, etc.):

Signature of person completing this form: _____

Date: _____