Psy441/Psy442 Field Experience Agreement

Student Information
Name ___________________________   ID No._____________
Local Mailing Address ______________________________________________________
WCU Email address_____________________  Phone Number _____________________

Field Placement Site:
Agency Name__________________________________________
Mailing Address __________________________________________
Name of Supervisor:________________________________________
Supervisor’s Job Title:________________________________________
Supervisor’s Phone No._______________________________________
Supervisor’s Email Address ____________________________________

Placement information:
Student will earn _____130 hours (PSY441 Field Experience I) OR _____260 hours
(PSY441 Field Experience I and PSY442 Field Experience II).
Start date ____________________  End date _______________________
Brief description of client/patient/customer/population student will work with:
_____________________________________________________________________
Brief description of student’s expected duties and responsibilities:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
________________________
__________ Field Placement Site Supervisor agrees to provide a written evaluation of
the student’s performance at the end of the field experience. A final grade for the
course cannot be given until the Academic Supervisor receives the evaluation.
__________ The student will keep appropriate records and meet all academic
requirements as outlined in the course syllabus.
If problems arise on site concerning the student’s performance, or any other aspect of the field experience, the Student and the Field Experience Supervisor should attempt to resolve the issue on site. If the two parties cannot arrive at a resolution, contact the Academic Supervisor (610) 436-2945.

Signatures:

________________________________________  __________________________
Student                                    Date

________________________________________  __________________________
Field Placement Site Supervisor            Date

________________________________________  __________________________
Academic Supervisor                        Date

________________________________________________________________________

Student meeting with Supervising Faculty Member to approve placement:

________________________________________  __________________________
Supervising Faculty Member Signature      Student Signature

Date____________________________________