



INDIANA UNIVERSITY
SOUTH BEND

Counseling and Human Services Department Documentation Form

Directions: This form is to be completed and submitted to your University field placement instructor for verification and signature at the end of the semester.

Student's Name: _____

Student's ID number: _____ Class: (i.e., G524) _____

Track: (i.e., School) _____ Semester & Year: _____

Name of Site: _____

On-Site Supervisor: _____

On-Site Supervisor Degrees & Credentials: _____

IUSB Faculty: _____

Number of Direct Service Hours Completed: _____

Number of Indirect Service Hours Completed: _____

Number of Site Supervision Hours Completed: _____

Total Number of Practicum/Internship Hours Completed: _____

Signature of University Supervisor