

Angelo State University

Graduate Practicum Supervisor Application

Mail complete application to:
Education Preparation Information Center,
ASU Station #19014
San Angelo, Texas 76909
You may also send as an email attachment to:
epicenter@angelo.edu

Supervisor's Name:

Supervisor's Email:

Supervisor's Phone#:

Work Phone#:

Qualifying Certifications:

Years of School Counseling or Ed. Administration experience:

_____Yrs.

Current Position with the District:

School District:

Campus Name:

School Address

I _____, agree to serve as a Supervisor to _____ while
Supervisor's Name Candidate's Name

he/she completes the required practicum observation hours. I agree to observe the candidate 3 times during the practicum. I also agree to complete a rubric provided by the candidate and complete an evaluation of the candidate during the semester.

Print Name

Signature

Date

(Completed by the student)

Candidate's Name: _____

Campus ID# _____

Semester: Fall ☐ Spring ☐

Program: Counseling ☐ Principal ☐ Superintendent ☐