

Supervisor Agreement Form

Supervisors: Please complete this form to verify your participation in the service practicum program. Please complete one form for each CBC student you are supervising.

PLACEMENT INFORMATION

Student's Name _____

Supervisor's Name _____ Position/title _____

Mailing Address _____

City _____ Province _____ Postal Code _____

E-Mail _____

Work Phone () _____ Home Phone () _____

Student's Job Title _____

Student's Job Description

- This opportunity is already registered with the Service Practicum Office
- I am interested in having more CBC students involved in my program, please post this information for other students. I need _____ students.
- Other: _____

SUPERVISOR'S COMMITMENT

I have read the CBC Service Practicum Supervisor Manual and I understand the expectations of a Supervisor. I understand that I will need to provide an evaluation and verify attendance for the above student. I also understand that I must connect with the above student to challenge and encourage the student at least twice each semester. I agree to do my best to fulfill those requirements as I supervise _____ in their SP Placement.

Supervisor Signature

Date