



Acadia University
Master of Education in Counselling
Practicum Placement Record

Upon completion of your practicum placement, please complete and submit this form to your EDUC 5066 instructor and the M.Ed. Counselling Clinical Coordinator as an e-mail attachment.

Last Name:
First Name:
Student Number:
Stream (Agency or School Counselling):
Cohort (e.g. 2018 PT, 2020 FT):
Dates of Placement (month, date, year – month, date, year):
Placement Site(s):
Name and Position of Site Supervisor(s):
Name of EDUC 5066 Instructor/Supervisor:
Total Practicum Hours (must equal 500 or more):
Total Direct Client Contact Hours: <ul style="list-style-type: none">• Intake Interviews, Testing /Assessment, Couples/Family Counselling =• Individual Counselling =• Group Counselling =
Total Supervision Hours:
Notes:
Today's Date:
By typing my name below, I attest to the accuracy of the information provided above. Name: