SUFFOLK
UNIVERSITY
COLLEGE OF ARTS & SCIENCES

Education & Human Services Department
73Tremont Street, 7th Floor
Boston, Massachusetts 02114-4280

Phone: (617) 994-6454
Fax: (617) 305-1743
Website: http://www.suffolk.edu

SCHOOL COUNSELING PROGRAM
Pre-practicum observation hours

Course Number and Title_____

Date_____

This is to confirm that _____ has completed _____

hours of observation at _____

Name_____

Signature_____

Title_____

Organization_____

SCHOOL DEMOGRAPHICS AND INFORMATION (Completed by Student)

This school is:

____Urban	____Suburban	____Rural
____Large	____Medium	____Small
____Public	____Private	____Charter
____Middle School	____High School	____Other_____

School Address _____
Street *City* *State* *Zip Code*

Please return completed forms to your course instructor at the end of the semester.

ALSO, document this visit online at http://www.suffolkcounseling.com/observations/