



Suffolk University

Beacon Hill
41 Temple Street
Boston, Massachusetts 02114-4280

College of Arts and Sciences
Education and Human Services Department

Phone: (617) 573-8261
Fax: (617) 722-9440
Website: <http://www.cas.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 ___ High School ___ Other _____
 School

School Address _____
 Street City State Zip Code

Please return completed forms to Dr. Poynton or the School Counseling Program Grad Fellow
Mailboxes are at 73 Tremont Street, room 705