Employment Situated Practicum (ESP)

Exceptions Form

Date:

Student:

Agency:

Student Phone:

Student Email:

Field Instructor Name:

Field Instructor’s Email:

Field Instructor’s Phone:

On-Site Supervisor’s Name:

On-Site Supervisor’s Email:

On-Site Supervisor’s Phone:

Describe how your practicum duties will be new learning and differ from your current paid responsibilities:

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| --- |
|  |

Student Signature

Date

Field Instructor Signature

Date

On-Site Supervisor Signature

(When Applicable) Date

Director of Field Practicum Signature

Date

Employee Administrator’s Signature

Date