

## 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:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Field Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

On-Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(When Applicable)

Director of Field Practicum Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_