

ALMA COLLEGE PRACTICUM PROGRAM

PRACTICUM SUPERVISOR'S EXPECTATIONS

Practicum Supervisor's Name _____

Position _____ Date _____

Name of Company/Institution _____

Address _____ Phone _____

Please describe below the duties to be performed during the practicum. Indicate the specific nature of day-to-day activities and responsibilities. If needed, please indicate any other individual(s) who might act in a supervisory capacity with the student.

1. Explain the student's duties and responsibilities:

2. What will be the student's working arrangements, work schedule and conditions?

3. Will the student receive compensation? Yes _____ No _____

Practicum Supervisor's Signature _____

I acknowledge personal responsibility for the practicum commitment I have made to my practicum supervisor, and I will perform and conduct myself in a professional manner during my off-campus learning experience.

Student's Signature _____

Student's Name (please print) _____