

875 Perimeter Dr. MS 3080 Moscow, ID 83844-3080 Phone: 208-885-0968

email: fieldplacements@uidaho.edu

State Authorization: Field Placement Report

Please complete this Field Placement Report a minimum of 60 days prior to the start of any out of state placements. (If there is not 60 days left to the start of the placement please contact the Center for Excellence in Teaching and Learning at 208-885-0968)

Student Information: Name:	011	0 : 1	<u>-</u> .	
Address:	City:	State:	Zip:	
Phone:				
For multiple students in the	same field experience	e, send a list of n	ames to <u>fieldplacen</u>	nents @uidaho.edu.
On the ground (site) sup Name:	ervisor information	(if available):		
Address:	City:	State:	Zip:	
Phone:	J.1.j.	3.6.13.	—·p·	
Site information: Organization Name: Address: Phone:	City:	State:	Zip:	
Degree program associa	•		-1.1.3	
Licensing board affiliate	d with program/plac	ement (if applic	able):	
Faculty member supervi	sing the placement visit associated with t	` ,		
Type of placement:				
Internship	Field T	rin		
Practicum		Short Course		
Clinical	Other:			
Cililical	Other.			
Start Date:				
End Date:				
Number of hours to be c	ompleted in a state	outside of Idaho):	
Other Information:				