



THE PHOENIX CENTRE FOR CHILDREN AND FAMILIES

LE CENTRE PHOENIX POUR ENFANTS ET FAMILLES

STUDENT PLACEMENT REQUEST FORM

Name: _____

Address: _____

Phone: _____

Email: _____

University/College program: _____

Faculty Supervisor Name: _____

Phone: _____ Fax: _____

Email: _____

Placement requirements:

Number of hours per week:

Number of months:

Date of placement:

Learning Goals:

Requirement of time for Phoenix Centre Manager:

Number of Supervision hours per week:

Paperwork to complete:

Evaluations:

Meetings with faculty:

Other: