

**COMMUNITY REHABILITATION AND DISABILITY STUDIES
FACULTY OF EDUCATION, UNIVERSITY OF CALGARY
PRACTICUM STUDENT REQUEST FORM**

Practicum Opportunities: If you are aware of options that may be available for students, please let us know!

PRACTICUM SITE INFORMATION

Organization: _____

Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Date: _____

DESCRIPTION OF PRACTICUM

Type of Practicum (*please check as many as apply*):

- _____ Individual (one on one)
- _____ Supporting Individuals in a group setting
- _____ Program Development
- _____ Case Management
- _____ Supervision

Description of Possible Practicum Roles/Duties:

Required Qualifications:

Please fax this form to 403.220.6494 (Attention: Carla Hamarsnes). I can be contacted at 403.220.2416 or by e-mail at chamarsn@ucalgary.ca. Thank you!