

St. Clair County Community Mental Authority
Student Request for Placement

*****Attach completed "Student Placement Proposal" to this form.*****

STUDENT: _____

JOB TITLE: _____

CURRENT PROGRAM: _____ DATE: _____

Dates of placement/internship: _____

Total hours required in placement/internship: _____

Proposed placement/internship field site: _____

Impact of placement/internship on field site: _____

CURRENT SUPERVISOR: _____ ☐ APPROVED DISAPPROVED

Comments: _____

PLACEMENT SITE SUPERVISOR: _____ APPROVED DISAPPROVED

Comments: _____

PROGRAM DIRECTOR: _____ APPROVED DISAPPROVED

Comments: _____

CHIEF EXECUTIVE OFFICER: _____ APPROVED DISAPPROVED

Comments: _____

cc: Labor/Employee Relations Manager