

Official DESE School Counselor Site Supervisor Form

Print Name:

School District/Building in which you work:

University (s) or College (s) for which you are supervising:

I have viewed the [Missouri School Counselor Candidate Site Supervisor Training Powerpoint](#) and understand my responsibilities for evaluating interns who I agreed to supervise. I agree to follow the evaluation process outlined in the training Powerpoint.

Signature:

Date:

***Email this signed verification to the university/college supervisor (instructor) of the intern for which you are mentoring.**