

**EDUC 4858: Community Leadership Experience Placement Information Form**

Please complete & return this form to the Principal, Aboriginal Programs (chrisha@nipissingu.ca or fax to 705-472-8601).

|  |
| --- |
| **Teacher Candidate Information** |
| Name: | ID#: |
| Telephone (while on placement): |
| **Emergency Contact Information** |
| Name: | Telephone: |
| **Organization Information** |
| Organization Name: | Telephone: |
| Address: |
| Site Supervisor Name: | Site Supervisor Email: |
| Description of Organization: |
| List of anticipated placement responsibilities & tasks: |

# Teacher Candidate Signature: Date:

Site Supervisor Signature: Date: