COMMUNITY REHABILITATION AND DISABILITY STUDIES FACULTY OF MEDICINE, 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:	
Oate:	
DESCRIPTION OF PRACTICUM	
Type of Practicum (please check as many as apply):	
Direct support (ie: one on one)	
Supporting Individuals in a group setting	
Program Development	
Case Management	
Supervision	
Assessment and Evaluation	
Fund Development	
Other	
Description of Possible Practicum Roles/Duties:	
Required or preferred pre-qualifications (if necessary):	

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