

# Counseling Internship Summary Form

University of North Carolina at Greensboro  
Counselor and Educational Department

Intern's Name \_\_\_\_\_ Degree Program and Track \_\_\_\_\_

University Supervisor: \_\_\_\_\_ Program Advisor: \_\_\_\_\_

Course Number: CED 680A 680B 680C 680D 780A 780B 780C 780D 781B 781C 781D

Semester and Year \_\_\_\_\_

Agency/School and County: \_\_\_\_\_

Host Supervisor's Name and Title: \_\_\_\_\_

## **This section to be completed by STUDENT INTERNS**

### **Internship Hours**

Time: # of weeks at site this semester: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Hours: Total Direct Contact Hours: \_\_\_\_\_ Total Indirect Contact Hours: \_\_\_\_\_

Total Contact Hours (Direct + Indirect): \_\_\_\_\_

Internship logs detailing the above recorded hours are attached to this form.

### **Internship Services Provided**

Type of clientele served (e.g., children, adolescents, adults; gender; race; typical presenting concerns (e.g., depression, anxiety, grades, family, relationships, suicide); other relevant information)

Approximate number of clientele seen:

\_\_\_\_\_ Individuals (on-going services/sessions) \_\_\_\_\_ Couples \_\_\_\_\_ Families \_\_\_\_\_ Groups

\_\_\_\_\_ Drop-in/Walk-by (not on-going services/sessions) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Average number of clients you saw in counseling per week: \_\_\_\_\_

### **Other Internship Activities**

Please provide a brief response to each of the following questions concerning your setting. Include all salient points.

Specify your duties and responsibilities at this site:

Briefly describe any professional programs, presentations, or in-services that you have attended (include title, date, length, and brief description):

## **Student Interns, continued**

Briefly describe other activities for which you had *primary* responsibility for, that are not mentioned above:

### **Testing**

If applicable, for testing, list names of tests administered and frequency:

## **This section to be completed by DOCTORAL STUDENT SUPERVISORS**

### **Supervision Services Provided**

Type of supervision provided (e.g., group, individual, triadic) and for what types of populations (e.g., children/adolescents, adults, psychiatric, families, crisis intervention, etc.)

### **Supervision Hours**

Time: # of weeks in the semester: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Hours Providing: Individual Supervision: \_\_\_\_\_ Triadic Supervision: \_\_\_\_\_ Group Supervision: \_\_\_\_\_

Live Supervision: \_\_\_\_\_ Supervision via Audio/Video-tapes: \_\_\_\_\_

Total Amount of Time Spent Providing Supervision Internship Activities: \_\_\_\_\_

**This section needs to be completed by STUDENT INTERNS AND STUDENT SUPERVISORS**

**Supervision**

Specify the date and time duration of each session of supervision (in which YOU were being supervised).  
(Date/Length of Time in Supervision)

**\*\*NOTE:** For interns it is a *requirement* that the host supervisor provides 1 hour of *individual* supervision per week. However, your host may ALSO have provided triadic or group supervision along with this hour of supervision\*\*

**University Supervisor**

**Host/Site Supervisor\*\***

<u>Individual</u>	<u>Group</u>	<u>Triadic</u>	<u>Individual</u>	<u>Group</u>
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
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_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____

Signing below indicates that you have reviewed the information provided and it is accurate to the best of your knowledge.

\_\_\_\_\_  
Site Host Supervisor's PRINTED Name

\_\_\_\_\_  
Site Host Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Supervisor's PRINTED Name

\_\_\_\_\_  
University Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's PRINTED Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date