

Counseling Internship Summary Form

University of North Carolina at Greensboro
Department of Counseling and Educational Development

Intern's Name _____ Degree Program and Track _____

University Supervisor _____ Program Advisor _____

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

Semester and Year _____

Agency/School and County _____

Host Supervisor's Name and Title _____

Internship Hours

Time: Start date (month/day/year) at site: _____ End date (month/day/year) at site: _____

Total # 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; typically 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 _____ Other

_____ Drop-in/Walk-by (not on-going services/sessions)

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:

