

Field Experience Site Survey

For Office Use Only
Date Approved: _____
by Intern Coord: _____
CC G MF SD

Name of Host Site: _____ Date: _____

Contact Person for Master's Level and Doctoral Level (if different) Interns: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Address: _____

Please check classification: School College/University Agency Hospital Private Practice

Services Provided within this setting: (check all that apply):

Children	Individual	Inpatient	Assessment
Adolescents	Family	Crisis/Emergency	Career Counseling
Adults	Couples	Substance Abuse	
Geriatric	Group	Diagnosis	

Other: _____

Responsibilities of Intern (specify if different for Master's and Doctoral Students): _____

Supervisor Information (if more than one supervisor, list others on back of form):

Name: _____ Type of Degree: _____

Type of License: _____ Years of Experience: _____

Years of Supervisor Experience: _____ E-mail Address: _____

Our site can support :	Master's level intern	Doctoral level intern	Both MA and PhD
Semester(s) in which Intern is preferred?	Fall	Summer	Spring
Length of Internship?	One Semester	Two Semesters	No Preference

Approximate number of Intern positions available: Fall _____ Summer _____ Spring _____

Amount of Stipend (if available): _____

Any additional qualities/requirements of an Intern as stipulated by Host Site: _____

Have you ever hired a UNCG Counseling Intern? _____

In order for our program to meet CACREP requirements, we need to know if the Intern will be able to meet the following requirements at your site:

Yes	No	300 clock hours of supervised experience during the semester
Yes	No	A minimum of 120 hours of that time in direct clinical service work with clients
Yes	No	Video and/or audio-taping of intern work for student educational/evaluative purposes to be used by university supervisor on UNCG campus, and host supervisor on-site
Yes	No	Opportunity for the intern to participate in all aspects of work a counselor performs at this site (e.g., individual, group, family sessions; intake and assessments; clinical meetings; paperwork; insurance paperwork)

Please Return to: Department of Counseling and Educational Development
School of Education
The University of North Carolina at Greensboro
PO Box 26170
Greensboro, NC 27402-6170