Supervisor Information Form

Student/Supervisee Information

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| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| City: |  | Zip: |  |
| Phone number: |  | MU email: |  |
| Dates at Site | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | | |
| Days & Times at Site: | * Monday Time: * Tuesday Time: * Wednesday Time: * Thursday Time: * Friday Time: * Saturday Time: * Sunday Time: | | |
| Weekly Site Supervision Day & Time: |  | | |
| Total Hours Per Week at Site: |  | | |

Internship Site Information

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| Name of Site: |  | | |
| Address: |  | | |
| Site phone number: |  | | |
| On-Site Supervisor Name: |  | | |
| Phone: |  | Email: |  |
| Agency/Clinical Director Name: |  | | |
| Phone: |  | Email: |  |
| Highest degree of supervisor (*check one*):   EdD  PhD  MS  MSEd  MA other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Specific discipline (e.g., counseling, social work): | | | |
| Credential(s) of Supervisor (*check all that apply*):   * Licensed Professional Counselor (LPC), License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Licensed Marriage and Family Therapist (LMFT), License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Licensed Clinical Social Worker (LCSW), License number \_\_\_\_\_\_\_\_\_\_\_\_\_ * Licensed Psychologist, License number \_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Type(s) of counseling in which student will be supervised (*check all that apply*):   General  Marriage/Family  Group  Academic  Career/Vocational   Rehabilitation  Child/Adolescent Other, Specify \_\_\_\_\_\_ | | | |
| Type(s) of settings (check all which apply):   Agency  Higher Ed Counseling Center  Hospital  Non-Profit Organization   Community Mental Health  Private Practice  Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |