

Appendix F

Washington Adventist University  
Department of Psychology & Counseling  
Internship Site Selection

YOUR NAME \_\_\_\_\_

Internship Site Information

NAME OF COUNSELING AGENCY/CENTER \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_

PHONE( ) \_\_\_\_\_ FAX( ) \_\_\_\_\_

WEBSITE \_\_\_\_\_

SITE SUPERVISOR INFORMATION

NAME & \_\_\_\_\_

TITLE \_\_\_\_\_

HIGHEST DEGREE \_\_\_ EdD \_\_\_ PhD \_\_\_ EdS \_\_\_ MS \_\_\_ MEd \_\_\_ MA Other \_\_\_\_\_

CREDENTIALS LPC# \_\_\_\_\_ NCC# \_\_\_\_\_ Other \_\_\_\_\_

YEARS OF EXPERIENCE IN A MENTAL HEALTH/COMMUNITY COUNSELING \_\_\_\_\_

SETTING \_\_\_\_\_

PHONE( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

Your anticipated schedule at your placement site (days & times) and other relevant information:

\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

Internship Activities

\_\_\_ Individual Counseling (Required) personal/social/occupational or educational

\_\_\_ Individual Supervision (Required)

\_\_\_ Intake Interviewing: including psychosocial history

\_\_\_ Consultation: Referrals and team collaboration, and assessment

\_\_\_ Report Writing: including progress notes, treatment, plans, termination summaries

\_\_\_ Psychoeducational Activities: parent conferences, outreach, in-service trainings, etc

\_\_\_ Group Counseling : Leading and/or co-leading

\_\_\_ Peer or Group Supervision

\_\_\_ Career Counseling

\_\_\_ Testing administration, analysis and interpretation

\_\_\_ Staff Meetings

\_\_\_ Other (please list)

\_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty liaison: \_\_\_\_\_ Date: \_\_\_\_\_