

## ***SITE INFORMATION FORM\****

*\*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.*

Name of Student: \_\_\_\_\_ Student Number: \_

**Please circle the course that you are applying for:**      Practicum      Internship

Student's Full Address: \_

Student's tel. #: (home or cell): \_\_\_\_\_ (work): \_

Agency/Site Name: \_

Agency/Site Address: \_

Name of Director: \_\_\_\_\_ Position (title) \_

Agency/Site's tel. #: \_\_\_\_\_ Fax #: \_

Usual Business Hours: \_

**Please check all services that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Agency                       | <input type="checkbox"/> Individual Adult          |
| <input type="checkbox"/> Private Practice             | <input type="checkbox"/> Group                     |
| <input type="checkbox"/> Faith-Based Center           | <input type="checkbox"/> Child                     |
| <input type="checkbox"/> University Counseling Center | <input type="checkbox"/> Adolescent                |
| <input type="checkbox"/> In-Home                      | <input type="checkbox"/> Marriage & Family         |
| <input type="checkbox"/> Inpatient                    | <input type="checkbox"/> Psycho-educational groups |
| <input type="checkbox"/> Outpatient                   | <input type="checkbox"/> Substance Abuse           |
| <input type="checkbox"/> Day treatment                | <input type="checkbox"/> Rehabilitation            |
| <input type="checkbox"/> Non-profit                   | <input type="checkbox"/> Other: _                  |
| <input type="checkbox"/> Other: _                     | _____  |

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the student be paid at this site? \_\_\_\_\_ If so, what are the conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## ***SUPERVISOR INFORMATION FORM\****

*\*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.*

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student's Full Address: \_\_\_\_\_

Student's tel. #: (home or cell): \_\_\_\_\_ (work): \_\_\_\_\_

Student's Liberty email address: \_\_\_\_\_

Agency/Site Name: \_\_\_\_\_

Agency/Site Address: \_\_\_\_\_

Group Supervision is provided at this site:      Yes      No

Faculty Group Supervision is a requirement, but students are encouraged to find sites that provides Group Supervision

This site will allow taped (either video or audio) sessions with clients:    Yes    No

Please check the box confirming there is **no** dual relationship\* that would impair your judgment or limit your ability to remain objective with your supervisee (e.g. family/personal relationship, direct work supervisor, etc.).    No Dual Relationship

*\*Dual Relationship* is a situation where multiple roles exist that could influence the overall ability to provide objective feedback and guidance to the supervisee, thus causing harm to the supervisee.

Name of Supervisor:    Mr.    Ms./Mrs.    Dr. \_\_\_\_\_

Position (title) \_\_\_\_\_

Supervisor's tel. #: (work): \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

**(Required)**

**(Required)**

### **Academic Background of Supervisor:**

Degree	Major	Year Received	Educational Institution

### **Licenses and Certifications Currently Held by Supervisor:**

Type	Number	State Where Valid	Expiration Date

### **Clinical and Supervisory Experience**


I certify that I have at least 2 years of clinical experience in the area I am supervising: Yes     No

Have you completed any supervision training (workshops, graduate level course, CE's etc.): Yes     No

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

Date

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

Date