

**PRACTICUM AND INTERNSHIP INFORMATION SHEET**  
**Albany State University**  
**Department of Counselor**  
**and Educational Leadership**

*This form is to be completed at the beginning of practicum and internship by the counselor candidate, site supervisor, and faculty supervisor. All concerned should retain copies and the university group supervisor shall place one copy in the student's folder.*

Number of practicum or internship credit hours for which you are enrolled this semester:

Student Information

Student's Name:

Address:

Home Phone #:

Cell Phone #:

Email Address:

Faculty Advisor:

Internship Goals & Objectives:

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Internship Site Information

Internship Site Name:

Address:

*On-site Supervisor:*

Name:

Title:

Office Phone/Email Address:

Please initial each of the following indicating you are aware of and agree to the requirements for supervising an ASU fieldwork student:

1. Provide a minimum of 12 hours of individual/triadic supervision during each 16-week semester (1-1.5 hrs. weekly) \_\_\_\_\_

2. Provide regular feedback to intern on skill development including reviews of audio/videotapes of intern's work with clients, co-counseling, and/or live supervision of intern's work \_\_\_\_\_

\_\_\_\_\_  
Counselor Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Supervisor

\_\_\_\_\_  
Date