



Educational Counselling

Internship Site Confirmation Form

Intern Name:

Student I.D.:

Mailing address:

Tel. number(s):

Email:

Proposed Semester(s):

Fall

Winter

Spring / Summer

Name of internship site:

Tel. / Fax:

Mailing address:

Field Supervisor:

Job title at site:

Highest degree (min. masters counselling/related field):

**Date acquired (min. 4 yrs
practice post-degree):**

Professional designation/s (e.g., CCC, R Psych, MSW):

Date/s acquired:

Professional membership/s (e.g., CCPA, CPA):

Date/s acquired:

Internship Details: In the following section please describe briefly features of the internship arrangement.

SECTION 1:

Section 1 :

How many hours per week and on what days will the intern work?

SECTION 2:

Section 2 :

At which location(s) specifically will the intern be located?

SECTION 3:**Section 3 :**

In general terms, what form will supervision take (see internship guide for further descriptions) and how frequently will the intern meet face to face with the supervisor (minimum 1 hour face to face per week)?

SECTION 4:**Section 4 :**

Please provide below an overview of the intern's activities. Break the intern's responsibilities down by tasks using the categories in the Internship Guide's Counselling Log as a guide. Indicate approximate % of time to be devoted to various activities. Make sure to draw a clear picture of the nature of the intern's direct client contact activities

Activities/responsibilities:

1. Minimum of one (1) hour of direct (face-to-face) supervision per week
2. Minimum of seventy-five (75) direct client contact hours (list additional responsibilities below)

3. Title of additional activity:

3. Description of additional activity:

4. Title of additional activity:

4. Description of additional activity:

5. Title of additional activity:

5. Description of additional activity:

6. Title of additional activity:

6. Description of additional activity:

Intern Signature:

Date :

Supervisor Signature:

Date :

Advisor Signature:

Date :