UNC Field Experience Proposal Form (PhD) Department of School Psychology University of Northern Colorado

EXPERIENCE: 763 (SHADOW) 776 EXTERNSHIP 779 PRACTICUM 789 INTERNSHIP

STUDENT NAME:

ADDRESS:

TELEPHONE: EMAIL:

DISTRICT/SCHOOL(S):

SUPERVISOR NAME:

DEGREE/LICENSURE: ADDRESS:

: Email:

SCHOOL INFORMATION (IF MORE THAN ONE SCHOOLS, LIST FOR EACH):

ETHNICITY/RACE PERCENTAGES: PERCENTAGE OF ENGLISH LANGUAGE LEARNERS: PERCENTAGE OF STUDENTS ON FREE OR REDUCED LUNCH: PERCENTAGE OF STUDENTS ON IEPS:

SCHOOL PSYCHOLOGY INTERNSHIP ONLY:

Contract Term: STARTING DATE: **PAY:**

ENDING DATE:

RESPONSIBILITIES COMMENSURATE WITH UNIVERSITY OF NORTHERN COLORADO INTERNSHIP GUIDELINES? YES NO

APA – ACCREDITED INTERNSHIP? YES	s No
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APPROVED BY:

FIELD EXPERIENCE COORDINATOR

