

UNC Field Experience Form (EdS)  
Department of School Psychology

779 PRACTICUM \_\_\_\_\_ 789 INTERNSHIP \_\_\_\_\_

STUDENT NAME :  
ADDRESS

TELEPHONE  
EMAIL :

DISTRICT /SCHOOL(S):

SUPERVISOR

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

APPROVED BY:

\_\_\_\_\_  
FIELD EXPERIENCE COORDINATOR