THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

Department of Counseling

**Practicum/Internship Site Information Sheet**

**Name**:

Address:

email address:

Phone (Home):

**Practicum/Internship Site Name**:

**If school:** Elementary \_\_\_ Middle \_\_\_ High \_\_\_

District: CMS \_\_\_ Cabarrus \_\_\_ Gaston \_\_\_ Union \_\_\_ Iredell/Statesville \_\_\_

 Rowan/Salisbury \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Address:

Phone:

Supervisor:

Supervisor email:

Agency Director/ School Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practicum/Internship schedule**: [please notify instructor of any change in your schedule]

**M** \_\_ **T** \_\_ **W** \_\_ **TR** \_\_ **F** \_\_

**Time(s)**: