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|  | ***College of Education******Department of Educational Psychology*** |

**Supervised Internship Experiences**

M.A. Counseling -- Faculty Supervisor Contact Form

(Must be typed or legibly hand-written)

Directions: Use this form for each contact (i.e., agency, phone, college office visit) made with both the student intern and the agency supervisor following the contact. This form is used to document the three required faculty internship contacts. This completed form will be part of the student's formal internship file that is needed for verifying the student's experience for certification and/or license.

**Agency Name:**       **Site Supervisor’s Name:**

**Student Name (Last, First, MI):**       **NAU ID:**

**Semester/Year:**

**First Contact:**

**Contact Date:**       **Contact Time:**

**Supervisor’s Name:**       **How Contacted; i.e., Phone, Email:**

**Where Contacted:**

**Discussed Objectives of the Internship:** Yes [ ]  No [ ]

**Discussed Expected Activities of the Internship:** Yes [ ]  No [ ]

**Discussed Expectations or Special Considerations:** Yes [ ]  No [ ]

**Summary of first contact conversation:**

**Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Second Contact/Mid-Point Evaluation:**

**Contact Date:**       **Contact Time:**

**Supervisor’s Name:**       **How Contacted; i.e., Phone, Email:**

**Where Contacted:**

**Summary of progress related to evaluation criteria:**

**Summary of areas to improve:**

**Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Third Contact/Final Evaluation:**

**Contact Date:**       **Contact Time:**

**Supervisor’s Name:**       **How Contacted; i.e., Phone, Email:**

**Where Contacted:**

**Summary of progress related to mid-point areas to improve:**

**Summary of intern’s strengths:**

**Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**