

3/16/11

Off-Campus Internship Site Form

Family Therapy Program

Texas Woman's University

Check One: M.S. Check One: 1st, 2nd, 3rd, 4th, 5th semester internship
 Ph.D. Application for: SP SU FA Year _____

If students are working at more than one Off-Campus Site, a separate form must be completed for each site.

Student Information

Name _____ Night Phone () _____
Cell Phone () _____
Day Phone () _____
Address _____ Student ID _____
Street City State Zip Email _____

Internship Site Information

Dates ____/____/____ through ____/____/____ Number of hours per week at practicum site _____
month day year month day year

Full Name of internship site _____

Particular Department, if applicable _____

Site Address _____
Street City State Zip

Site Supervisor Phone _____ Site Supervisor email _____

Type(s) of Settings – Check all that apply.

Hospital Non-profit agency/organization MHMR School

Other, specify _____

Site Supervisor Information

Name of site supervisor _____

Educational level (check one) EdD PhD MS MEd MA LCSW Other- _____

Specific discipline (Family Therapy, Counseling, Psychology, Social Work) _____

License(s) and license # of supervisor: _____
AAMFT Approved Supervisor TX LMFT-Supervisor _____ Other(specify) _____

ATTACH VITA OF SUPERVISOR

3/16/11

Time at Site

Internships require approximately 20 hours per week.

	From	To	# of hours
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____

Internship Experiences

Indicate the various experiences the student will be involved in and the approximate number of hours devoted to each per week.

- | | |
|---|---|
| _____ Family Therapy | _____ Couples/Marital Therapy |
| _____ Individual Therapy | _____ Internship Supervision
individual/group/peer |
| _____ Intake Interviewing | _____ Case Conferences
Staff Meetings |
| _____ Group Therapy
co-leading/leading | _____ Other: |

Types of clients served at this site (include socio-economic status, age, race, gender, presenting issues, and other pertinent information). Please feel free to write in detail and/or add an additional page.

3/16/11

Treatment Philosophy. Does this site use systemic family therapy approaches to working with families, couples, individuals, and groups? Please describe the treatment approaches used, theory(ies) on which the approaches are based, approaches to supervision/training, etc. Please include any additional information pertinent to providing a family therapy internship experience at this site (e.g., specific learning opportunities, special expectations of the students who will work with clients at this site, etc.).

After the student has completed this form, received approval for this site from her/his Internship professor, and been accepted for Internship at this site, he/she will turn in this form with the supervisor's vita attached, along with the signed Off-Campus Internship Site Agreement form, to the Family Therapy Program Coordinator.

Revised 3-2011

3/16/11

3/16/11