



University of Colorado
Denver

Internship Site Questionnaire

Date Submitted: _____

Site/Organization Name: _____

Phone: _____

Address: _____

Website: _____

Submitted By (Student's Name): _____

Internship Supervisor:

Point of Contact for Internships (if different):

Title: _____

Phone: _____

Fax: _____

Email: _____

Degrees: _____

Licenses: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Years of Post Degree Experience: _____ (Must Attach a Resume of the Proposed Site Supervisor)

Prior Supervision Training? Yes No

This site is appropriate for (check all that apply):

_____ Agency Track – 240 hours of direct client service; 600 total hours

_____ Couple/Family Track – 240 hours of direct client service (121 w/couples and families); 600 total hours

_____ Public School Track – 240 hours of direct service with school-aged children; 600 total hour

1 hour per week of individual or triadic supervision is available for Interns Yes No

Students have the opportunity to become familiar with a variety of professional activities (i.e. record keeping, in-service, staff meetings, supervision) Yes No

Students have the opportunity to develop program appropriate audio/video tapes Yes No

Students have the opportunity to gain supervised experience in the use of a variety of professional resources (i.e. assessment instruments, research, literature, print & non-print media) Yes No

Students have the opportunity to counsel demographically diverse clients. Yes No

Semester	Application Deadline	Start Date
Fall		
Spring		
Summer		

Time Commitment:

Minimum # of Months/Semesters Required:

Minimum # of Hours Required per Week:

Training/Qualifications:

Do you require any formal or site specific training?

Preferred Experience or Qualifications:

Other Relevant Information:

For Program Use Only

☐ Approved

☐ Denied (reason for denial)

____ Meets Primary Site Requirements

____ Meets Secondary Site Requirements

Reason for Secondary Site:

Reviewed by: _____ Date: _____