UNC Field Experience Proposal Form (PhD) Department of School Psychology University of Northern Colorado

EXPERIENCE: 763 (SHADOW) INTERNSHIP	776 Externship	779 PRACTICUM	789
STUDENT NAME: ADDRESS:			
TELEPHONE: EMAIL:			
DISTRICT/SCHOOL(S):			
SUPERVISOR NAME: DEGREE/LICENSURE: ADDRESS:			
: EMAIL:			
SCHOOL INFORMATION (IF MODE ETHNICITY/RACE PERCE PERCENTAGE OF ENGLIS PERCENTAGE OF STUDEN PERCENTAGE OF STUDEN	ENTAGES: 5H LANGUAGE LEARNE NTS ON FREE OR REDUC	RS:	
SCHOOL PSYCHOLOGY INTERM	NSHIP ONLY:		
Contract Term: STARTING DATE: PAY:		Ending Date:	
RESPONSIBILITIES COMMENSURA GUIDELINES?	ATE WITH UNIVERSITY YES	OF NORTHERN COLORA NO	ado Internshii
APA – ACCREDITED INTERNSHII	P? YES	No	
APPROVED BY:			
FIELD EXPERIENCE COORD	 INATOR		

