UNC Field Experience Form (EdS)

Department of School Psychology

University of Northern Colorado

EXPERIENCE: 763 (SHADOW)____ 779 PRACTICUM_____ 789 INTERNSHIP_____

STUDENT NAME:

ADDRESS:

TELEPHONE:

EMAIL:

DISTRICT/SCHOOL(S):

SUPERVISOR NAME:

DEGREE/LICENSURE:

ADDRESS:

PHONE:

EMAIL:

SCHOOL INFORMATION (IF MORE THAN ONE SCHOOLS, LIST FOR EACH):

ETHNICITY/RACE PERCENTAGES:

PERCENTAGE OF ENGLISH LANGUAGE LEARNERS:

PERCENTAGE OF STUDENTS ON FREE OR REDUCED LUNCH:

PERCENTAGE OF STUDENTS ON IEPS:

SCHOOL PSYCHOLOGY INTERNSHIP ONLY:

Contract Term:

STARTING DATE: ENDING DATE:

PAY:

RESPONSIBILITIES COMMENSURATE WITH UNIVERSITY OF NORTHERN COLORADO INTERNSHIP GUIDELINES? YES NO

APPROVED BY:

_____

FIELD EXPERIENCE COORDINATOR