## Student Data Form

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| **STUDENT DATA FORM** | | | |
| **Student Information** | | | |
| Student Name: | | Banner ID: | |
| Address: | | | |
| City: | State: | | Zip Code: |
| Home Phone: | Work Phone: | | Email: |
| Evening Phone: | Cell Phone: | |  |
| Date Completed COU 5393 Development of Counseling Skills? | | | |
| **Practicum/Internship Site Information** | | | |
| Agency/Organization/School Name: | | | |
| Street Address: | | | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | Specialization: |
| Website Address: |  | |  |
| Does this site allow students to audio or videotape for the purpose of supervision? Yes □ No □ | | | |
| Executive Director/Principal: | | | Phone: |
| **Site Supervisor Information** | | | |
| Site Supervisor Name: | | | Title: |
| Site Supervisor’s Phone Number: | | | |
| Site Supervisor’s Email: | | | |
| **Additional Student Information** | | | |
| Number of hours working per week during course of semester: | | | |
| What other obligations will impact the time you can devote to this class? (e.g., family,  caretaking, etc.): | | | |
| Please list at least three goals you have for this course (i.e., other than making an “A”). | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Please list some specific expectations you have regarding the experiential component to this course. | | | |
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| The biggest apprehension that I have about this class is… | | | |
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