## 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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