



Student Data Form – Community Counseling

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 <input type="checkbox"/> No <input type="checkbox"/>		
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.

The biggest apprehension that I have about this class is...
