

UNC Field Experience Form (EdS)
Department of School Psychology

779 PRACTICUM _____ 789 INTERNSHIP _____

STUDENT NAME :
ADDRESS

TELEPHONE
EMAIL :

DISTRICT /SCHOOL(S):

SUPERVISOR

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:
PAY:

ENDING DATE:

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

APPROVED BY:

FIELD EXPERIENCE COORDINATOR