Clinical Mental Health Counseling
Intern Site Data Sheet

Name of agency: _____

Address: _____

Type of agency: _____ Staff size: _____

Client/patient population _____

This form is to be completed during your internship and submitted to the internship coordinator.

Type of Direct Service Provided

Inpatient therapy	Yes___	No___
Outpatient therapy	Yes___	No___
After care	Yes___	No___
Addiction Therapy	Yes___	No__
Individual Therapy	Yes___	No___
Group Therapy	Yes___	No___
Marital Therapy	Yes___	No___
Occupational Therapy	Yes___	No__
Physical Therapy	Yes___	No___

Intern Experience Provided (Direct Service)

Inpatient therapy	Yes___	No___
Outpatient therapy	Yes___	No___
Addiction Therapy	Yes___	No___
Individual Therapy	Yes___	No___
Group Therapy	Yes___	No___
Marital Therapy	Yes___	No___
Family Therapy	Yes___	No___

Administrative Experience

Intake interviewing	Yes___	No___
Testing	Yes___	No___
Scoring	Yes___	No___
Interpreting	Yes___	No___
Report writing	Yes___	No___
Record Keeping	Yes___	No___

Treatment Planning	Yes___	No___
Consultant	Yes___	No___
Referral	Yes___	No___
Case Summaries	Yes___	No___
Staff Meetings	Yes___	No___

Supervision Provided

Direct Supervision	Yes___	No___
Individual	Yes___	No___
Group	Yes___	No___

Education Provided

Professional Training Seminars	Yes___	No___
In-Service training	Yes___	No___
Research Opportunities	Yes___	No___

Northeastern State University
600 North Grand Ave
Tahlequah OK 74464
(918) 444-3015
Fax: (918) 458- 2397