

**Northeastern State University
Master's In Addiction Counseling
Internship Site Data Sheet**

Name of Agency: _____

Address: _____

Type of Agency: _____ Staff size: _____

Client/Patient Population: _____

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

Type of Direct Service Provided

Inpatient therapy	Yes _____	No _____
Outpatient therapy	Yes _____	No _____
After care	Yes _____	No _____
Individual therapy	Yes _____	No _____
Group therapy	Yes _____	No _____
Marital therapy	Yes _____	No _____
Occupational therapy	Yes _____	No _____

Internship Experience Provided (Direct Services)

Screening	Yes _____	No _____
Intake	Yes _____	No _____
Counseling	Yes _____	No _____
Crisis Intervention	Yes _____	No _____
Client Education	Yes _____	No _____

Internship Experience Provided (Administrative Services)

Case Management	Yes _____	No _____
Orientation	Yes _____	No _____
Assessment	Yes _____	No _____
Treatment Planning	Yes _____	No _____
Referral	Yes _____	No _____
Record Keeping	Yes _____	No _____
Consultation	Yes _____	No _____

Supervision Provided

Individual	Yes _____	No _____
Group	Yes _____	No _____

Education Provided

Professional training seminars	Yes _____	No _____
In-service training	Yes _____	No _____
Research opportunities	Yes _____	No _____