



For Office Use Only
 Date Approved: _____
 By Intern Coord: _____

NCCU Field Experience Site Survey

Name of Host Site: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Address: _____

Please Check Classification: School College/University Agency Hospital Private Practice

Services Provided within this setting: (Check all that apply)

- | | | | |
|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Individual | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Family | <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Career Counseling |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Couples | <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Group | <input type="checkbox"/> Diagnosis | |

Other: _____

Responsibilities of Practicum or Intern: _____

Supervisor Information:

Name: _____

Type of Degree: _____

Type of License : _____

University Granting Degree: _____

Years of Supervisor Experience: _____

Area of Discipline: _____

E-mail Address: _____

- | | | | |
|---|--|--|--|
| Our site can support: | <input type="checkbox"/> Master's level intern | | |
| Semester(s) in which Intern is preferred? | <input type="checkbox"/> Fall | <input type="checkbox"/> Summer | <input type="checkbox"/> Spring |
| Length of Internship? | <input type="checkbox"/> One Semester | <input type="checkbox"/> Two Semesters | <input type="checkbox"/> No Preference |
| Length of Practicum? | <input type="checkbox"/> One Semester | <input type="checkbox"/> Two Semesters | <input type="checkbox"/> No Preference |
| Approximate number of Intern positions available: | Fall _____ | Summer _____ | Spring _____ |

Any additional qualities/requirements of an Intern as stipulated by Host Site: _____

In order for our program to meet CACREP requirements, we need to know if the Practicum or Intern will be able to meet the following requirements at your site:

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 100 clock hours (Practicum) of supervised experience during the semester |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 300 clock hours (Internship) of supervised experience during the semester. A minimum of 120 direct service and a minimum of 180 indirect service. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 600 clock hours (Internship) of supervised experience during the semester. A minimum of 240 direct service and a minimum of 360 indirect service. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Video and/or audio-taping of intern work for student educational/evaluative purposes to be used by university supervisor on NCCU campus, and host supervisor on-site |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Opportunity for the intern to participate in all aspects of work a counselor performs at this site (e.g., individual, group, family sessions; intake and assessments, clinical meetings; paperwork; insurance paperwork) |

For Practicum and Internship, students must have at least 6 recordings. Does your agency or school allow students to audio record sessions with the client's consent?

Yes No N/A

As the Site Supervisor, we expect that you as the Site Supervisor are present in the building as students are completing their field placement. How will you ensure that students are not left alone at your field site location?

Describe the type of professional development opportunities/training that you have received in supervision:

Describe your orientation process (i.e. how do you orient students to the site, expectations, crisis protocol, and documentation process, including the use of electronic records, etc.):

What is the check-in process for clients? Do you have a secretary available or security for check-in procedures? If not, please describe how clients check-in for appointments:

What opportunities are provided for students to lead or co-lead a counseling or psychoeducational group?

ADDICTION TREATMENT SITES

If you are a site that provides substance use treatment services, please answer the questions below:

1). Do you hold relevant credentials (i.e., LCAS, CSI, or CCS)?

Yes No N/A

2). Might you describe the level of care options offered at your facility (i.e. Inpatient/Detox Center, Residential, Day Treatment/Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP).

3). Does your agency provide training that includes an addiction focus? For example:

- 12 core functions (i.e., screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, report and record keeping, consultation w/other professionals)
- ASAM (comprehensive guidelines for placement, continued stay, transfer, or discharge)
- Stages of change
- Treatment for Co-Occurring Disorders
- Professional and Ethical Responsibilities

Yes No N/A

*****Please note that students cannot begin field placement experiences before the beginning date as designated in the MOA. In addition, students must end their field experiences by the date designated in the MOA. Students cannot remain at field placement sites past the semester deadline*****

Please Return to: NCCU Field Site Coordinator
Dr. Taheera Blount
tblount5@nccu.edu