

FIELD SITE INFORMATION – FW #5

College and Program Name: _____

Address (including City and Zip): _____

Phone: (____) _____ Date: _____

Director: _____

Type of College: _____

Staff who will serve as field site supervisors (please indicate names, degree(s), license(s)
license number(s), and/or State credentials):

Type of Counseling Services Provided: _____

Students/Clients referred by: _____

Total number of CSUN counseling fieldwork students, who can be supervised by you: _____

Number of CSUN counseling students who can be supervised from each of the
specializations:

_____ College Counseling/Student Services	_____ Career Counseling
_____ Marriage, Family & Child Counseling	_____ School Counseling
_____ School Psychology	

Dates during the year when fieldwork students are accepted: _____

Is there a training period? No _____ Yes _____ Dates: _____

Is there a fee charged for the training? No _____ Yes _____ If yes, amount: _____

Length of commitment by student: Months: _____ Hours per week: _____

Are students paid a stipend? No _____ Yes _____ If yes, amount: _____

Are students charged a fee? No _____ Yes _____ If yes, amount: _____

Prerequisite experience and/or training you require of students: _____

We would appreciate your listing the names of students from this program who have completed
fieldwork at your agency/school in previous semesters: _____