

**Faculty of Education, University of Ottawa
Educational Counselling**

Internship Site Confirmation Form

Intern Name: _____ Student I.D. _____
Mailing address: _____ Tel. number(s) _____

Email: _____ Proposed Semester(s): _____
Name of internship site: _____ Tel.: _____ Fax: _____
Mailing address: _____

Field Supervisor: _____ Highest degree obtained with date: _____
Job title at site: _____ Professional designation (if applicable): _____

Internship Details.

In the following section please describe briefly features of the internship arrangement.
How many hours per week and on what days will the intern work?

At which location(s) specifically will the intern be located?

What form will supervision take (see internship guide for further descriptions) and how frequently will the intern meet face to face with the supervisor?

Please break the intern's responsibilities down by tasks, using the categories in the Internship Guide's Counselling Log as a guide. Indicate approximate percentages of time to be devoted to various activities. Make sure to draw a clear picture of the nature of the intern's direct client contact activities.

Intern signature Date Supervisor signature Date

Faculty Advisor signature Date