Agency Data Form

Agency Name: ____________________________________________

Street Address: ___________________________________________

City, State, Zip: __________________________________________

Main Agency Phone: ___________________________ Agency Fax: __________________________

Contact Person: _______________________________________

Contact Person’s Phone: ___________________________ Contact Person’s E-mail: __________________________

Agency Website: _______________________________________

Agency Primary Classification: (Check only one)

☐ Alcohol/Substance Abuse ☐ Group Services ☐ Rehabilitation
☐ Child Welfare ☐ Health ☐ School
☐ Corrections/Criminal Justice ☐ Homeless ☐ Other
☐ Developmental Disabilities ☐ Mental Health
☐ Family Services ☐ Mental Retardation

Age of Clients Served: (Check all that apply)

☐ Children and Adolescents ☐ Adults (18 – 54 years) ☐ Elders (55 +)

Are evening hours available for students? ☐ Yes ☐ No

Are weekend hours available for students? ☐ Yes ☐ No

Are stipends available for students? ☐ Yes ☐ No

Are background screenings required for students? ☐ Yes ☐ No

If yes, will the agency pay for it? ☐ Yes ☐ No

Are drug screenings required for students? ☐ Yes ☐ No

If yes, will the agency pay for it? ☐ Yes ☐ No

Are health screenings required for students? ☐ Yes ☐ No

If yes, will the agency pay for it? ☐ Yes ☐ No
Agency Name: ____________________________________________________________

Please provide a 15 word maximum description of your agency:

________________________________________________________________________

________________________________________________________________________

1. What type of activities will students be allowed to do in this placement? (Check all that apply)

   ___ Intakes
   ___ Treatment Planning
   ___ Case Management
   ___ Individual Therapy
   ___ Group Counseling
   ___ Supportive Counseling
   ___ Grant Writing
   ___ Attend Trainings
   ___ Public Relations
   ___ Follow-Up With Previously Served Clients

   ___ Assessments
   ___ Information and Referral
   ___ Home Visits
   ___ Family Counseling
   ___ Discharge Planning
   ___ Community Presentations
   ___ Research/Evaluation
   ___ Conduct Trainings
   ___ Board Meeting
   ___ Other, describe:

________________________________________________________________________

2. What type of recording will be required in this placement? (Check all that apply)

   ___ Assessments
   ___ Progress Notes
   ___ Treatment Plans
   ___ Discharge plans/termination summaries
   ___ Other, describe:

________________________________________________________________________