

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)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Group Services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Health | <input type="checkbox"/> School |
| <input type="checkbox"/> Corrections/Criminal Justice | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> 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)

- | | |
|---|---|
| <input type="checkbox"/> Intakes | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Discharge Planning |
| <input type="checkbox"/> Supportive Counseling | <input type="checkbox"/> Community Presentations |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Research/Evaluation |
| <input type="checkbox"/> Attend Trainings | <input type="checkbox"/> Conduct Trainings |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Board Meeting |
| <input type="checkbox"/> Follow-Up With Previously Served Clients | <input type="checkbox"/> 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:
