LEWIS & CLARK COLLEGE SCHOOL COUNSELING
MICRO INTERNSHIP PRE-AGREEMENT FORM

This Form Must Be Submitted As Soon As Placement Is Made.

Please select one: ☐ **502 Academic:** (Fall) _____

☐ **506 Personal/Social:** (Spring) _____

Student _____

Address _____

City _____ Zip Code _____ Phone _____

Internship Site _____

Site Address_____

City _____ Zip Code _____ Phone ( ) _____

School Principal _____

On-Site Mentor _____ Phone ( ) _____ Email _____

Degree & Discipline of Site Mentor _____

License and/or Certification(s) _____

Years of Post-Master Counseling Experience _____

This agreement is made on _____ by and between _____
(Date) ***(Field site)***

_____and Lewis & Clark College. This agreement will be in effect from

_____ to _____ for _____ per week.
(Start Date mm/dd/yy) ***(End Date mm/dd/yy)*** ***(Number of hours)***

_____ _____
(*Student Signature)* ***(Phone Number)***

_____ _____
(*Site Mentor Signature)* ***(Phone Number)***

Your signature on this form indicates that all parties have read and understand in its entirety the information attached to the Counseling Internship Agreement Form.

This agreement form must be signed by the student and site mentor. One copy, along with a site mentor's resume, is returned to the student's Lewis & Clark Supervisor no later than two weeks after placement at the internship site. The Lewis & Clark Supervisor will bring the copy to the department for inclusion in your student file. The on-site supervisor and the student should also keep copies of the signed agreement.

Please attach a copy of your Supervisor's resume.

(We must now have a new mentor resume **every** year, regardless of past Lewis & Clark mentoring)