

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

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

All Fields are Required

Please select one: **502 Academic:** (Fall) _____ **506 Personal/Social:** (Spring) _____

Student _____

Address _____

City _____ Zip Code _____ Phone _____

Placement Level (choose only one): Elementary Middle School High School

Internship Site _____

School Principal _____

Site Address _____

City _____ Zip Code _____ Phone () _____

On-Site Mentor _____

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 in the Micro Intern's Manual.

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