

**2021-2022 COUNSELING/SOCIAL WORK INTERNSHIP/PRACTICUM
APPLICATION Lewisville ISD Guidance and Counseling**

Start date: Fall 2021 / Spring 2022

Circle one: Practicum or Internship

Circle one: Social Work or Counseling

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

College/University: _____ Department: _____

University Supervisor: _____ Phone: _____

Projected Degree Completion Date: _____

Major: _____

Number of Practicum/Internship Hours Required: _____

Counselor/ Social Work Field Supervisor Name: _____
_____*Field Supervisor Signature*

I understand that it is my responsibility as an LISD Counseling/Social Work Intern to involve my LISD site supervisor or administrator immediately if any of the following should occur during my site internship: 1. *Imminent suicide attempt or suicidal ideation*

2. *Student suspected to be under the influence of drugs or alcohol*3. *Aggressive reaction (present or imminent)*4. *Adverse physical or psychological reaction*5. *Report of child abuse*6. *Severe depression, anxiety, etc.*

Interns/Students must secure written parent permission for ongoing individual and group counseling sessions

Intern Signature: _____*University Supervisor Signature:* _____

Approval: _____

Monya Crow, Executive Director of Counseling and Social Work Services

Date: _____

Return completed form to:

Monya Crow § LISD Counseling and Social Work Services § 1565 W. Main § LISD Administration Building § Lewisville, TX 75067 § crowm@lisd.net § 972.350.4768