**2019.2020 COUNSELING INTERNSHIP/PRACTICUM APPLICATION**

**Lewisville ISD Guidance and Counseling**

Start date: ☐ Fall 2019 ☐ Spring 2020

Name:       Home Phone:

Address:       Cell Phone:

College/University:       Department:

University Supervisor:       Phone:      

Projected Degree Completion Date:       Major:

Number of Practicum Hours Required:

Level Requested:

☐ Elementary

☐ Middle School

☐ High School

Campus Requested:

Campus Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal Signature*

Counselor Supervisor Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Campus Supervisor Signature*

I understand that it is my responsibility as an LISD Counseling 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 must secure written parent permission for ongoing individual counseling sessions (more than two). *See Guidance Forms.*

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*Intern Signature* *University Supervisor Signature*

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Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Monya Crow, Director of Guidance and Counseling Date*

Return this form to:

Monya Crow § LISD Guidance and Counseling § 1565 W. Main § Lewisville Administration Center § Lewisville, TX 75067 § [crowm@lisd.net](mailto:crowm@lisd.net) § 972.350.4768