adler GRADUATE SCHOOL

Marriage and Family Therapy

Site Approval Form

Student Information

Student Name: _____

Student Email: _____ Student Phone #: _____

Current Field Experience Class: ☐ 946 ☐ 948 ☐ 949

Signature of Student: _____ Date: _____

Site Information Anticipated Start Date: _____

Name of Site: _____

Site Address: _____
Street Address City State Zip Code

Supervisor Name: _____

Degree: _____ Licensure: _____ License Number: _____

Supervisor Phone #: _____ Fax #: _____

Supervisor Email: _____

Brief Description of Internship Experience:

Individual Therapy: _____

Couple and Family Therapy: _____

Group Therapy: _____

Other Professional Experiences: _____

Student Signature: _____ Date: _____

Signature of Site Supervisor: _____ Date: _____

Signature of Field Ex Coordinator: _____ Date: _____