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|  | ***College of Education***  ***Department of Educational Psychology*** |

**Supervised Internship Experiences**

M.Ed. Student Affairs -- Faculty Supervisor Contact Form

Directions: Use this form for each contact (i.e., agency, phone, college office visit) made with both the student intern and the agency supervisor following the contact. This form is used to document the three required faculty internship contacts. This completed form will be part of the student's formal internship file that is needed for verifying the student's experience for certification and/or license.

**Agency Name:**

**Semester/Year:**

**Student Name (Last, First, MI):**       **NAU ID:**

**Current Mailing Address:**

**Phone (include area code):**

**Program Name:** M.Ed. Student Affairs **Campus:** Choose an item.

**First Contact:**

**Contact Date:** Click here to enter a date. **Contact Time:**

**Contact Name:**       **How Contacted:** Choose an item.

**Where Contacted:**

**Objectives of the Internship:**

**Expected Activities of the Internship:**

**Expectations or Special Considerations:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second Contact/Mid-Point Evaluation:**

**Contact Date:** Click here to enter a date. **Contact Time:**

**Contact Name:**       **How Contacted:** Choose an item.

**Where Contacted:**

**Summary of Progress Related to Evaluation Criteria:**

**Summary of Areas to Improve:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Third Contact/Final Evaluation:**

**Contact Date:** Click here to enter a date. **Contact Time:**

**Contact Name:**       **How Contacted:** Choose an item.

**Where Contacted:**

**Summary of Progress Related to Mid-Point Areas to Improve:**

**Summary of Intern Strengths:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**