

## Agency Data Form

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Main Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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Agency Website

- Corrections/Criminal Justice     Homeless     School  
 Developmental Disabilities     Other

Agency Name: \_\_\_\_\_

Please provide a 15 word maximum description of your agency:

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1. What type of activities will students be allowed to do in this placement? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Intakes                                  | <input type="checkbox"/> Assessments              |
| <input type="checkbox"/> Treatment Planning                       | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Case Management                          | <input type="checkbox"/> Home Visits              |
| <input type="checkbox"/> Individual Therapy                       | <input type="checkbox"/> Family Counseling        |
| <input type="checkbox"/> Group Counseling                         | <input type="checkbox"/> Discharge Planning       |
| <input type="checkbox"/> Supportive Counseling                    | <input type="checkbox"/> Community Presentations  |
| <input type="checkbox"/> Grant Writing                            | <input type="checkbox"/> Research/Evaluation      |
| <input type="checkbox"/> Attend Trainings                         | <input type="checkbox"/> Conduct Trainings        |
| <input type="checkbox"/> Public Relations                         | <input type="checkbox"/> Board Meeting            |
| <input type="checkbox"/> Follow-Up With Previously Served Clients | <input type="checkbox"/> Other, describe:         |

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2. What type of recording will be required in this placement? (Check all that apply)

- Assessments
- Progress Notes
- Treatment Plans
- Discharge plans/termination summaries
- Other, describe:

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