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Name _____ **Date** _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Email _____ Current Licensure _____
Current Employment _____ Hours Per Week _____
Is your employer aware of your upcoming internship? _____

School Information

Name of School _____ Program _____
Field Supervisor _____ Phone _____

Internship Requirements

When are you wanting to complete your internship? _____
How many hours do you need to complete? _____ Anticipated Start Date _____
What are your requirements for supervision? _____
What days of week are you available? _____
Are you able to work some evening hours? _____

Please complete the following questions to help us get to know you better. Use an additional sheet if necessary.

1. What experience do you have working with children and families? _____

2. What do you hope to gain from your internship? _____

3. What does it mean to have a strength based perspective and do you feel you have a strength based approach when working with families? _____

4. What experience do you have providing services in families' homes? What are your thoughts about providing in home therapy? _____

