

Thank you for considering a place at Banner Consulting and Counseling, PLLC

Please fill out the following questions so that we may get to you know you better.

Contact Information:

Name: _____

Best phone number where you can be reached: _____

Email: _____

What is your availability?

M – _____

T – _____

W – _____

Th – _____

F – _____

What school do you attend and what degree are you seeking?

How many hours of Practicum/Internship do you need per semester? _____

What are your goals after graduation?

What is your philosophy of therapy?

Do you have any medical or physical conditions that would impede you from completing physical tasks in an office environment? Yes || No

If yes, please explain.

What is your preferred age group for clientele? _____

Do you believe that you are capable of working with persons who have disabilities (Autism, Asperger's, intellectual disability)? Yes || No

Is there anything else you would like us to know about you?

Thank you,

Carol Michelle Duke, LCSW-Supervisor

