**Group Experience (Preceptor)**

**Internship in Social Work**

**East Central University**

|  |  |  |
| --- | --- | --- |
|  |  | **Semester** |
| Intern  |  |
| Agency for Group Experience |  |
|  |  |
| Name of Group Leader and Credentials (Person Supervising the Internship Group Experience and will be able to evaluate the intern’s performance) |
|       |
|       |
| Type of Group: | [ ]  Educational | [ ]  Growth | [ ]  Treatment | [ ]  Other (Specify) |
| Day  |       | and Time  |       | Group Meets |
| Intern’s Start Date |       | and Ending Date |       | for the Group |
|  |
| Experience:       |
| Purpose of the Group (Attach Agency Description of Group, if Available) :       |
| Role of the Student in the Group: | [ ]  Observer | [ ]  Co-leader | [ ]  Leader |
|  |
|  |
| Agency Signature | Date |
|  |
| Student (Intern) Signature | Date |