## Clinical Intern Biographical Sheet

**Clinical practice Biographical Information Sheet**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCU ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Expected Date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information will be shared with SCU supervisors and the clinical faculty member and principal of the clinical internship site.

Work Experience

College Activities/Honors/Accomplishments

Experiences with Children and Youth

Special Interests/Hobbies/Talents

Multicultural/Diversity Experiences

Experiences with Technology

*I acknowledge that this information is accurate and give my permission for this information to be shared with supervisors and prospective school sites for placement purposes.*

Clinical Intern Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_