



Site-Based Learning Application

Field Experience, Practicum & Internship

Thank you for your interest in conducting your field experience, practicum or internship at the University of North Texas Kristin Farmer Autism Center (KFAC). We welcome applications from highly motivated people who demonstrate our core values at the highest levels and are eager to broaden their knowledge, and develop skills in the field of Autism Spectrum Disorders.

Please complete the fields below, and email your completed application, along with supporting documentation to: COE-AutismCenter@unt.edu

Please note: All site-based learning experiences will require participation in KFAC Orientation, and the completion of a *Criminal History Check* and *Abuse Prevention Training*. Students are responsible for all fees associated with the Criminal History Check.

Date:

Contact Information

Name: _____

Address: _____

Preferred Phone: _____ Email: _____

Educational Information

University: _____ Dates of Enrollment: _____

Major/Minor Field of Study: _____

Anticipated Date of Graduation: _____ Degree: _____

Is this experience associated with a specific class? Yes or No

Course Name: _____

Course Department: _____ Course code and number: _____

Course Instructor: _____

* Please attach course syllabus or associated handbook, and return with your completed application.

Required Hours and Availability

Does your experience require a certain number of hours for completion? Yes or No

Required Hours for Completion: _____ Estimated Number of Hours per Week: _____

Please note the times that you are available to complete your learning experience.

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Personal Interests and Experience

Please explain why you would like to conduct your field experience, practicum or internship at the UNT Kristin Farmer Autism Center.

Do you have previous experience providing direct services to individuals with and Autism Spectrum Disorder? If so, please describe or attach your resume.

What are your desired outcomes from this experience?

KFAC USE ONLY		
Date App Received:	Application Approved: Yes No	Orientation Date:
CHC Form Sent: Y or N	CHC Results Received: Yes No	Abuse Prevention Training: Yes No
Syllabus Received: Yes No		
Assigned KFAC Supervisor:		
NOTES:		