



UNIVERSITY OF ALASKA ANCHORAGE

College of Education

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Special Education Program

INTERNSHIP PARTNERS' DEMOGRAPHIC INFORMATION

Date: \_\_\_\_\_

Term:  Spring  Fall \_\_\_\_\_

**INTERN:**

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**DISTRICT / AGENCY PARTNERS**

**Mentor:**

Name \_\_\_\_\_ school \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ fax \_\_\_\_\_  
e-mail \_\_\_\_\_

**Administrator:**

Name \_\_\_\_\_ District \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ fax \_\_\_\_\_  
e-mail \_\_\_\_\_

**UNIVERSITY PARTNER:**

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