External Practicum Site Information Form

In order to document our student’s supervised work experiences, improve communication with external agencies, and integrate all experiences into the student’s professional training, we ask that Clinical Psychology students and supervisors complete a summary of external placements and professional employment at the beginning of each experience. In addition, please notify us when you complete your placement or terminate your employment. Supervisors will be asked to provide brief evaluations each semester and at the termination of employment. We appreciate the cooperation of students and supervisors, since this will improve our advising of students and be helpful when we are asked to recommend students for internship. Also, this is a part of our compliance with state licensing laws that all students’ professional work be a part of their organized training program.

Student’s Name: ____________________________ Date: ______________________
Year in Program: __________ Faculty Advisor: ____________________________
Agency: ____________________________
Agency Address: __________________________________________________________
Prac Site Supervisor: ________________________ Title: ________________________ Degree: ______

Anticipated Start and End Dates (specific start date must be noted): ________________________

The following sections are to be completed by practicum supervisor:

Student’s Title: ____________________________ Hours/Week: ______________________

Clinical services students will provide (please estimate the percentage of time the student will spend in each activity. Ex: 50% individual therapy, 40% psychological testing, and 10% supervision):

_____ Individual Therapy  _____ Group Therapy  _____ Couples Therapy
_____ Family Therapy  _____ Consultation  _____ Psychological Testing
_____ Supervision  _____ Program Development  _____ Psychological Assessment
_____ Program Evaluation  _____ Other (explain: ___________________________________)

Populations students will be exposed to/work with (please check all that apply):

_____ Infants/Toddlers  _____ Pre-School children  _____ School-Age Children
_____ Adolescents  _____ College Students  _____ Adults
_____ Older Adults  _____ Other (explain: ___________________________________)

Type of setting student will provide clinical services (please check all that apply):

_____ Psychology Clinic  _____ Community Mental Health Center  _____ Private Practice office
_____ Forensic setting  _____ Medical Clinic/Hospital
_____ Schools  _____ Inpatient Psychiatric Hospital
_____ Counseling Center  _____ Other (explain: ___________________________________)
Will student be an employee or volunteer? _____ Employee (assistantship)  _____ Employee (extra money)  _____ Volunteer

Hours of supervision weekly: ______ Type of Supervision:  _____Individual  ______Group

Brief description of duties:


To be completed by student:
Will you be taking the practicum for academic credit?  __________Yes  __________ No

If yes, clinical supervisor:  _______________________________________

Please list the course grade for all relevant assessment, intervention, and ethics courses taken/currently taking ('CT' for currently taking):

____ Psy 5404: Intelligence Testing  ____ Psy 5318: Intro to Clinical Psychology
____ Psy 5309: Clinical Neuropsychology  ____ Psy 5311: Beginning Adult Prac
____ Psy 5315: Objective Personality  ____ Psy 5312: Intro to Child/Adol Treatment
____ Psy 5338: Psychopathology Seminar  ____ Psy 5314: Beginning Child Prac
____ Psy 5303: Dev Psychopathology  ____ Psy 5002: Adv Prac (# of long semesters: ___)
____ Psy 5306: Professional Issues (Ethics)

_________________________  _____________
Student  Date

_________________________  _____________
Practicum Site Supervisor  Date

_________________________  _____________
Academic Advisor  Date

_________________________  _____________
Practicum Coordinator  Date

External Practicum is:  _____ Approved  _____ Not Approved
Comments:

Please note:
Form should be submitted to practicum coordinator at least two weeks before the anticipated start date. This form is valid for one year after anticipated start date, unless otherwise noted.