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 Date: __________________________

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  _____ Volunteer

Hours of supervision weekly: _____  Type of Supervision:  _____Individual  _____Group

Brief description of duties:

________________________________________________________________________

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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):

_____ Pay 5304: Intelligence Testing  _____ Psy 5318: Intro to Clinical Psychology  
_____ Psy 5309: Clinical Neuropsychology  _____ Psy 5311: Beginning Adult Prac  
_____ Psy 5315: Objective Personality  _____ Psy 5312: Beginning Child Prac  
_____ Psy 5303: Dev Psychopathology  _____ Psy 5306: Professional Issues (Ethics)

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Student  ________________________  Date  ________________

Practicum Site Supervisor  ________________________  Date  ________________

Academic Advisor  ________________________  Date  ________________

Practicum Coordinator  ________________________  Date  ________________

External Practicum is:  _____ Approved  _____ Not Approved

Comments:

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Please note: This form is valid for one year after anticipated start date.