

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 (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 _____ 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):

_____ 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 5338: Psychopathology Seminar	_____ Psy 5002: Adv Prac (# of long semesters: _____)
_____ Psy 5303: Dev Psychopathology	_____ Psy 5306: Professional Issues (Ethics)

_____ Student	_____ Date
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_____ Practicum Site Supervisor	_____ Date
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_____ Academic Advisor	_____ Date
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_____ Practicum Coordinator	_____ Date
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External Practicum is: _____ Approved _____ Not Approved
Comments: _____

Please note: This form must be **APPROVED** by the practicum coordinator before a student can begin a practicum site and clinical hours counted.
Form should be submitted to practicum coordinator at least two weeks of anticipated start date.
This form is valid for one year after anticipated start date.