

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: _____

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):

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

Student Date

Practicum Site Supervisor Date

Academic Advisor Date

Practicum Coordinator/DCT 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.