

Practicum Hours Tracking Form

Clinical Psychology Program Texas Tech University

Therapist: _____

Supervisor: _____

Site: _____

Semester/Year: _____

DIRECT FACE-TO-FACE CONTACT HOURS

Individual Therapy		Group Therapy		Family Therapy	Couple Therapy	Screening Interviews
<u>Age</u>	<u>Hours</u>	<u>Age</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>
65+	_____	Adults	_____	_____	_____	_____
18-64	_____	13-17	_____			
13-17	_____	12-<	_____			
6-12	_____					
3-5	_____					

Total Therapy Hours _____

Psychological Assessment

65+ _____
 18-64 _____
 13-17 _____
 6-12 _____
 3-5 _____

Total Assessment Hours _____

➤ A face-to-face hour is the actual time spent with the client, group, couple, or family in therapy or the actual hours administering assessments and providing feedback.

➤ Hours should not be counted in more than one category.

TOTAL THERAPY INTERVENTION AND ASSESSMENT HOURS _____

SUPPORT ACTIVITIES HOURS

Report & Note Writing _____

Library Search, Review, Planning _____

TOTAL SUPPORT ACTIVITY HOURS _____

➤ Support Activities is time spent outside therapy while focused on the client: chart review, note writing, tape review, planning interventions, interpretation, report writing.

SUPERVISION HOURS

Individual _____

Group _____

TOTAL SUPERVISION HOURS _____

TOTAL ALL PRACTICUM HOURS _____

➤ Group and Peer hours should be actual hours focused on specific cases.

OTHER PRACTICUM INFORMATION

**# of Different
Individuals in
Individual Therapy**

<u>Age</u>	<u>Number</u>
65+	_____
18-64	_____
13-17	_____
6-12	_____
3-5	_____

**# of Different
Groups**

<u>Age</u>	<u>Number</u>
Adults	_____
13-17	_____
12-<	_____

**# of Different
Families
Number**

**# of Different
Couples
Number**

**# of Different
Screening Interviews
Number**

Race / Ethnicity

_____ African-American / Black / African Origin
 _____ Asian-American / Asian Origin / Pacific Islander
 _____ Latino-a / Hispanic
 _____ American Indian / Alaska Native / Aboriginal Canadian
 _____ European Origin / White
 _____ Bi-racial / Multi-racial

Sexual Orientation

_____ Heterosexual
 _____ Gay
 _____ Lesbian
 _____ Bisexual

Disabilities

_____ Physical / Orthopedic Disability
 _____ Blind / Visually Impaired
 _____ Deaf / Hearing Impaired
 _____ Learning / Cognitive Disability
 _____ Developmental Disability
 _____ Serious Mental Illness (qualifies for disability services)
 _____ Other (specify)

Gender

_____ Male
 _____ Female
 _____ Transgendered

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

DCT Signature: _____

Date: _____

Please note:

1. Form with **original signatures** goes in student's file in main office (give to Kay to file).
2. Student keeps a copy for his/her records.