

NEW EXTERNAL PRACTICUM INFORMATION SHEET

Please fill out the information requested and return to the Counseling Psychology Practicum Coordinator

Primary Supervisor Information

Name Degree

Address

Phone numbers (office) (cell) (fax)

Email

Preferred Length of Practicum Commitment *Hours student will work per week (check all that apply)*

Each semester 5 or less

Each academic year 6 – 10

Each calendar year (includes summer) 11 – 15

Summer only 16 – 20

Name of placement

Location of placement

Type of placement (check all that apply)

School	Detention Center	Community Agency
Neuropsychiatry	Jail or prison	Mental Health Center
Residential Treatment	Medical Center	Substance Abuse Treatment

Other (please describe)

Population(s) served (check all that apply)

Children	Seriously Mentally Ill	Inmates
Adolescents	Geriatric	Substance Abusers
Adults	Medically Ill	GLB

Other (please describe)

Tasks the Student Will Perform (check all that apply)

Objective Assessments	Individual Therapy	Play Therapy
Projective Assessments	Group Therapy	Intake Interviews
Neuropsychological Assessments	Couples Therapy	Forensic Evaluations
Psychoeducation	Family Therapy	Report Writing
Other (please describe)		

Estimated number of client contact hours per week

Estimated number of hours the student will be
Expected to devote to this placement each week

Nature of Supervision Provided (**Note: a minimum of 1 hour individual supervision each week is required for student placement**)

Individual	Number of hours per week
Group	Number of hours per week

APA's new Standards of Accreditation for Health Service Psychology mandates that at least one of your evaluations of each practicum student's performance is based, in part, on direct observation (live or video/audio recording) during each evaluation period.

Will you provide direct observation of each practicum student during each semester and summer?

Yes	No
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Additional supervisor(s) (if applicable)

Name	Degree
Name	Degree

Please describe any formal or informal training provided to students at this site.

Please describe what competencies the student is expected to acquire at this site (e.g., understanding of judicial system, writing neuropsychological reports, etc.)

Please list any special competencies the student needs in order to be eligible for placement in this site (e.g., knowledge of specific assessments, populations, etc.).

Practicum Site Supervisor Signature

Date

Please return this completed application to the practicum coordinator.

Approved

Not approved

Practicum Coordinator Signature

Date