

Name:

PRACTICUM HOURS

Inclusive dates: from \_\_\_\_\_ to \_\_\_\_\_

Site:

Course # : PSY \_\_\_\_\_

Semester and Yr: \_\_\_\_\_

Site Supervisor:

Description:

Practicum Site Hours	This Week	+ Prior Total	Semester Total
<b>1. Intervention Experience</b>			
a. Individual Therapy			
Older Adults (65+)			
Adults (18-64)			
Adolescents (13-17)			
School-Age (6-12)			
Pre-School Age (3-5)			
Infants/Toddlers (0-2)			
b. Career Counseling			
Adults			
Adolescents			
c. Group Counseling			
Adults			
Adolescents (13-17)			
Children (12 and under)			
d. Family Therapy			
e. Couples Therapy			
f. School Counseling Interventions			
1. Consultation			
2. Direct Intervention			
3. Other			
g. Other Psychological Interventions			
1. Sports Psych/Perf. Enhancement			
2. Medical/Health-Related			
3. Intake Interview/Structured Interview			
4. Substance Abuse Interventions			
5. Consultation			
6. Other Interventions (e.g., tx planning w/ patient)			
h. Other Psych Experience with Students and/or Organ.			
1. Supervision of other students			
2. Program Development/Outreach Programming			
3. Outcome Assessment of programs or projects			
4. Systems Interv./Org. Consult/Perf. Improvement			
5. Other (specify: _____ )			
<b>TOTAL INTERVENTION HOURS 1(a-h)</b>			
<b>2. Psychological Assessment Experience</b>			
1. Psychodiagnostic test administration and feedback†			
2. Neuropsych Assessment*			
3. Other (specify: _____ )			
<b>TOTAL ASSESSMENT HOURS</b>			
<b>3. Supervision Received</b>			
a. Individual Supervision by Licensed Psychologist			
b. Group Supervision by Licensed Psychologist			
c. Indiv. Sup. by Licensed Allied Ment. Health Professional			
d. Group Sup. by Licensed Allied Ment. Health Professional			
e. Other Superv. (e.g., advanced grad student) - Indiv.			
f. Other Superv. (e.g., advanced grad student) - Group			
<b>TOTAL SUPERVISION HOURS - INDIVIDUAL</b>			
<b>TOTAL SUPERVISION HOURS - GROUP</b>			
<b>4. Support Activities‡</b>			
<b>TOTAL SUPPORT ACTIVITIES</b>			
†includes sx assessment; projectives; personality; objective measures; achievement; intelligence; career assessment			
*includes intellectual assessment only when administered in context of neuropsych assessment			
‡ includes case conferences; case management; didactic training/seminars; progress notes; chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review			

Student/Date

Site Supervisor/Date

Faculty Supervisor/Date

**Practicum Hours: Part 2**

Student Name: \_\_\_\_\_ Inclusive dates: \_\_\_\_\_ to \_\_\_\_\_  
 Site: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

Directions: Please indicate the number of clients for each of the following diverse populations. You may include a single client in more than one category and/or more than one column, as appropriate. For families, couples, and/or groups, please count each individual as a separate client.

Race/Ethnicity	Number of Different Clients Seen	
	Intervention	Assessment
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/Multiracial		
Other (Specify: _____)		

Sexual Orientation (Please indicate only when known.)	Number of Different Clients Seen	
	Intervention	Assessment
Heterosexual		
Gay		
Lesbian		
Bisexual		
Other (Specify: _____)		

Disabilities	Number of Different Clients Seen	
	Intervention	Assessment
Physical/Orthopedic Disability		
Blind/Visually Impaired		
Deaf/Hard of Hearing		
Learning/Cognitive Disability		
Developmental Disability (Including Mental Retardation and Autism)		
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)		
Other (Specify: _____)		

Gender	Number of Different Clients Seen	
	Intervention	Assessment
Male		
Female		
Transgender		