## PRACTICUM AGREEMENT

Counseling Psychology Doctoral Training Program
Department of Educational Psychology
The University of Texas at Austin

This is a non-binding agreement that documents an i	nitial understanding between
	_(a University of Texas Counseling
Psychology Doctoral Training Program Student) and	
the supervisor for	(name o
training site).	

The purpose of this agreement is three fold:

- to serve as documentation for the program to describe the nature of training and supervision this student is receiving
- for documentation for Internship and licensure applications
- to establish an initial consensus between the training student and the practicum agency about mutual responsibilities.

It is the intent of this document to create the space for dialogue about both the training and the supervision to be provided throughout this semester. It is hoped that future conversations will build on this initial dialogue in order to deepen the training experience for both trainee and supervisor. We encourage this dialogue to begin with the following questions:

## Questions to guide the trainee:

- What are you looking for in a supervisory experience?
- What have your previous experiences with supervision been? What has worked for you, what has not worked for you?
- What areas of growth or knowledge do you hope to achieve this semester?
- How comfortable are you with self-disclosure? Both of yourself and of your supervisor?
- What limitations should your supervisor be aware of with regards to your time (class time, research meeting time, program requirements)?

## **Questions to guide the supervisor:**

- What are you looking for in a trainee?
- What is your theoretical orientation as a supervisor? As a therapist/ mental health professional?

How do you like to structure the supervision hour?

Writing case notes

Administrative meetings

- What is your "door policy"? In other words, what is your availability outside of the supervision hour?
- What is your style of providing feedback? How often? How direct? Are you comfortable with the trainee asking for feedback?
- What is your comfort with receiving feedback from the trainee? How often or when is this appropriate?
- To what extent do you incorporate multicultural competencies in your supervisory support?
- How comfortable are you with self-disclosure, both of yourself and of your trainee?

Once the supervisor and trainee have had some time to discuss these questions – and any other questions that may arise - please jointly complete the following questions: Starting date of practicum \_\_\_\_\_ Door policy or who to contact outside of supervision time: Number of hours trainee is required to be onsite, including lunch hour (program limit is 12 hours a week): Minimum supervision hours are two hours a week. One may be group supervision, but the other must be individual supervision with the student's primary supervisor. Six (6) client contact hours/week approximately distributed as: \_\_\_\_\_Individual counseling – adult \_\_\_\_\_\_Psychological assessment \_\_\_\_Group therapy \_\_\_\_Intake assessment \_\_\_\_other: \_\_\_\_\_ \_\_\_\_Child therapy \_\_\_\_\_Marital and/or family therapy \_\_\_\_\_other: \_\_\_\_\_ Crisis Intervention \_\_\_\_\_other: \_\_\_\_\_ Students will provide:

\_\_\_\_\_Preparation for clients

Case Conferences

Outreach Activities			other:		
Training/Prof. Development			other:		
For Psychological Assessment distudent will gain experience with performing with each. In each case	uties, please de and indicate th	escribe bel			
Instrument	Administer	Score	Interpret	Feedback	Report Writing
Rorschach					
TAT					
MMPI-2/MMPI-2 RF					
MMPI-A					
PAI					
WAIS-IV					
WISC-IV					
MCMI-III					
Clinical Interview					
Mental Status					
Others:					
Supervisor Contact Information:					
Name:					
Phone:					
Email:					
University Practicum Instructor In	formation:				
Name:					
Phone:					
Email:					

The signing of this practicum agreement form hereby releases faculty members and teaching assistants for the Ph.D. Practicum course of the Counseling Psychology Doctoral Program in the Department of Educational Psychology at the University of Texas at Austin to disclose educational information regarding my status as a student in the Ph.D. Program, and my performance in the practicum course during the semester listed above. The student also releases from any liability, said practicum site named here and any of its personnel who act as practicum site supervisor to respond to inquiries from faculty members of the Counseling Psychology Doctoral Program at the University of Texas at Austin, concerning any and all matters related to my performance during my practicum placement. And I further authorize the release of any documents created or maintained by the practicum site concerning my practicum performance.

Practicum Student	Supervisor	
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Date		