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 initial understanding between
___________________________________________(a University of Texas Counseling
Psychology Doctoral Training Program Student) and ___________________________,
the supervisor for ____________________________ (name of
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?
• 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
___________ Child therapy __________ other: __________________
___________ Marital and/or family therapy __________ other: __________________
___________ Crisis Intervention __________ other: __________________

Students will provide:

___________ Writing case notes __________ Preparation for clients
___________ Administrative meetings __________ Case Conferences
Outreach Activities other: 
Training/Prof. Development other: 

For Psychological Assessment duties, please describe below the assessment instruments the student will gain experience with and indicate the specific functions the student will be performing with each. In each case, check all that apply:

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<th>Administer</th>
<th>Score</th>
<th>Interpret</th>
<th>Feedback</th>
<th>Report Writing</th>
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Supervisor Contact Information:

Name: ____________________________________________
Phone: __________________________________________
Email: __________________________________________

University Practicum Instructor Information:

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

___________________________________
Date