



PRACTICUM AGREEMENT

**School Psychology Doctoral Training Program
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 student in the _____ **School** or _____ **Counseling** Psychology Doctoral Training Program at The University of Texas at Austin, and _____, site supervisor at _____ (name of training site).

The purpose of this agreement is three-fold:

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

It is the intent of this document to encourage dialogue about both the training and the supervision to be provided throughout the practicum. It is hoped that future conversations will build on this dialogue in order to deepen the training experience for both trainee and supervisor.

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, and what has not?
- What areas of growth or knowledge do you hope to achieve this semester?
- How comfortable are you with self-disclosure (both of yourself and your supervisor)?
- What limitations should your supervisor be aware of with regards to your time (class time, research 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 psychologist/mental health professional?
- How do you like to structure the supervision time?
- What is your “door policy” (i.e., 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 your trainee)?

Student Training Goals:

Students should identify 1-3 training goals

- 1.
- 2.
- 3.

Supervisor Expectations:

Please indicate any specific expectations for supervision that would be important to document in writing:

Once the supervisor and trainee have had some time to discuss these questions and any others that may arise, please **jointly** complete the following:

Start date of practicum: _____ End date of practicum: _____

Expectations regarding student breaks (e.g. breaks between semesters; indicate site policy for absence/student responsibilities for coverage, etc):

“Door policy” or other staff member the student can contact for assistance outside of supervision: _____

Number of hours per week the trainee is expected to devote to this practicum, including on-site and off-site work time: _____

Number of hours per week the trainee is required to be on site (program limit is 12 hours): _____

Number and type of supervision hours (minimum is 1 hour per week for School Psychology, 2 hours per week for Counseling Psychology):

Individual supervisions: _____ hours/week

Group supervision: _____ hours/week

The student will have _____ direct client contact hours per week, approximately distributed as:

_____ Individual therapy: Adults

_____ Group therapy

_____ Individual therapy: Children

_____ Family therapy

_____ Marital therapy
 _____ Consultation
 _____ Crisis Intervention
 _____ Behavior Plans
 _____ Intake assessment

_____ Psychological assessment
 _____ Neuropsychological assessment
 _____ Assessment feedback
 _____ other: _____
 _____ other: _____

The student's additional duties will include:

_____ Writing case notes
 _____ Assessment reports
 _____ Preparation for clients
 _____ Case conferences
 _____ Outreach activities
 _____ Staff meetings

_____ Receiving training/
 professional development
 _____ Leading workshops or
 presentations
 _____ other: _____
 _____ other: _____

For assessment-related duties, please note the types of assessment the student will gain experience with and the specific functions the student will be performing with regard to each. Check all that apply and indicate the types of tests under each applicable category:

Type of Assessment	Administer	Score	Interpret	Report	Feedback
Clinical Interview					
Mental Status					
Intellectual/Cognitive Abilities:					
Academic Achievement:					
Social Emotional Functioning:					
Self/Parent/Teacher Reports:					
Family Functioning Measures:					
Projective Testing:					
Neuropsychological Testing:					
Other:					
Other:					
Other:					

Important Note about Direct Observation of Student:

The current APA Standards of Accreditation require that evaluations of students by their supervisor are based in part by direct observation (defined as live observation, audio review, or video review) of the student doing clinical work. The minimum is one instance of direct observation per semester, however program faculty recommend multiple observations in order to provide feedback on relative growth. Please indicate your plan for direct observation:

- Live observation Video recording Audio recording

Frequency/Timing:

Student and supervisor responsibilities for arranging observation:

Supervisor Contact Information (if writing, please ensure information is legible)

Name: _____

Phone: _____

E-mail: _____

The signing of this practicum agreement form hereby releases faculty members and teaching assistants for the Ph.D. practicum course in the School and Counseling Psychology Doctoral Programs 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 School and Counseling Psychology Doctoral Programs at The University of Texas at Austin concerning any and all matters related to my performance during my practicum placement. I further authorize the release of any documents created or maintained by the practicum site concerning my practicum performance.

Signature of Practicum Student

Signature of Practicum Site Supervisor

Date