

# PRACTICUM AGENCY INFORMATION SHEET

(Please return along with any other application materials)

Academic Year  
(e.g., 2020-2021)

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Agency Site Name

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Contact Person

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Contact's Email Address

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Contact's Phone Number

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Director of Clinical Training

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Agency Phone Number

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Agency Fax Number

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Agency Address

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## Student Requirements

How many positions will you have for the fall?

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Beginning and ending dates of the practicum:

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To

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Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):

Monday

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

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Specific days and times that it is **mandatory** that students be available for staff meetings, training seminars, supervision, etc.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Total expected hours of work per week:

Number of direct client hours per week:

How many clients would the practicum student have at one time?

What cultural groups typically receive services at your site?

Please describe seasonal variations or vacation opportunities, if applicable:

What is the timeline that you expect a practicum student to commit to (e.g. a full year including holidays; academic year; semester)? Given this timeline, what exceptions will be allowable?

## Description of Site

Type of Setting (please circle all that apply):

Community Mental Health Center

Health Maintenance Organization

Medical Center

Military Medical Center

Private General Hospital

General Hospital

Veteran Affairs Medical Center

Private Psychiatric Hospital

State/County Hospital

Correctional Facility

School District/System

University Counseling Center

Independent Practice

Other (please specify):

Students will provide services for (please circle all that apply):

Individuals	Children	Community outreach activities	Consultation/Liaison
Couples	Adolescents	Psychoeducational groups (Example: Parenting groups)	
Families	Adults	Groups	Seniors/Elderly
Court Referred		Probation Referred	

Students will provide (please circle all that apply):

Brief therapy	General Psychological testing	Art therapy
Long-term therapy	Neuro-psychological testing	
Educational therapy	Academic/Education/Cognitive testing	

What is the ratio of services students are expected to provide between assessment and treatment?

Psychological testing  
percentage \_\_\_\_\_ %

Treatment percentage \_\_\_\_\_ %

What are the most frequent diagnostic categories of your client population?

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What specific (perhaps unique) training opportunities do students have as a practicum student at your agency?

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What theoretical orientations or specific treatment modalities will students be exposed to at this site?

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Do students have the opportunity to work in a multidisciplinary team environment? If so, please list the non-psychology professionals/paraprofessionals who work as a part of your staff.

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List locations where students will be providing services.

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Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

**Yes** [    ]      **No** [    ]

If yes, what procedure must students follow in order to do this?

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## Supervision

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree	Supervisor License #
Individual			
Group			

If providing group supervision, what is the maximum number of students in group supervision?

# \_\_\_\_\_

Do you have one or more psychologists on staff (Contracted Site Affiliates or FT Site Employees), at least one of whom is licensed/certified by the State Board of Psychology?

Yes [    ]      No [    ]

Do you have a staff psychologist who is designated as the coordinator of training and is responsible for the training experiences of students?

Yes [    ]      No [    ]

**Does your agency provide the student with the following minimum training experiences?**

a.      At least one hour of direct individual experience with an on-site licensed psychologist per ten hours of direct service?

Yes [    ]      No [    ]

If yes, please specify: \_\_\_\_\_  
Indicate days/times: \_\_\_\_\_

b.      In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes [    ]      No [    ]

If yes, please specify: \_\_\_\_\_  
Indicate days/times: \_\_\_\_\_

Students will be evaluated through (please check all that apply):

Review of student's written clinical notes/assessments [    ]

Report of clinical work in supervision [    ]

Co-facilitation of groups/sessions with clinical staff [    ]

Review of audio or video recording of student's sessions [    ]

Direct observation by clinical staff of student's clinical work [    ]

## Selection of Students

Method for selection of students:

After Director of Clinical Training approval, are all students free to submit their application materials to you?

**Yes** [    ]      **No** [    ]

Do you require that the school's Director of Clinical Training select the candidate(s) your site will interview from our student body?

**Yes** [    ]      **No** [    ]

Do you require the school's Director of Clinical Training to select a designated number of practicum students for your agency from among our clinical program's student body?

**Yes** [    ]      **No** [    ]

Does your agency prefer the student to work from a particular theoretical orientation?

**Yes** [    ]      **No** [    ]      If yes, please specify: \_\_\_\_\_

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Does your agency require a particular range of previous experience or specific prerequisite coursework? If so please explain.

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## Agency Application Process

Does your agency have any formal application process required of practicum students beyond what is listed above?

Yes [    ]

No [    ]

If yes, please specify:

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Does your agency have a formalized arrangement with this program to provide services for a particular number of their students (this is what is known as a captive relationship between program and site)?

Yes [    ]

No [    ]

If yes, please specify:

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If 'No', the site and program must abide by the procedures and dates of acceptance which have been determined by the *Southern California Association of Psychology Training Programs (SCAPTP)* available here: <http://www.scaptp.org/#!documents/cgoz>

For any of the questions on this form for which you wish to expand upon your response, please provide your comments:

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