PRACTICUM AGENCY INFORMATION SHEET
(Please return along with any other application materials)
2019-2020 Academic Year

Agency Site Name   _____

Contact Person   _____

Contact's Email Address   _____

Contact's Phone Number   _____

Director of Clinical Training   _____

Agency Phone Number   _____

Agency Fax Number   _____
     _____

Agency Address   _____
     _____

Student Requirements

How many positions will you have for the fall?   _____

Beginning and ending dates of the practicum: _____ To _____

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

Monday   _____
Tuesday   _____
Wednesday   _____
Thursday   _____
Friday   _____
Saturday   _____

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 hours expected to be worked 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

<u>Type of Setting</u> (please circle all that apply):

Community Mental Health Center	Private Psychiatric Hospital
Health Maintenance Organization	State/County Hospital
Medical Center	Correctional Facility
Military Medical Center	School District/System
Private General Hospital	University Counseling Center
General Hospital	Independent Practice
Veteran Affairs Medical Center	Other (please specify):

<u>Students will provide services for</u> (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

<u>Students will provide</u> (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?

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

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.

_____

_____

_____

_____

List locations where students will be providing services.

_____

_____

_____

_____

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?

_____

_____

_____

_____

_____

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: _____

_____

_____

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

_____

_____

_____

_____

_____

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:

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:

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: