

SPSY Program  
**Practicum/Field Based Experiences Course Summary**

The purpose of this form is to assist the student in maintaining a complete and accurate accounting of clinical/field based experiences completed in conjunction with their program of studies. This form also assists the program in monitoring and verifying student practicum hours. Students should complete this form and have it signed by the instructor for all courses that include a field based component, as well as for specific practica. It is the student’s responsibility to complete the form, obtain appropriate signature, and submit the form to the Graduate Advisor for inclusion in the student departmental file. It is also recommended that students maintain a copy for their personal file for ease in completing APPIC and licensure applications in the future.

Student Name: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Course Title/Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Degree/Lic: \_\_\_\_\_

Clinical Supervisor (if different): \_\_\_\_\_ Degree/Lic: \_\_\_\_\_

Setting (s): \_\_\_\_\_

Indicate if: \_\_\_\_\_ Field-Based Course Component      \_\_\_\_\_ Practicum Only

**Directions.** When completing the form, a practicum hour is a clock hour; this may be a 50 minute client hour. Hours can only be counted on this form for formal academic training or program sanctioned training experiences for which supervision was provided. Items 1 through 3 are meant to be mutually exclusive – any practicum hour should not be counted more than once across these items. For experiences that could potentially fall under more than one category, select the category that best captures the experience. To the extent possible, the form is modified routinely to reflect the same information students need to have available when completing application forms in the future.

**1. Intervention and Assessment Experience**

These hours should be limited to actual clock hours in direct service to clients. Time spent gathering information, not in the actual presence of the client (e.g., records review) should be recorded under Support Activities. For “total hours face-to-face”, count each hour of a group, family or couples session as 1 practicum hour; for “number of different..”, count a group, family, or couple as 1. So a group session of 12 people that lasted 2 hours would be 2 hours, and 1 unit.

	Total Hours Face-to-Face	# of Different Individuals
<b>a. Individual Therapy</b>		
Adults (18+)		

Adolescents (13-17)		
School-Age (6-12)		
Pre-School Age (3-5)		
Infants/Toddlers (0-2)		
	<b>Total Hours Face-to-Face</b>	<b># of Different Individuals</b>
<b>b. Career Counseling</b>		
Adults (18+)		
Adolescents (13-17)		
<b>c. Group Counseling</b>		
Adults (18+)		
Adolescents (13-17)		
School-Age (6-12)		
<b>d. Family Therapy</b>		
<b>e. Couples Therapy</b>		
<b>f. School Counseling Interventions</b>		
Consultation		
Direct Intervention		
Other: (Specify: )		
Other: (Specify: )		
<b>g. Other Interventions</b>		
Sports Psychology/ Performance Enhancement		
Medical/Health –Related Interventions		
Intake Interview/ Structured Interview		
Substance Abuse Intervention		
Other specific intervention : please describe:		

For assessment, this is the total number of face-to-face client contact hours administering and providing feedback to clients/parents. This does not include scoring or report writing; these are included under Support activities. Specific measures are identified in another section as well.

h. <i>Psychological Assessment Experience</i>	Total Hours Face-to-Face	# of Different Individuals
Psychodiagnostic test administration (e.g., personality, cognitive, achievement, etc.) and feedback		
Neuropsychological test administration (e.g., assessment of multiple cognitive, sensory and motor functions)		
Other (Specify: Direct Observation)		
Other (Specify: _____ )		
<b>i. <i>Other Experiences</i></b>		
Supervision of other students performing assessment or intervention		
Program development/ outreach programming		
Outcome assessment		
Systems intervention/ organizational consultation		
Other (Specify: _____ )		
<b>TOTAL (add columns)</b>		

**Setting Type :**

	Total Hours Face-to-Face
Department Clinic	
Community Mental Health Center	
Forensic (e.g., jail)	
School	
Hospital In-Patient	
Hospital Out-Patient	
Other (specify: _____ )	

**Diversity:** This is number of clients seen in assessment or intervention (direct or indirect); same client will be counted more than once!

	Intervention	Assessment
<b><i>Race/Ethnicity</i></b>		
African American/Black/ African Origin		
Asian-American/ Asian Origin / Pacific Islander		
Hispanic/Latino-a		
American Indian/ Alaska Native/ Aboriginal Canadian		
European Origin / White/ Caucasian (non-Hispanic)		
Biracial/Multiracial		
Other (specify:            )		
<b><i>Gender</i></b>		
Male		
Female		
Transgendered		
<b><i>Sexual Orientation</i></b> (only indicate if identified explicitly)		
Heterosexual		
Gay		
Lesbian		
Bisexual		
Other: (specify:            )		
<b><i>Disabilities</i></b>		
Physical/Orthopedic		
Blind/Visual Impairment		
Deaf/Hard of Hearing		
Learning Disability		
Mental Retardation		
Autism Spectrum		
ADHD		
Seizure Disorder		
Other Psychiatric Disorder (specify:            )		
Other (specify:            )		

**Tests Administered** (Experience with specific instruments). Indicate all instruments (excluding practice administration to fellow students), including structured diagnostic interviews, and reports written.

Name of Test	# Administered and scored	# reports written

**Integrated reports written** (including history, interview, and at least two tests – personality, intellectual, achievement that are synthesized)

	# Integrated Reports
Adults	
Children/Adolescents	

**2. Support Activities:**

This includes activities spent outside the actual assessment/therapy hour but still focused on the client. It also includes hours spent at a practicum setting in didactic training (e.g., grand rounds, seminars, in-service).

	Total Hours
Chart/record review	
Scoring of tests	
Report writing/ writing progress notes	
Audio/video tape review	
Intervention/assessment planning	
Seminars/in-service participation	
TOTAL Support Hours	

**3. Supervision:**

Face to face, individual supervision is limited to times intended to oversee psychological services provided by the student. Group supervision should be actual hours of group focus on specific cases and not didactic training (include didactics in Support Activities).

	Total Hours
One-on-one, face to face	
Group supervision	
Peer supervision/ consultation and case discussion on specific cases	
TOTAL Supervision Hours	

Indicate which type(s) of supervision were provided by your clinical or faculty supervisor:

\_\_\_\_\_ Review of case notes                      \_\_\_\_\_ Review of audio tapes  
\_\_\_\_\_ Review of video tapes                      \_\_\_\_\_ Live supervision (observer or assisting)

**Reflection**

Indicate new skills/experiences as a result of the activities engaged in:

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Any areas identified as warranting additional exposure/work:

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**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Chair: \_\_\_\_\_ Date: \_\_\_\_\_