

Practicum Registration Form

Number of credit hours decided with supervisor

Name: Jane Doe Date: 09/10/2020 UIN: 634009882
Semester you are registering for: Fall Year: 2020 Number of Credits: 1hr-6hr

Faculty Supervisor: Dr. Hall Signature: _____

Practicum Site: College Station ISD

Site Supervisor: Dr. Sam Signature (if different from faculty supervisor): _____

Is the Site Supervisor LP? YES NO Other credential(s) of Site Supervisor: _____

Who will provide "live" supervision or review videos? Dr. Sam

Who will provide weekly supervision and sign off on reports? _____

How many hours per week will the student be engaged in the field experience? 10-15 hrs

What will the student be doing (your roles, responsibilities) in this practicum?
individual therapy, family therapy, assessment testing, and intakes

Be sure to gather all signatures

List anticipated roles

Describe the population the student will be working with (demographic, range of diagnoses anticipated):

children ages 5-18; anxiety, ADHD, and depression

Weekly supervision by the site supervisor? 2 hours

Weekly supervision by the University supervisor? 1 hours

Discuss with each supervisor on the number of hours

Signature of Advisor/Chair verifying that program determined readiness for this field experience:

Had the Site Supervisor received a copy of the syllabus and evaluation form to be completed at the end of the semester?

Yes No

Is the contract needed? (Any practicum not on TAMU site requires a contract between TAMU and the site)

Yes No

Student Agrees to complete the practicum site evaluation form each semester: Yes No

Note: This form is to be turned into the Academic Advisor for registration after all items are completed. A copy needs to be provided to the Chair for CPSY or SPSY as well.