Number of credit hours decided with supervisor

Be sure to gather all signatures

List anticipated roles

Discuss with each supervisor on the number of hours

Practicum Registration Form

Name: Jane Doe
Date: 09/10/2020
Number of Credits: 1hr-6hr

Semester you are registering for: Fall

Dr. Hall
Faculty Supervisor: __________________________
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?

Who will provide weekly supervision and sign off on reports?

How many hours per week will the student be engaged in the field experience?

What will the student be doing (your roles, responsibilities) in this practicum?

individual therapy, family therapy, assessment testing, and intakes

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? ________ hours
Weekly supervision by the University supervisor? ________ 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.