



Practicum Placement and Agency Information Sheet

Name of Agency/Unit/Program _____

Street Address _____

City, State, Zip Code _____

Phone (include area code) (____) ____ - ____ Contact Person _____

SUPERVISORS:

NAME	HIGHEST DEGREE	LICENSE(S)	THEORETICAL ORIENTATION SPECIALIZATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description of Agency (be specific regarding population served, treatment modality, and training intern receives)

Responsibilities and function of student trainee/interns:

- | | | |
|---|---|--|
| <input type="checkbox"/> individual therapy | <input type="checkbox"/> additional trainings | <input type="checkbox"/> case management/referrals |
| <input type="checkbox"/> family therapy | <input type="checkbox"/> case consultation | <input type="checkbox"/> coordination of services |
| <input type="checkbox"/> couple therapy | <input type="checkbox"/> crisis intervention | <input type="checkbox"/> patient education |
| <input type="checkbox"/> group therapy | <input type="checkbox"/> intake/admissions | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> individual supervision | <input type="checkbox"/> assessments | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> group supervision | <input type="checkbox"/> report writing | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> staff meetings | <input type="checkbox"/> treatment planning | |

Specific supervisory methods utilized:

Number of training hours per week required: _____

Supervisor: Individual hours/week: _____ Group hours/week: _____

Specific times interns need to be present: (i.e. staff meetings, case conferences, etc.) _____
