Ph.D. Statement of Clinical Accountability

<table>
<thead>
<tr>
<th>Practicum Course (Circle one)</th>
<th>810 Professional Development and Clinical Practice</th>
<th>270-900 Foundation Practicum</th>
<th>270-901 Research Teaching Consultation</th>
<th>270-902 Advanced Practicum</th>
<th>270-850 Consultation</th>
<th>270-904 Externship</th>
<th>Program Sanctioned Non-practicum Clinical Experience*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: (Circle semester)</td>
<td>Fall Spring Summer</td>
<td>Fall Spring Summer</td>
<td>Fall Spring</td>
<td>Fall Spring Summer</td>
<td>Fall Spring Summer</td>
<td>Fall Spring Summer</td>
<td>Fall Spring Summer</td>
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</tbody>
</table>

*Requires Training Director approval and simultaneous enrollment with other CP practicum/clinical practicum course

### Direct Service Hours

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Intake</th>
<th>Group</th>
<th>Provision of Supervision</th>
<th>Couples or Families (circle)</th>
<th>Provision of consultation to client or consultee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Service Hours:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Assessment Hours

|                      |           |        |       |                          |                              |                                               |
| Total Assessment Hours: |           |        |       |                          |                              |                                               |

### Supervision Hours

<table>
<thead>
<tr>
<th></th>
<th>Individual (face to face)</th>
<th>Group</th>
<th>Supervision of Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Supervision Hours:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Indirect Service Hours

- Writing case notes, Reviewing Charts, Reading for Cases, Audio/video review
- Assessment interpretation, Report writing
- Attending in-service training seminars; Consulting with professionals about cases, Case conference
- Observing (specify individual, group, couple); Writing process notes (specify individual, group, couple)
- Preparing workshops, interventions, or other consultation-related work

<p>| | | | | |</p>
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</thead>
<tbody>
<tr>
<td>Total Hours:</td>
<td></td>
<td></td>
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</tbody>
</table>

### Direct Observation of Clinical work by Supervisor (please circle Yes or No)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>If yes, please specify by circling:</td>
<td></td>
</tr>
<tr>
<td>Videotape review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotherapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Direct Service Hours</th>
<th>Total Assessment Hours</th>
<th>Total Indirect Service Hours</th>
<th>Total Supervision Hours</th>
<th>Grand Total</th>
</tr>
</thead>
</table>

Practicum Student (print name) ____________________________________________

Practicum Site ______________________ Inclusive dates of practicum _______________

**Brief Description of Experience:**
Signatures:
Practicum Student ________________________________________ Date ____________________
Site Supervisor (Individual Sup) __________________________________________ Date ____________________
University Supervisor (Group Sup) __________________________________________ Date ____________________
Department Director of Training __________________________________________ Date ____________________

Professional In-Service – Attach a list of your in-service training experiences. Include the title of the in-service presentation/workshop, date, and presenter.

Diverse Clientele Served (Provide a number count for each – i.e. number of persons, not number of hours. Number of clientele and number of hours from front page will generally not be the same.)

Race/Ethnicity
Asian American / Asian Origin / Pacific Islander
Caucasian / White / European Origin
Latino / Hispanic
Native American / Alaskan Native / Aboriginal Canadian
Other (specify):

African American / Black / African Origin
International
Multiracial / Biracial
Other (specify):

Sexual Orientation
Heterosexual
Gay
Lesbian
Bisexual

Disability
Physical
Visual
Auditory
Learning
Developmental

Gender
Female
Male
Transgender

Test administration and scoring (list specific tests)
Structured Clinical Assessment Interview

Administered
Scored
Interpreted
Wrote report

Projective Personality

Objective Personality

Career and Vocational

Behavioral Assessment

Focal Assessment

Test Battery

Notes to student: It is your responsibility to make a copy for your records before turning this evaluation form in to your practicum instructor. You are also strongly encouraged to use PsychTracker each semester to document hours in preparation for the internship application process.