

Ph.D. Statement of Clinical Accountability

Practicum Course (Circle one)	810 Professional Development and Clinical Practice	270-900 Foundational Practicum	270-901 Research Teaching Consultation	270-902 Supervision	270-903 Advanced Practicum	270-850 Consultation	270-904 Externship	Program Sanctioned Non-practicum Clinical Experience*
Year: (Circle semester)	Fall Spring Summer	Fall Spring Summer	Fall Spring Summer	Fall Spring	Fall Spring Summer	Fall Spring	Fall Spring Summer	Fall Spring Summer

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

Direct Service Hours			
Individual		Intake	
Group		Provision of Supervision	
Couples or Families (circle)		Provision of consultation to client or consultee	
Total Direct Service Hours:			

Assessment Hours	
Total Assessment Hours:	

Supervision Hours	
Individual (face to face)	
Group	
Supervision of Supervision	
Total Supervision Hours:	

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	
Total Hours:	

Direct Observation of Clinical work by Supervisor (please circle Yes or No)	
Yes <i>If yes, please specify by circling:</i> Videotape review Live Observation Cotherapy	No

Total Direct Service Hours		Total Assessment Hours		Total Indirect Service Hours		Total Supervision Hours		Grand Total	
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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	African American / Black / African Origin
Caucasian / White / European Origin	International
Latino / Hispanic	Multiracial / Biracial
Native American / Alaskan Native / Aboriginal Canadian	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)	Administered	Scored	Interpreted	Wrote report
Structured Clinical Assessment Interview				
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.