

**CLINICAL EXTENSION PROGRAM, DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF TORONTO  
CLINICAL PRACTICUM AGREEMENT**

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Please fill out the following information:

<b>Name of Student</b>			
<b>Supervisor Name</b>			
<b>Name of Placement</b>			
<b>Time Period</b>	From:		# Hours per week:
	To:		Total # of hours:
<b>check one:</b>	<input type="checkbox"/> PSY 4710H (assessment practicum)	<input type="checkbox"/> PSY 4711YH (intervention practicum)	
	<input type="checkbox"/> PSY 4712H (3 <sup>rd</sup> practicum)	<input type="checkbox"/> PSY 4720H,Y+ (internship)	

**PRACTICUM GUIDELINES:**

**Practicum duration:** Practica must include a minimum of 400 hours each but can last up to 500-600 hours each. Students who plan to apply to internship should ensure they are obtaining enough practica hours to be competitive (typically a minimum of 1000 hours overall with competitive applications often documenting 1200-1500 hours overall).

**Supervision:** The practicum supervisor must be a registered psychologist. At least one hour per week should be devoted to individual supervision time with the primary supervisor. Importantly, the expectation is that supervised activities will be consistent with the current standards of evidence-based practice in Psychology. Agreement and evaluation forms must be completed by the supervisor

**To Be Filled Out By The Student & Approved By The Practicum Supervisor. In the following section the student is asked to calculate the expected amount of time spent in each of four types of activities:**

1. **Supervision** 2. **Direct Service** (face to face contact with clients/patients) 3. **Indirect Service** (clinically relevant activities that are neither supervision nor direct service) 4. **Clinical Research** Activities (any research carried out by the student at the clinical placement and involving patient populations of any kind)

**SUPERVISION (Please mark an X next to each type of supervision to be obtained during the placement)**

- One-on-one, face-to-face supervision with the supervisor while providing direct service (e.g., supervised intake, feedback, intervention, assessment) \_\_\_\_\_
- Other one-on-one, face-to-face supervision with the supervisor \_\_\_\_\_
- Delegated supervision (supervision received from a clinical practitioner who is not a registered psychologist/ psychological associate, e.g. a psychiatrist, a social worker). \_\_\_\_\_
- Group/class supervision on specific cases  
Include instructor's supervision/feedback on your assessment plan and formulation presentation. \_\_\_\_\_
- Peer supervision / consultation on specific cases \_\_\_\_\_

**TOTAL # OF EXPECTED SUPERVISION HOURS:**  
(Round this number off to the nearest whole)

**DIRECT SERVICES**

Psychological Assessment	Expected Activities (Mark X next to each)
Interview/history taking	
Observation based assessment	
Individual testing-infant/toddler/preschooler	
Individual testing - school age child	
Individual testing - adolescent	
Individual testing -adult	
Individual testing – senior adult	
Assessment feedback to patients, parent(s) and/or students	

**Expected Total # of Psychological Assessment Hours: \_\_\_\_\_**

Psychotherapy/Intervention	Expected Activities (Mark X next to each)
Infant/toddler/preschool child	
School Age child	
Adolescent	
Adult	
Senior adult	
Other (specify)	
Couples (count as one unit)	
Family therapy (count as one unit)	
Group therapy (count as one unit)	
Parents of a child (count as one unit)	
Other (specify)	

**Expected Total # of Psychotherapy/ Intervention Hours: \_\_\_\_\_**

**EXPECTED TOTAL # OF DIRECT SERVICE HRS (INTERVENTION + PSYCHOLOGICAL ASSESSMENT:**  
(Round this number off to the nearest whole)

**INDIRECT SERVICES**

(Please mark an X next to each type of supporting activities you expect to engage in during the placement)

- Observing other professionals testing or doing therapy \_\_\_\_\_
- Consulting with teachers and other professionals, case conferences, team meetings \_\_\_\_\_
- Reviewing files \_\_\_\_\_
- Learning about tests and reading relevant literature \_\_\_\_\_
- Reviewing video/audio tapes of assessment/therapy sessions \_\_\_\_\_
- Scoring protocols \_\_\_\_\_

- Interpreting \_\_\_\_\_
- Writing reports \_\_\_\_\_
- Attending lectures, conferences etc. specifically related to your specific case(s)  
(practicum course work is not included here). \_\_\_\_\_

**TOTAL # OF EXPECTED INDIRECT SERVICE HOURS:**

**TOTAL NUMBER OF EXPECTED HOURS OF CLINICAL EXPERIENCE:**  
(Supervision + Direct Service + Indirect Service):

**CLINICAL RESEARCH**

Will this placement include opportunities for collaborative research?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

If YES, please attach an additional page with a brief description of the proposed research project and the expected number of hours to be spent on the research.

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*

**STUDENT MUST COMPLETE:** I acknowledge that I have reviewed this form together with my course instructor:

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

**CLEX COMMITTEE:**

\_\_\_\_\_  
*Signature of CLEX Committee Member*

\_\_\_\_\_  
*Date*

***NOTE: The student should retain the original copy of this form and submit a copy to the Graduate Office***