This form has two functions:
1. The first function of this form is to help students keep track of the total number of hours of clinical experience that they have obtained. These forms should be obtained from the Graduate Office at the beginning of the practicum course and completed ones should be returned to the Graduate Office at the end of the practicum.

2. The second function of this form is to formally monitor the early clinical performance of students in the practicum course in order to document training for later registration, and to ensure that the student is prepared to go on to another practicum or to an internship.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td></td>
</tr>
<tr>
<td>Name of Placement</td>
<td></td>
</tr>
<tr>
<td>Time Period From:</td>
<td>To:</td>
</tr>
<tr>
<td>check one:</td>
<td></td>
</tr>
<tr>
<td>___ PSY 4710H (assessment practicum)</td>
<td>___ PSY 4711YH (intervention practicum)</td>
</tr>
<tr>
<td>___ PSY 4712H (3rd practicum)</td>
<td>___ PSY 4720H,Y+ (internship)</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF CLINICAL ACTIVITIES**

To Be Filled Out By The Student & Approved By The Practicum or Internship Supervisor. In the following section the student is asked to calculate the 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 patients)

The categories are provided as guidelines only. What is important is that the student and the supervisor achieve a description that most fairly reflects the clinical activities of the student. In some cases a clinical activity can be scored in two categories. For example, if the clinical student and the supervisor assess a child together (both in the room together with the child), this could be classified either as face to face supervision or direct service. In cases such as this, score in only one category.

**SUPERVISION** (list number of hours for each category)

The student received individual, face-to-face supervision with the supervisor

The student received other supervision: examples include
- supervised clinical service provision (e.g., interview, feedback)
- 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/peer supervision on specific cases

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

### Psychological Assessment

<table>
<thead>
<tr>
<th></th>
<th>Total # of hours&lt;sup&gt;1&lt;/sup&gt; face to face</th>
<th>Number of different&lt;sup&gt;2&lt;/sup&gt; individuals, couples families &amp; groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview/history taking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation based assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual testing-infant/toddler/preschooler</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual testing - school age child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual testing - adolescent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual testing -adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual testing -- senior adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment feedback to patients, parent(s) and/or students</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total # of Psychological Assessment Hours:** __________

### Psychotherapy/Intervention

<table>
<thead>
<tr>
<th></th>
<th>Total # of hours&lt;sup&gt;1&lt;/sup&gt; face to face</th>
<th>Number of different&lt;sup&gt;2&lt;/sup&gt; individuals, couples families &amp; groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant/toddler/preschool child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Age child</td>
<td></td>
<td></td>
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<tr>
<td>Adolescent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couples (count as one unit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family therapy (count as one unit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group therapy (count as one unit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents of a child (count as one unit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> An hour defined as a clock hour plus or minus 10 minutes  
<sup>2</sup> Count a couple, family, or group as one unit, rather than counting a couple as two or a group as seven.

**Total # of Psychotherapy/ Intervention Hours:** __________

**Total # of Intervention Hours (Educational Intervention + Psychotherapy Intervention hours):** __________

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

Please list all of the diagnostic assessment devices you have been trained and supervised to use during this placement, and give the number of times you have used each test (add a separate sheet if necessary):  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Please list all of the diagnostic categories of patients you have diagnosed or treated, with the number of patients in each category, and specify whether you did the diagnosis or treatment for each patient (add a separate sheet if necessary):

---

**INDIRECT SERVICES**
Number of practicum hours the student spent in activities supporting **psychological assessment**. Examples of activities in this category include:

- Observing other professionals testing
- Consulting with teachers and other professionals, case conferences, team meetings
- Listening to peers’ assessment plans and formulations
- Interviews with teachers, principals and other professionals regarding your client
- Reviewing files
- Learning about tests and reading/discussing relevant literature
- Reviewing video tapes of assessment sessions
- Scoring protocols, interpreting assessment results, writing reports
- Attending lectures, conferences etc. specifically related to your specific case(s)

**Total: ____________**

Number of practicum hours the student spent in activities supporting **direct intervention (remediation or therapy)**. Examples of activities in this category include:

- Observing other professionals doing therapy,
- Chart/file review,
- Consulting with other professionals about cases, case conferences, team meetings (the giving and receiving of consultation, for example, team discussion of cases)
- Reading literature relevant to ongoing cases (reading & research regarding intervention and remediation)
- Reviewing video/audio tapes of cases,
- Attending lectures, conferences etc.

**Total: ____________**

Number of hours spent in **other clinically related activities**: Examples of an activity in this category are:

- Preparing material for a staff presentation
- Readings/discussions related to professional issues (evidence-based practice, ethics)
- Conducting clinical research

**Total: ____________**

**TOTAL # OF INDIRECT SERVICE HOURS:**

**TOTAL NUMBER OF HOURS OF CLINICAL EXPERIENCE:**
(Supervision + Direct Service + Indirect Service):
EVALUATION OF CORE COMPETENCIES & PROFESSIONALISM

To be filled out by the supervisor and given to the student.
The supervisor may choose one of two reference groups against which to compare the student’s performance:

θ The supervisor may wish to compare the student’s performance with that of fully qualified clinicians. Using this ranking, it is assumed that fully qualified clinicians will generally be in Performance Levels 3 and 4
θ The supervisor may wish to compare the student’s performance with that of other students at the same level; this is preferable if the supervisor has an appropriate experience with reference group

Indicate which reference group you are using: (check one)
Fully qualified clinicians: θ Other students at the same level: θ

<table>
<thead>
<tr>
<th>IB</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Needs considerable improvement</td>
<td>2</td>
<td>Needs some improvement</td>
<td>3</td>
<td>Meets expectations for level</td>
</tr>
<tr>
<td>4</td>
<td>Above average performance for level</td>
<td>5</td>
<td>Exceptional performance for level</td>
<td>IB</td>
<td>Insufficient basis for rating</td>
</tr>
</tbody>
</table>

INTERPERSONAL RELATIONSHIPS WITH CLIENTS

This refers to competencies such as:
- Demonstrates ability to establish and maintain rapport/constructive working alliance
- Demonstrates effective communication skills
- Recognizes and is sensitive to verbal and nonverbal behaviours of clients
- Demonstrates awareness of own personal values/biases and how they might influence the provision of psychological services
- Demonstrates sensitivity to cultural and individual differences; actively considers issues around diversity
- Puts clients at ease and instills confidence in ability
- Considers boundary issues

IB 1 2 3 4 5

Please comment on specific strengths and any areas for improvement in this area:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

KNOWLEDGE OF RELEVANT PSYCHOLOGICAL THEORY AND CLINICAL RESEARCH

This refers to competencies such as:
- Demonstrates satisfactory comprehension of relevant psychological theory
- Understands presenting problems in the context of appropriate theory and research
- Demonstrates knowledge of the psychometric properties and limitations of assessment tools
- Demonstrates knowledge of the effectiveness of available treatment options
- Is able to critically evaluate research findings and shows good critical reasoning skills
- Seeks out additional readings and brings those into discussion of cases

IB 1 2 3 4 5
Please comment on specific strengths and any areas for improvement in this area:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

ASSESSMENT AND EVALUATION

This refers to competencies such as:

- Demonstrates knowledge of assessment techniques and issues
- Can select appropriate assessment methods for specific cases
- Demonstrates effective listening and observational skills
- Is able to competently administer relevant tests and interviews
- Demonstrates competency in scoring and interpreting relevant psychological tests
- Demonstrates ability to develop useful conceptualization of cases
- Is able to write timely, well-organized psychological reports
- Effectively relates assessment findings to recommendations
- Provides useful and timely feedback to clients

<table>
<thead>
<tr>
<th>IB</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Please comment on specific strengths and any areas for improvement in this area:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

INTERVENTION AND CONSULTATION

This refers to competencies such as:

- Formulates appropriate treatment goals in collaboration with the client
- Demonstrates good knowledge of intervention approaches/techniques and relevant research
- Selects appropriate intervention methods based on appropriate conceptualization/formulation
- Delivers therapeutic interventions that are well-timed and effective options for client
- Is aware of when to make referrals or seek consultation

<table>
<thead>
<tr>
<th>IB</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Please comment on specific strengths and any areas for improvement in this area:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
ETHICS AND STANDARDS

This refers to competencies such as:
- Reliably considers ethical issues and proactively identifies ethical dilemmas
- Demonstrates good knowledge of ethical principles and applies them appropriately
- Demonstrates knowledge of standards of professional conduct
- Is able to reason appropriately through ethical dilemmas
- Arrives at good ethical decisions even in complex matters
- Seeks appropriate supervision and consultation around ethical issues

Please comment on specific strengths and any areas for improvement in this area:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

USE OF SUPERVISION AND PROFESSIONAL DEVELOPMENT

This refers to competencies such as:
- Recognizes own limitations and seeks help when necessary
- Makes appropriate use of supervision time
- Demonstrates the ability to self-correct
- Engages in efforts to broaden knowledge (e.g., readings, workshops)
- Alters practice based on new learning/supervision feedback
- Works independently and manages time effectively
- Demonstrates ability to work collaboratively with other professionals
- Demonstrates positive strategies to manage personal and professional stressors

Please comment on specific strengths and any areas for improvement in this area:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Additional comments or concerns regarding this student’s clinical progress in the above course:
OVERALL EVALUATION OF STUDENT

____ Pass
____ Fail (this recommendation must be justified in the comments above)

______________________________  ________________________
Signature of Supervisor          Date

STUDENT MUST COMPLETE: I acknowledge that I have reviewed this form together with my practicum supervisor:

______________________________  ________________________
Signature of Student             Date

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

This form (revised March 2012) was adapted from forms used by York and Ryerson Universities