

Practicum Registration Form

CPSY/SPSY 683 Section _____

Name: _____ Date: _____ UIN: _____

Semester you are registering for: _____ Year: _____ Number of Credits: _____

Faculty Supervisor: _____ Signature: _____

Practicum Site: _____

Site Supervisor _____ Signature (if different from faculty supervisor): _____

Is the Site Supervisor LP? YES NO Other credential(s) of Site Supervisor: _____

Who will provide "live" supervision or review videos? _____

Who will provide weekly supervision and sign off on reports? _____

How many hours per week will the student be engaged in the field experience? _____

What will the student be doing (your roles, responsibilities) in this practicum?

Describe the population the student will be working with (demographic, range of diagnoses anticipated):

Weekly supervision by the site supervisor? _____ hours

Weekly supervision by the University supervisor? _____ hours

Signature of Advisor/Chair verifying that program determined readiness for this field experience:

Had the Site Supervisor received a copy of the syllabus and evaluation form to be completed at the end of the semester?

Yes No

Is the contract needed? (Any practicum not on TAMU site requires a contract between TAMU and the site)

Yes No

Student Agrees to complete the practicum site evaluation form each semester: Yes No

Note: This form is to be turned into the Academic Advisor for registration after all items are completed. A copy needs to be provided to the Chair for CPSY or SPSY as well.