

M.A. PRACTICUM CONTRACT

(Please type or print clearly)

Student name: _____ Phone (____) _____

Address: _____ City _____ Zip _____

Placed as a trainee at: _____

Name of Agency: _____

Address: _____ City _____ Zip _____ Phone (____) _____

Mailing Address (if different) _____

For: _____ Hours per week beginning _____ ending _____.

The stipend is \$ _____/mo. or _____ There will be no stipend.

Name, Degree, CA. Mental Health License #	Year Licensed	Hours per week of individual supervision
_____	_____	_____

Description of trainee activities and hours per week:

Direct Services

____ Individual, couple and/or family therapy
____ Group therapy
____ Intake interviewing
____ Assessment and testing
____ Other

Supervision

____ Individual
____ Group

Training

____ Training Seminars
____ Case Conferences
____ Didactic Training
____ Staff Meetings
____ Other (co-therapy, etc.)

Indirect Services

____ Administrative paperwork
____ Other

ADDITIONAL INFO (OPTIONAL)

Type of setting _____

Populations served _____

Theoretical orientation _____

Total Hrs/Week _____ # of weeks _____ Total of Proposed hrs/year _____

The student agrees to fulfill the responsibilities of the practicum. The agency agrees to provide training and supervision as indicated above. The primary supervisor will complete written evaluations of the student, and the student will complete a written evaluation of the practicum experience.

(Signature)

(Print Name)

(Date)

Student: _____

Primary Supervisor: _____

Student Advisor: _____