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Psy.D. in Clinical Psychology Clinical Training Handbook

Department of Psychology Liberty University



Supplemental to Liberty University Academic Information and Policies https://catalog.liberty.edu/pdf/Liberty%20University2023 -2024GraduateCatalog.pdf

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Introduction

The clinical training component of the Psy.D. in Clinical Psychology program at Liberty University intentionally permeates the curriculum, consistent with the applied nature of a practitioner-scholar model of education and training. Effective and practical delivery of health service psychology by competent clinical psychologists characterizes the entire curriculum, as evidenced by most courses requiring one or more applied course requirements. Course requirements can include but are not limited to structured practice of clinical skills, psychological assessment and testing, case conceptualization and diagnosis, evidence -based intervention planning, ethical processing of issues and cases, and regular systematic evaluation of student skill acquisition. Two primary means of ensuring students in the Psy.D. program obtain discipline-specific knowledge and achieve profession-wide competencies are the structured sequence of supervised clinical experience during three years (six semesters) of practicum and the one-year internship. This Clinical Training Handbook of the Psy.D. in Clinical Psychology program at Liberty University describes the knowledge and skills, processes and procedures, requirements and activities, and evaluation of development of professional competence expected of clinical psychologists in health service psychology.

Clinical Practicum

Purpose

The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate competencies in:

- i. Research
- ii. Ethical and legal standards
- iii. Individual and cultural diversity
- iv. Professional values, attitudes, and behaviors
- v. Communication and interpersonal skills
- vi. Assessment
- vii. Intervention
- viii. Supervision
- ix. Consultation and interprofessional/interdisciplinary skill

Students are required to complete six semesters over three years of clinical practicum and seminar courses during their second, third, and fourth years of their doctoral program. Practicum placements span fall and spring semesters. Start and end dates of practicum and seminar courses follow the official residential academic calendar of Liberty University. If a student is not able to obtain the expected number of hours, an extension of the existing practicum experience is possible. A primary goal of successful completion of the practicum sequence is to prepare students for the internship. Table 1 summarizes benefits of practicum to students and sites.

Eligibility and Approval

Students are eligible for practicum after successful completion of prerequisite courses and faculty evaluation of readiness for practicum according to APA benchmarks. Prior to arranging

a practicum experience, students are surveyed as to their site preferences based on areas of clinical interest and professional development. Program faculty review these preferences and then approve students to contact recommended placements to begin the interviewing process for site, supervisor, and student matching. Typically, students will be approved for their first or second preference. However, even third preferences are sites which offer quality supervised training experiences that can help students meet their clinical interest and professional development goals. Once students and sites have agreed to establish a practicum experience, students must complete all necessary approval processes and documents, including completion of a background check. After verification of completion of the approval process and registration for the practicum and seminar courses, students are officially able to begin tracking hours at their practicum site on the start date of the semester.

Note: Under no circumstances should students attempt to arrange a placement on their own.

Additionally, students should not contact potential supervisors or agencies to discuss placement possibilities without the advice and consent of the Clinical Director.

Benefits of Practicum			
To Students	To Sites		
Provides opportunity for "real life"	Awareness of current Evidence-Based		
experience in health service psychology	Practice		
Enhance competence in evidence-based	Increase type/amount of service provision		
service provision			
Learn to function as part of multidisciplinary	Enhancement of supervisor and other		
team providing integrated treatment	professional staff skills		
Enhanced awareness, knowledge, and skills Enhance value of education and training			
related to cultural and ethnic diversity			
Exposure to employment opportunities for Development of future workforce			
clinical psychologists			
Development of professional identity and	Increase "brand" and reputation in the		
skills as a clinical psychologist	community and profession		
Enhanced motivation and confirmation of	Brings enthusiasm, optimism, positive energy		
clinical psychology as chosen profession	to site		

Table 1. Benefits of Practicum to Students and Sites

Training and Experiences

The clinical training sequence (Clinical Practicum I-VI) leading toward Clinical Internship includes but is not limited to training and experiences such as psychological testing, identification and use of evidence-based interventions and procedures, consultation, program development, outreach, and advocacy. These activities allow and prepare students to achieve profession-wide competencies (PWC) in the nine areas listed above (cf., Purpose: i.-ix.). Activities as part of the clinical training sequence are organized into four main categories described below.

Definitions of Activities (based on APPIC definitions)

To help accomplish the purpose of practicum, students will engage in a variety of activities under the direction of their site supervisor, practicum course instructor, and the Clinical Director. Categories of activities include the following:

Direct-Intervention: activities involving direct face-to-face contact with a patient including activities such as intake interviews, structured interviews, psychotherapy, co-therapy, crisis intervention, family therapy, group therapy, and treatment planning with patients.

Direct-Assessment: administering psychological tests or assessments and includes test administration and feedback sessions for neuropsychological or psychodiagnostic assessment. Time spent for preparation, scoring, interpretation, and report writing is not included here.

Supporting: activities involving indirect or non-face-to-face contact with a patient including chart/record review, test scoring and interpretation, writing reports or progress notes, planning interventions, consulting with others about cases (patient is not present), video/audio recording review, didactic instruction (e.g., grand rounds, seminar). These hours do not need to be categorized, but you may want to be specific in your tracking in case the information is requested at a later date.

Supervision: supervision can be provided by licensed psychologists, licensed allied mental health providers (e.g., social workers, marriage and family therapists, psychiatrists), and advanced doctoral students whose supervision is supervised by a licensed psychologist. Supervision activity involves a formal evaluative component, and may include supervision received both as an individual (i.e., one-to-one) and within a group.

Other Support: involves activities related to the practicum such as attendance at staff meetings, continuing education about practice-related issues, reading and session preparation, didactic experiences, and consultation (general/program); can also include some class time.

Practicum Hours Requirements

The Psy.D. in Clinical Psychology program requirements for the practicum sequence span six semesters during three academic years. The total and proportion of hours are based on professional standards for clinical training during an academic program in clinical psychology that emphasize health service psychology. Although there will be some fluctuations and approximations in the weekly amounts in various classifications of hours, students should obtain as closely as possible the number and types of hours described across each semester and year of their practicum experience.



Time on Site

60% of the total hours should be service-related. At least 25% of the total hours should be direct in-person patient intervention activities. About 10% of the total hours should be direct in-person patient assessment activities. At least 10% of the total hours should be supervision. No more than 15% of the total hours should be supporting activities. 40% of the total hours should be other support activities. **First-year practicum** requires 15 hours per week per 15-week semester for a total of 225 hours. **Second- and third-year practicum** require 20 hours per week per 15-week semester for a total between 300 hours. Due to some flexibility in the calculation of on-site hours for specific activities, some column and row totals may not exactly match total on-site hours. However, this figure reflects the amount and range of hours in specific on-site activities that should occur throughout the practicum sequence.

Students should be aware that some sites may have site-specific requirements for scheduling, background checks, vaccinations and immunizations, additional training activities, and dress standards when on site. These should be discussed with the site as part of the interview and approval process. See Tables 2, 3, and 4 for hours by week, semester, year, and program total.

Activity Type	1 st Year Practicum (15 hrs/wk)	Semester Total (15 weeks)	Yearly Total (30 weeks)
On Site	15.00	225	450
Service-Related	9.0	135	270
Direct-Intervention	4.5	67	134
Direct-Assessment	1.0	15	30
Supervision	1.5	23	46

Supporting	2.0	30	60
Other Support	6.0	90	180

Table 3. 2 nd & 3 ^r	¹ Year Practicum	Hours (by wee	ek, semester, & year)
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Activity Type	2 nd & 3 rd Year Practicum (20 hrs/wk)	Practicum Semester Total	
On Site	20.00	300	600
Service-Related	12.0	180	360
Direct-Intervention	6.0	90	180
Direct-Assessment	2.0	30	60
Supervision	2.0	30	60
Supporting	2.0	30	60
Other Support	8.0	120	240

Table 4. Practicum Hours (by Year & Program Total)

Activity Type	1 st Year Total (30 weeks)	2 nd Year Total (30 weeks)	3 rd Year Total (30 weeks)	Program Total
On Site	450	600	600	1650
Service-Related	270	360	360	990
Direct-Intervention	134	180	180	494
Direct-Assessment	30	60	60	150
Supervision	46	60	60	166
Supporting	60	60	60	240
Other Support	180	240	240	660

Note: 60% of the total hours should be service-related. At least 25% of the total hours should be direct in-person patient intervention activities. About 10% of the total hours should be direct in-person patient assessment activities. At least 10% of the total hours should be supervision. No more than 15% of the total hours should be supporting activities. 40% of the total hours should be other support activities. Due to some flexibility in the calculation of on-site hours for specific activities, some column and row totals may not exactly match total on-site hours. However, these tables reflect the amount and range of hours in specific on-site activities that should occur throughout the practicum sequence.

<u>Students are primarily responsible for tracking their hours accurately and evaluating their</u> <u>experience in each of the activity types</u>. To this end, students are required to purchase and use the CORE Higher Education Group software suite to track their hours of clinical experience throughout their degree program. They are expected to use the various resources in the program to help them monitor their progress toward the goal of having the breadth and depth of supervised clinical experience needed to become competent clinical psychologists. For example, if after fall semester students recognize they need more hours in a particular activity type, they should discuss this with their site supervisor during their first supervision session of the spring semester so adequate adjustments can be made. Additionally, each new year of practicum allows for acquisition of supervised experience in additional areas of clinical practice. Table 5 provides a list of service-related activities that can be provided, with Table 6 listing the types of instruments and tests that practicum students can provide.

	Service-Related		Support
•	Direct service to individuals, couples, groups, organizations, etc.	•	Consultation with other professionals at the site (e.g., treatment team meetings, case presentations, etc.)
•	Intakes, Clinical Interviews	•	Case management (e.g., record keeping, report writing, etc.)
•	Structured Interviews (e.g., SCID)	•	Interaction with other professionals in other systems (e.g., meeting with patient's school teacher, social worker, etc.)
•	Individual Psychotherapy (appropriate to skill/experience level)	•	Preparation for direct service (e.g., research on evidence-based practice with patient, etc.)
•	Co-Therapy in Group Psychotherapy	•	Outcomes assessment and program development
•	Psychoeducation Groups	•	Assistance with practice management/administration
•	Psychological Testing (appropriate to skill/experience level)	•	Consultation with other professionals at the site (e.g., treatment team meetings, case presentations, etc.)
•	Individual supportive therapy	•	Case management (e.g., record keeping, report writing, etc.)
•	Individual cognitive therapy	•	Interaction with other professionals in other systems (e.g., meeting with patient's school teacher, social worker, etc.)

Table 5. Approved Activities (includes, but not limited to)

Course	Instruments		2 nd semester Practicum	3 rd - 6 th semester Practicum
PSYD 805 Psychological Assessment I: Cognitive & Intellectual Assessment (2 nd semester of 1 st year in program)	WISC, WAIS, TOMAL, CTMT, and Stroop; Mental Status; patient self-report measures; Unified Protocol; SCID-5; Pearson Qualification Level B; WPS Level C; PAR Level C	~	~	~
PSYD 810 Psychological Assessment II: Personality Assessment: Objective & Projective Methods (1 st semester of 2 nd year in program)	MMPI-2, PAI, MACI, MCMI- III, TAT, HTP	in-class; practice at site	\checkmark	✓
PSYD 815 Psychological Assessment III: Integrative Assessment (2 nd semester of 2 nd year in program)	combined measures from 805, 810, plus Rorschach	×	In-class; practice at site	\checkmark

 Table 6. Sample Tests that can be Administered by Practicum Students

<u>Note</u>: A " \checkmark " indicates students should have requisite education and training to administer, score, interpret, and report instruments as part of their supervised experience. A " \star " indicates students do not yet have requisite education and training to administer, score, interpret, and report instruments as part of their supervised experience.

Student Responsibilities

When students are placed at a particular practicum site, the needs and strengths of the practicum student are considered, as well as the specific needs of the placement setting. **Practicum students are expected to act in a professional manner at all times and are expected to fulfill the following responsibilities:**

- 1. Perform appropriate job-related functions in the facility as directed by the onsite supervisor(s).
- 2. Demonstrate competencies associated with the areas described in the Practicum Supervisor Rating Form and Practicum Student Self-Rating forms.
- 3. Discuss with the site supervisor and/or the course instructor any problems or issues that may arise at a practicum. If a situation arises at the site that cannot be resolved, the Clinical Director should be contacted in order to discuss this further.
- 4. Continuously work to improve his or her performance in response to constructive feedback provided by supervisors.

- 5. Complete the Practicum Student Rating of Site form submitted as part of the practicum course at the end of each semester.
- 6. Abide by the ethical principles of the American Psychological Association (APA) and understand the State of Virginia laws and regulations for Licensed Clinical Psychologists. Likewise, as representatives of Liberty University, all students have an obligation to perform at the highest level of functioning and to demonstrate professional behavior as specified in this handbook and the Psy.D. program handbook at all times.
- 7. Become familiar with and abide by all state and federal regulations governing the practice of psychology (e.g., abuse of disabled, elders, children; rules governing mandatory reporting and confidentiality).
- 8. Maintain confidentiality of patient records and all relevant information.
- 9. Spend the required amount of time in practicum activities and supervision: First-year practicum students a minimum of 450 hours of practicum activities for the academic year and 90 minutes of supervision per week; Second- and third-year practicum students a minimum of 600 hours of practicum activities for the academic year and 120 minutes per week of supervision.
- Obtain proper informed consent from patients (or guardians) for audio or video recordings of assessment, intervention or consultation sessions and ensure patient confidentiality and adherence to HIPAA when sharing recordings with supervisors.
 Students are never to unduly influence patients into signing consents for recording.
- 11. Ascertain from the Practicum Site Directory and/or site supervisors whether any background check, drug screen (including acceptance of medical marijuana, if relevant), physical readiness or other screening is required prior to ranking the site on the practicum application and to take all necessary steps to have such screening steps completed in a timely manner prior to beginning the placement.

Additionally, students should be aware of the following requirements:

- Students are approved at a specific site with a particular supervisor only after all approval documents have been fully completed, submitted, and approved. Only then will a schedule be created in CORE. At that point, students may begin to track hours consistent with the activities listed on the site information form under appropriate supervision from their supervisor of record (thus, the importance of the approval documents).
- 2. Before working with any patients or patients in any capacity, students must have written documentation at their site that patients have been informed of the practicum student status and that any work with them will be reviewed by the student's supervisor. A statement on patients' consent for treatment form or a note in their clinical record can suffice, but this consent needs to be in writing in some form.
- 3. While clinical interactions with supervisors of at least 15 minutes (i.e., .25 hrs) regarding provision of direct services during students' time on site may be tracked as supervision, these interactions are not to be in lieu of regularly scheduled weekly supervision sessions.
- 4. The only hours that will be approved by the PsyD program are those that are tracked in CORE. Those hours must be kept current and should be part of what gets reviewed by program faculty and your site supervisor in the context of your Clinical Practicum course. Even if hours are confirmed by supervisors and/or instructors, only those hours tracked in CORE will be approved by the Psy.D. program.

- 5. If students decide to add a second site and/or supervisor to obtain additional hours in a specific service-related activity area (e.g., intervention, assessment), they must submit the appropriate approval documents (typically site information, supervisor information, fieldwork contract) and <u>receive approval from the Clinical Director before they can begin activities and track hours at the additional site</u>.
- 6. Students should be sure their site and/or supervisor is informed about these nonnegotiable aspects of their clinical training. Ideal times for this to occur would be during the interview as part of the approval process, at the first supervision session, and periodically as needed.
- 7. Students are ultimately responsible for conducting themselves ethically and competently as Psy.D. Practicum Students. This includes making sure that the documentation of clinical training is accurate and current, and that the persons they serve on site are fully and accurately informed about their status and level of competence.

Supervision

Supervision must be provided by an appropriately credentialed and experienced professional who is at the site at least 20 hours per week. Licensed Clinical Psychologists are preferred; however, practicum supervisors may be from other closely related disciplines such as clinical mental health counseling, clinical social work, and marriage and family therapy. Ongoing weekly opportunities for discussion of clinical work with a licensed psychologist can occur with program faculty during the weekly practicum and seminar courses. Doctoral interns or Post-doctoral fellows in psychology, once approved by the program, can also provide supervision while they are under appropriate supervision.

Supervisor Responsibilities

The site supervisors have major responsibility in helping to structure a beneficial learning experience throughout the practicum placement and to provide students with the requisite clinical hours and supervision. The practicum site holds full authority for the management of patient care, and thus has responsibility over cases students are seeing. Supervisors closely supervise the practicum students' activities and will follow these guidelines:

- 1. Acquaint the practicum students with all practicum site's rules and policies, including those governing the students' practicum experiences, and policies and procedures regarding safety and security at the facility.
- 2. Provide opportunities for the practicum students to learn to apply empirically supported intervention methods (if identified by the profession) or evidence-based intervention methods otherwise, and to evaluate their efficacy.
- 3. Provide the students with opportunities to complete required clinical hours and activities, and to provide a minimum of 90-120 minutes of individual supervision or its equivalent in groups per week.
- 4. When appropriate, assist the practicum students in relating experiences in the practicum setting to theoretical constructs learned in coursework.
- 5. Directly observe (using recordings or in-vivo observation methods) the student working with a patient providing assessment, intervention, consultation, or other services at minimum once per semester.

- 6. Provide continuous feedback to students about their performance. If necessary, report conflicts/concerns to the practicum course instructor. If concerns are not resolved at that level, then the supervisor, course instructor, and Clinical Director will attempt resolution. In the event of problematic student behavior or performance difficulties, the supervisor, will work together with the course instructor and, if needed, Clinical Director to devise a plan by which the student may be assisted in achieving the professional competence that meets stated objectives.
- 7. Complete and submit the Practicum Supervisor Rating Form and meet with students to discuss their competency attainment at mid- and end-of-term each semester as part of students' practicum course.
- 8. Maintain a valid license as a clinical psychologist (or other licensed allied mental health provider) in the State of Virginia and be employed at least 20 hours per week at the practicum placement.
- 9. Provide the practicum students with a place to work that offers privacy for the purpose of conducting assessments and/or interventions with patients and their families.
- 10. Provide opportunities for the practicum students to demonstrate clinical competencies relevant to the practicum placements and their patients, and if allowable by the agency, facilitate consent for recording and release of information forms listing Liberty University Psy.D. Program for students to provide to their patients for the purpose of obtaining consent for session recordings to be shared with their course instructor/faculty supervisor at Liberty University.
- 11. Review and sign the practicum students' clinical records, charts, and reports as applicable.
- 12. Act as a troubleshooter as problems arise at the practicum site.

Ensure Quality of Sites

To help ensure the quality of clinical psychology training, sites will be vetted by program leadership prior to being approved as a site. Once approved and having students involved in service-related activities, the Clinical Director will meet with supervisors on-site around the midpoint of each semester. Supervisors are encouraged to contact the faculty member teaching the Clinical Practicum course for the supervisee. Throughout each semester, site supervisors are also encouraged to contact the Clinical Training Team through the <u>PsyDPracticum@liberty.edu</u> email account with comments, questions, or concerns regarding students' placement and/or performance. Additionally at the end of each semester, students complete the Practicum Student Rating of Site Form which allows for quantitative and qualitative evaluation of sites and supervisors.

Evaluation of Practicum Experiences

Students obtain ratings from site supervisors at mid-term and final of each semester, and from course instructors at final of each semester. Additionally, students submit self-ratings at the end of each semester as part of the practicum courses. Ratings are based on the profession-wide competencies. At the end of each practicum year, program faculty also rate students according to these benchmarks for readiness to continue in the practicum sequence. If students do not receive a passing grade in the practicum course or benchmark ratings at mid-term or final of less than 3 of 4, a plan for remediation of the identified problems in professional competence will be developed, followed, and implemented by the student and site supervisor as well as

program faculty. For more details on the remediation process, see that section of the Program Handbook.

Student experiences and opinions are a vital and valued part of the Psy.D. in Clinical Psychology program. As such, at the end of each semester of practicum placement, students will complete the Practicum Student Rating of Site Form, an evaluation of their site and supervisor as part of the course in which they are enrolled. This helps ensure student involvement and investment in their clinical training, safeguards due process, and provides some degree of quality control from the student perspective. Table 7 summarizes some of the domains considered as part of evaluating the practicum experience.

If students experience challenges or difficulties related to their site, they should promptly inform their practicum course instructor. Most situations should be able to be resolved between the student, the course instructor, and site supervisor. If successful resolution does not occur at this level, then the course instructor will brief the Clinical Director as to the nature of the situation and prior attempts at resolution.

Of Student	Of Supervisor	Of Placement	
Professional Behavior	Knowledge	Activities	
(dependability, responsibility,			
receptivity, ethics, etc.)			
Intrapersonal Behavior	Ethics	Supervision	
(maturity, independence,			
judgment, respect, etc.)			
Interpersonal Behavior	Clinical Relevance	Learning	
(cooperation, relationships,			
diversity, communication,			
etc.)			
	Diversity	Preparation	
	Relationship with Supervisee		

Table 7. Domains as Part of Practicum Evaluation

Placement

Approximately 4 months before practicum experiences begin in the Fall semester, students submit their rank-ordered preferences for where they would like to have their supervised experience for the Fall and Spring semesters of that academic year. Site and supervisor information is available in the Site Directory for students to review prior to submitting the PsyD Practicum Preference Form. Using sites identified from this review, students complete the Psy.D. Practicum Preference Form which includes their rank order of site preferences and submit that for review by the Psy.D. program faculty and administration including the Clinical Director. As part of this process, students describe how the rank order of their preferences helps further develop their clinic interests and competencies as well as their professional and personal growth. Each student's preference form is reviewed by program leadership which then informs students of the program's recommendations regarding their preferences matched with the training

experiences offered by the site. As much as possible, students' order of preference is considered when program leadership reviews the students' preference forms. The Psy.D. program leadership's recommendations for placement are also made in rank order and communicated to each student. Students are provided permission to initiate contact with the recommended site to begin the site interview process. Assuming the student and site reach a mutual decision as to whether they are placed for the practicum, students access the Practicum Approval Documents, beginning with the PsyD Practicum Application Checklist which helps track the necessary documents as part of the approval and placement process. Once all application documents have been fully completed, signed, and submitted, the application is reviewed by the Clinical Training Team for completeness and accuracy, with final approval resting with the Clinical Director. Note: All items on the Practicum Application Checklist must be completed and submitted before the practicum application due date prior to final approval by the Clinical Director of the placement. Students are not approved to register for the Clinical Practicum and Clinical Seminar courses until all approval documentation is completed, submitted, reviewed, and approved by the Clinical Director. If students have not completed the approval process by the last university financial check-in, the university assesses a late financial check-in fee that the program cannot waive. In rare exceptions and depending on unique circumstances, if a site is the source of the student's delay, they may be allowed to register for the Clinical Practicum and Clinical Seminar courses before the last university financial check-in.

Extension of Current Practicum

There are two primary reasons a request for an extension of a practicum experience could be approved: (1) if a student is significantly behind (for example, 15-20% or more) on hours in a particular activity category or on semester hours as a whole; and (2) if a site requires a full year commitment. Currently, there are no sites that require a full year commitment for practicum. Generally, though, any gaps of this nature should have already been identified and addressed during one or both of the semesters of the practicum course. Also, there needs to be a reasonable expectation that the deficit in hours would be addressed by the end of the extension. An extension is not approved simply because someone wants more hours or needs to "finish up with a patient" since referral and/or termination are normal processes to incorporate into a practicum.

If a student is not using an extension to continue work at a current site due to being significantly behind on hours (15-20% or more), then they would not track hours in CORE since they would not be part of a practicum class and there is no schedule in CORE. But, the student can use an Excel spreadsheet (or some other means) to document hours as long as they have developed an agreement with the site since they are technically not a practicum student unless they are under the extension. While those hours would not officially count as part of the program's practicum hours, they are still supervised experience that can be documented and demonstrate the additional experience.

If a student has been approved for an extension of a current practicum experience, then those hours would continue to be tracked in CORE, with the end date of the current practicum "extended". Everything would basically remain the same in terms of approved supervisor, site, activities, etc. and regular supervision would still occur. If someone is at the end of the three years of practicum and they are short on total hours (a situation which actually should have been addressed prior to this as part of the practicum course) then enrollment in a practicum course

outside of the DCP is a possibility. However, since this would be outside of the DCP, financial aid for the course would not be available and tuition would be the student's responsibility.

Integration of Science and Practice

From the first semester forward, the Psy.D. in Clinical Psychology program trains students regarding how knowledge obtained through behavioral science research is incorporated into clinical practice. Students are also taught how observations and data procured in clinical practice settings are used to inform behavioral science. Research-based practice and practice-based research are foundational to our program.

The Psy.D. program has two research courses and two statistics courses within the first four semesters of the program. This sets the stage for their dissertation courses that are offered in semesters five, six and seven. Students are encouraged, but are not required, to collect research data and to write, and defend their dissertation by the end of their 4th year, prior to entering their internship year. Reading, understanding, and applying scientific literature into clinical practice is emphasized throughout the program, with special emphasis on utilizing empirically supported treatments with both children and adults.

Throughout the practicum sequence, each semester all students attend a weekly seminar and practicum course to discuss current practicums and discuss possible applications of evidenced-based treatments. In addition, students are encouraged to track clinical outcomes in their practicum settings and learn how to use these data to inform treatment decision making.

Integration with other Aspects of the Program

The Psy.D. program's Degree Completion Plan (DCP) and Suggested Course Sequence outline how and where the Clinical Practicum sequence and Clinical Internship integrate with other aspects of the program. Throughout the entire curriculum, acquisition and application of discipline-specific knowledge to clinical practice is emphasized. Initial courses help set the stage for students entering their first practicum experiences beginning in the second year, where they use these skills in clinical settings and are evaluated based on their level of training. Practicum sites are encouraged to provide opportunities for students to observe and then practice skills with increasing levels of complexity based on the students' status in the program.

In the second year, as they enter their first practicum rotations, they are encouraged to conduct diagnostic interviews and cognitive assessments while learning both objective and projective personality assessment procedures. In the third year, students are learning how to integrate assessment data from various sources to write an integrated assessment report. They are required to administer, score, interpret and write a minimum of five integrated assessment reports by the end of the fourth year, prior to entering their internship year. These integrated assessments must include a minimum of three assessment such as WAIS or WISC, and a major personality inventory such as the MMPI, PAI, or MCMI. At least one of the five integrated assessments must include the Rorschach.

For intervention, students learn the basics of establishing and maintaining an effective treatment alliance and case conceptualization skills in the first semester. They observe these skills through videos and case demonstrations and then practice them in weekly role plays, with support and

critical feedback from professors. In the second semester, students learn more intermediate skills in case conceptualization and treatment planning as well as practicing evidenced-based clinical intervention skills that can be transported into their practicum settings (e.g., all students will practice administering all the core intervention skills in the Barlow et al.'s Unified Protocol). These skills set the stage for students to enter practicums with basic skills for beginning interventions with a wide array of clinical presentations. Additional case conceptualization and skill-building training occurs in the practicum seminars, where each student is required to prepare a class presentation on a clinical case. Students are required to take two additional evidenced-based intervention courses (one for adults and another for children). These courses teach more advanced skills in individual intervention strategies, techniques, and case formulation. Moreover, additional required courses are offered in group and family-based interventions as well as several interventions). Importantly, as students enter their fourth-year practicums, they model and demonstrate the use of these various skills to 1st and 2nd year students; thus, completing the observe-practice-teach skill acquisition spectrum.

Forum for discussion of Practicum Experience

The Clinical Seminar courses taken concurrently with the Clinical Practicum courses provide students the opportunity to discuss the practicum experience. Course faculty for the Clinical Practicum courses also review rating forms that site supervisors provide at mid-term and end of end of semester. Students complete course evaluations at the end of each semester for the Clinical Seminar and Clinical Practicum courses. Additionally, they complete rating forms on their sites and supervisors as part of the Clinical Practicum courses.

Feedback from Supervisors

Practicum supervisors provide feedback regarding students' performance and development using the Practicum Supervisor Rating Form which is based on the APA benchmarks. This rating form allows for ratings and comments on Foundational Competencies including Professionalism, Relational, and Science, and on Functional Competencies including Application, Education, and Systems. The Practicum Supervisor Rating Form is discussed in supervision between the student and the supervisor and is submitted along with verification of students' hours logs at mid-term and final for each semester. Supervisors are also encouraged to contact the practicum course instructor and/or the Clinical Director at any time during the semester with comments, questions, or concerns.

Minimum Acceptable Level of Achievement

How Defined

Minimum Acceptable Level of Achievement (MLA) are defined based upon APA benchmarks. Students in the Clinical Practicum and Clinical Seminar courses throughout the three-year practicum sequence are evaluated on their progress in each benchmark area based on feedback from their instructors and site supervisors. Documents that define areas which require MLA included the Practicum Instructor Rating Form, the Practicum Supervisor Rating Form, and the Practicum Student Self-Rating Form.

How Assessed

Students must receive a passing grade in their Clinical Practicum and Clinical Seminar courses and receive ratings of 3 or better in each area of the rating forms. If individual items on the

rating forms receive a score of 2 or less, those are discussed with the student by the course instructor and site supervisor. If an area of the rating form receives an average score of less than 3, a plan for how students will achieve MLA in that area will be developed and followed.

Remediation Process

A summary of the remediation process for students in the Psy.D. in Clinical Psychology program is below, followed by a flow diagram for informal remediation. Sections specific to potential concerns that occur during clinical placements and processes related to their review are also described. Please note that the full remediation policy can be found in the current Graduate Catalog and the Psy.D. Program Handbook.

Steps in Remediation Process (Also see Figure 1.)

- Course faculty address issue(s) of concern in conversation with student as part of the course. Faculty member uses dropdown in Canvas from My Students/Communication/Department Referrals-Student Development to document conversation. If issue(s) of concern resolve, no further action is needed.
- 2. If issue(s) of concern are not resolved after 1., then course faculty member develops with student and signs the Professional Competence Development Plan. Once done, submit through the psyDRemediation@liberty.edu mailbox. If issue(s) of concern resolve, no further action is needed.
- 3. If issue(s) of concern are not resolved after 2., then the advisor and Program Director examine the nature and reason for the problem(s) in professional competence and recommend a course of action, including possible referral to the Remediation Committee.
- 4. If issue(s) of concern are not resolved after 3., then the Program Director informs student of referral to Remediation Committee. Student, advisor, and committee develop Professional Competence Remediation Plan and submit to the PsyDRemediation@liberty.edu mailbox.

Figure 1

Flow Chart of the Informal Remediation Process



- 5. The student is contacted through <u>PsyDRemediation@liberty.edu</u> by the Remediation Committee (RC) to invite the student to respond to the issue(s) of concern and previous attempts at resolution.
- 6. The RC meets to discuss issue(s) of concern, the student's response and previous attempts at resolution, and information provided by student's faculty and advisor. A formal Professional Competence Remediation Plan is developed by the RC and presented to and discussed with the student. The student accepts, appeals, or rejects the Remediation Plan. If student accepts the plan, then student follows plan and provides periodic updates to the advisor. If the student appeals the plan, the appeal is made to the program director. If the student rejects the plan, the RC may recommend counsel out of program or dismissal from the program.

Behavioral Concerns at Practicum, and Internship, and Field Placement Sites

If, during a Clinical Practicum or Clinical Internship course, a student fails to successfully demonstrate the required skills, professional behaviors, or personal or professional dispositions in the course and/or receives failing evaluations, is dismissed from the site, or is found practicing at a site without having received approval by the department for the site, the site supervisor will notify the student's professor. The professor will write an incident report and

send it to the Program Director and the Clinical Director. The Program Director, the Clinical Director, and other program leadership will examine the nature and reason for the skills deficit, unprofessional behaviors, or dispositions and/or site dismissal and recommend a course of action, which could include Administrative Review for Behavioral Intervention and/or referral to the Remediation Committee and/or the Office of Community Life. Administrative Review is appropriate when a student's behavior is so concerning and/or nonprofessional that prompt protective action is required (see below section, Administrative Review for Behavioral Intervention).

Note: The steps within this section are specifically designed to address unique aspects of practicum and internship, and certain steps in this section may overlap with those of other processes. For instance, the practicum or internship professor's submission of an incident report to the Program Director and the Clinical Director and their examination of the incident report will satisfy the earlier stages of the remediation process. Also note that remediation can be engaged at any step, as the Psy.D. program leadership and/or the School of Behavioral Sciences deems appropriate.

If a failing evaluation or dismissal from the site involves a violation of the University's Honor Code, the professor will fill out an Honor Code Violation form, which will be investigated by the Program Director and the Office of Community Life. At any point in this process, the student may receive a grade of "F" based on the skills deficit, unprofessional behaviors, or personal or professional dispositions, dismissal from their site, and/ or failure to follow approval policies. The student will be placed on hold in the program pending the outcome of any ongoing process(es) (e.g., Administrative Review, the remediation process, the disciplinary process, and/or grade appeals process).

For violations that do not result in dismissal from the program, the remediation process can include requiring the student to retake certain courses, recommending personal counseling, etc. If, after remediation, the student is unable to correct the problems in professional competence, the Remediation Committee will meet to decide the best course of action for the student, up to and including an "F" for the course and dismissal from the program. The final decision regarding whether the student is eligible to retake the Clinical Practicum or Clinical Internship course(s) and disposition of the hours accrued during those are at the discretion of the program Leadership Team and based on a thorough evaluation of the incident.

Note: When necessary, the Psy.D. program may immediately remove a student from the site upon notification of concerning behavior by the supervisor. During the remediation process, the student has an opportunity to appeal interim actions following Administrative Review, grades, honor code violations, and dismissals in accordance with the procedures outlined for the applicable process(es). See, for example, Appeals Policy and the appeal sections below for information on the appeal process. Please consult the Psy.D. Program Handbook for additional information.

Remediation

Students in the Psy.D. in Clinical Psychology program start receiving focused feedback on the acquisition of Discipline-Specific Knowledge and Profession-Wide Competencies from the

beginning of the first semester. There are multiple ways in which students receive feedback about and guidance to remediate problems with their behavior and/or professional competence.

The front line of this process is at the course level and involves the course instructor and the student in the context of each academic course. Course instructors monitor student progress toward developing knowledge and competence and provide feedback through assignment grades, availability for course-related questions, and, when indicated, actions within the course intended to remediate any knowledge, skill, or dispositional deficits. Within each course, the instructor is able to document interactions with students moving from less formal to those involving a written plan. Students who have been identified as needing a written plan at the course level collaborate with their faculty member to complete a Professional Competence Development Plan (PCDP) which details the concerns, recommended action steps, and consequences if remediation is unsuccessful, and includes a student acknowledgement of and response to the PCDP. This is a collaborative process between the student and instructor that is explained to the student verbally and provided in writing. If professional competence deficits are not remediated within the time frame of the plan and the course, the student is referred to their advisor and the Program Director who decide whether to send the referral on to the Remediation Committee or attempt other remediation efforts before referral to the committee. The student is given an opportunity to meet with their advisor and the Program Director about the problem(s) in professional competence before a decision regarding referral to the committee is made and is then notified in writing about the decision.

When engaging in practicum field placement and internship activities, students are regularly provided verbal and written feedback by their site supervisor, and their progress toward developing professional competence is shared with the instructor of their Clinical Seminar and Clinical Practicum courses. The site supervisor shares any concerns with the instructor as they arise, and the instructor and student complete the Professional Competence Development Plan so the student is given opportunities to address the problem(s) in professional competence. If a student fails to successfully demonstrate the required skills, professional behaviors, or personal or professional dispositions, and/or receives failing evaluations, the instructor notifies the Program Director. The Program Director, Clinical Director, and the Leadership Team examine the nature and reason for the problem(s) in professional competence such as skills deficits, professional behaviors, or dispositions, and recommend a course of action, which could include referral to the Remediation Committee. The student is given an opportunity to meet with the Program Director and Clinical Director to discuss the problem(s) in professional competence before a decision regarding referred to the committee is made. In cases where the student's behavior is egregious and/or a violation of the University's Honor Code, there may be an administrative review for more immediate intervention such as removal from a training site or a registration hold. Within 48 hours the Program Director will notify the student in writing of the initiation of the administrative review or referral to the Remediation Committee, the reasons for it, and any interim action(s) imposed, such as a registration hold.

At the program level, near the end of each Spring semester, students are rated by program faculty using the Program Composite Rating Form which is based on the APA benchmark areas that include Foundational Competencies (professionalism, relational, and science) and Functional Competencies (application, education, and systems). The Program Composite Rating Form is then shared with each student by their advisor, with opportunity for student input about

the rating and their own strengths and areas for growth. At the end of the first year, the Program Composite Rating Form also serves as a measure for a student's readiness for practicum. At the end of the fourth year, it serves as a measure for a student's readiness for internship. At the end of the internship, the Program Composite Rating Form serves as a measure for a student's readiness for entry to practice. Students rated at the "moderate" level or lower on a competency will be referred to their advisor to develop a plan for obtaining professional competence in the area(s) of concern. The plan could include a Professional Competency Development Plan, referral to the Remediation Committee for development of a Professional Competency Remediation Plan, or referral to the program director to discuss student's status in the program.

In all cases where an issue is referred to the Remediation Committee, the committee schedules a meeting with the student to discuss competency issues of concern and actions already taken to address the concerns. The committee reviews all presented information, including the Professional Competency Development Plan (PCDP) developed by the student, instructor, and advisor, if applicable, and the evaluation of progress towards remediating problems in professional competence, and makes a decision regarding next steps, which could include a Professional Competency Remediation Plan (PCRP) or dismissal from the program. This decision is communicated to the student both orally and in writing and the student has five working days to respond to the recommendation. Professional Competency Remediation Plans are designed to assist the student in correcting any deficits so that they may successfully continue in the program, and may include such actions as repeating particular courses, completing additional assignments, reviewing the ethics code, the recommendation to obtain personal counseling, and transferring to a non-licensure program. If the decision is made to move forward with remediation, the Remediation Committee meets with the student, their faculty advisor, and others as needed (e.g., supervisors) to collaboratively develop a Professional Competence Remediation Plan (PCRP). This plan identifies problems in professional competence in foundational and/or functional competencies, details the date(s) problems were brought to the student's attention and steps the student and faculty have already taken to remediate the identified problem(s), and describes expectations for acceptable performance, student and instructor/supervisor actions, timeframe for acceptable performance, assessment methods, dates of evaluations, and consequences for unsuccessful remediation. The student is asked to sign the PCRP as an acknowledgment of the identified problem(s) and is given an opportunity to include a written response to the remediation plan.

If the Professional Competency Remediation Plan is accepted, the student will follow the remediation plan and progress will be monitored at regular intervals by their advisor and/or others listed on the remediation plan. Evaluations of progress toward remediation is documented on the PCRP to systematically track efforts made by the student to address the problem(s) of professional competence. At the end of the remediation period, if the problems in professional competence are corrected, this will be documented clearly in the student's file and communicated to him or her orally and in writing. If remediation is unsuccessful, the student is notified in writing by the Remediation Committee and referred to the Program Director to consider options, which could include an extension of the remediation plan, counseling the student orally and in writing. Any interim action(s) from Administrative Review will remain in effect, and accordingly, the student should be aware that, if he or she does not reenroll in courses within a certain period of time, he or she may break enrollment and need to re-apply to

the program. In those situations, admission is not guaranteed. If the decision is program dismissal, students have the option of appeal to the Dean of the School of Behavioral Sciences, consistent with institutional academic policies.

Sufficiency of Preparation for Internship

The clinical practicum sequence is designed for students to progressively attain competence for entering the internship phase of their training. Once students have successfully completed their Clinical Practicum sequence, Psy.D. program faculty meet and complete the Readiness for Internship form based on the APA benchmarks. A decision is made as to whether students are ready to move to Clinical Internship. If students are determined not to be ready for Clinical Internship, a Professional Competence Development Plan is developed collaboratively with the student to address problems of concern. Faculty advisors meet with students to discuss the program faculty's ratings and the decision regarding progression to Clinical Internship.

Internship

Purpose:

The internship is the culmination of the Psy.D. in Clinical Psychology program, particularly the sequential training experience obtained during the practicum courses. The internship involves completion of a one-year full time or two-year part time totaling 2000 hours of supervised clinical training. Students are strongly encouraged to obtain an APA-accredited or APPIC-recognized internship site, likely requiring students to move out of the state of Virginia to complete the approved internship. Students are eligible to apply for internship once demonstrating they have met or are projected to meet the benchmarks for readiness for internship. Students intending to apply for APA-accredited or APPIC-recognized internships need to submit through CORE an Accredited Internship Request to Apply Form which will be reviewed by the Clinical Director. If a student intends to apply for a non-accredited or recognized internship form, which includes the Guidelines for Internships that are not APA-accredited or APPIC-approved. The Request and Waiver will be reviewed and signed by the student, advisor, and Clinical Director.

Evaluation:

Students will be evaluated through supervisor and self-ratings twice per year during the internship to help ensure continued development of professional identity and competence as clinical psychologists. Internship sites that are not APPIC-member or APA-accredited will be asked to use the program's Internship Supervisor Rating Form to ensure the profession wide competencies are properly assessed. If questions, concerns, or problems arise during the internship, students and/or supervisors are encouraged to promptly contact the Clinical Director. They are to immediately contact the Clinical Director if internship-related circumstances result in voluntary or involuntary resignation from an internship.

Expectations and Requirements:

Psy.D. in Clinical Psychology students are required to complete a 2000-hour Clinical Internship in one year if full-time or two years if half-time. All students are required to apply for doctoral internships through the APPIC national match and are strongly encouraged to obtain an APA- accredited and/or APPIC-recognized internship. If a student is unable to obtain an accredited, APPIC-member internship, they must seek approval from program faculty to apply to an unaccredited internship program. Students are expected to follow current APPIC guidelines and deadlines for application.

To be approved to apply for internship, students must complete the **Accredited Internship Request to Apply Form**. Along with verifying other information on this form, program faculty confirm that students have successfully completed the Clinical Competency Exam II and have been deemed ready for internship as rated by program faculty using the Program Composite Rating Form.

Non-Accredited Sites:

If a student would like to apply to an unaccredited internship program, they must complete the **Request and Waiver for a Non-APA-accredited or Non-APPIC-approved Internship**, which includes sections on the nature and appropriateness of the training activities, frequency and quality of supervision, credentials of the supervisors; how the internship evaluates student performance, how interns demonstrate competency at the appropriate level, and documentation of the evaluation of its students. This document is reviewed by the Clinical Director, Program Director, and other program faculty to help ensure the quality of the student's internship experience. Non-accredited internships must meet standards that are substantially equivalent to those of accredited internships.

If a student is approved to apply to an unaccredited internship program and obtains a position at an unaccredited site, the following additional aspects of approval must be completed: Affiliation Agreement between Liberty University and the internship site; Student Addendum (Schedule A and B); Internship Site Information Form; Internship Supervisor Information Form; copy of the supervisor(s) license(s); Internship Fieldwork Contract; copy of Student Liability Insurance; and a signed copy of the Internship Supervisor Responsibilities Form. As part of the approval process, the non-accredited site must meet the following criteria:

- 1. Provide a detailed description of a planned, structured, and programmed sequence of supervised experiences that occur in an agency or institutional, psychological service setting with at least one psychologist licensed in the jurisdiction of the internship which is responsible for the integrity and quality of the internship.
- 2. A minimum of 4 hours of supervision per week, at least 2 of which must be individual, face-to-face supervision provided by a licensed psychologist. The other 2 hours of weekly supervision can be acquired in the following ways, for example:
 - a. in further individual supervision with a licensed psychologist, appropriately licensed allied mental health professional, or not-yet-licensed post-doctoral level psychology resident under the direct supervision of a licensed psychologist;
 - b. group supervision led by a licensed psychologist or a licensed allied mental health professional.

Interns must be registered for PSYD 999 Clinical Internship throughout the duration of the internship. Interns track their internship hours through CORE Experiential Learning Management System, similar to how they did during the practicum sequence. Internship site supervisors must document student progress and performance using the PsyD Intern Rating Form at the end of each semester and discuss the evaluation with the student as a regular part of

supervision. Student progress and performance is monitored by the Clinical Director at the end of each semester for a total of 3 times during the course of a full-time internship. The PsyD Intern Rating Form is based on APA benchmarks that take a developmental approach to student performance with a view toward readiness for entry to practice.

Communication with Internship Sites:

The Psy.D. program communicates with internship programs throughout the internship year and may include consultation about a student, collaborative efforts in addressing competency or other concerns, being responsive to inquiries from internship programs, and proactively sharing information about students that may be helpful to a student's internship training experience. There is an initial email contact between the program's Clinical Director and the internship Training Director that confirms the student's acceptance to the internship program, includes the Clinical Director's contact information, and provides information about the Psy.D. program's internship requirements, supervisor responsibilities, and a link to the Clinical Training Handbook. The initial email also includes encouragement for the internship to contact the Clinical Director with any questions, comments, or concerns that arise. During the 3-semester, one-year internship, the Clinical Director reaches out to the internship Training Director at the end of each semester to verify the student's tracking of hours. The Clinical Director also requires that the internship Training Director submit completed intern evaluations to the Psy.D. program at least twice during the internship year, and will reach out to the Training Director to obtain this information if an update is not received by the middle of the internship year. At the end of the internship year, the Clinical Director will reach out to the Training Director to obtain a copy of the intern's final evaluation and certificate of completion of the internship if it is not received within one month of the end of the internship experience.

Documentation:

All documents provided by the internship program, including intern evaluations and tracked hours, are maintained electronically in the student's file in the CORE ELMS (Experiential Learning Systems) resource. This is the same platform that students' practicum documentation is also maintained in.

Internship evaluations of students are utilized as part of the ongoing evaluation process of the Psy.D. program and its clinical training requirements. Ratings of and feedback regarding students' preparation for and performance during the internship year in the nine Profession Wide Competencies is reviewed across all students and over time to determine any areas in which students would benefit from additional training to ensure success on internship. This data is reviewed by the Clinical Director, with reports and feedback provided to the Program Director to identify areas of needed change in programming or training.

Appendices

The Psy.D. program uses CORE education technology to manage the approval process, fieldwork contracts, supervisor information, site information, rating forms for evaluation of student competencies, and rating forms of supervisors and sites. Students have their own CORE accounts and are ultimately responsible for thorough and accurate documentation of their clinical training in that platform. Program leadership, course faculty, and supervisors are also able to use CORE to document the practicum journey, so all information is to be entered there.

The following Appendices provide examples of information necessary to adequately document supervised clinical training experiences throughout the Psy.D. program at Liberty University. *However, the documents that follow are <u>NOT</u> to be used for uploading information and forms for practicum management purposes.*

Appendix A Psy.D. Practicum Student Site Preference Form

- **Appendix B** Approval Process Documentation
- Appendix C Practicum Rating Forms
- Appendix D Request to Extend Practicum Beyond End Date
- **Appendix E** Internship Forms

Appendix A

Psy.D. Practicum Student Site Preference Form

Student Name:			
LUID:			
Year of Practicum:	1 st	2 nd	3 rd

Briefly respond to the following questions as best you can at the present time:

- 1. What's God called you to do?
- 2. Who's He called you to do it with?
- 3. What's the setting He's called you to do it in?

Specifically,

Rank order your top three practicum site preferences from the Practicum Directory and then respond to the questions that follow.

Practicum Site Preference: 1st:

 2^{nd} :

3rd:

- 1. What interests and competencies do you bring to the practicum experience that you already possess?
- 2. What areas of professional/personal growth are needed that you are aware of?
- 3. How does the selection and order of your practicum preferences help further develop your current interests and competencies?
- 4. How does the selection and order of your practicum preferences help further develop your current interests and competencies?

Appendix B

Approval Process Documentation

- **B.1 Psy.D. Practicum Application Checklist**
- **B.2 Psy.D. Site Information Form**
- **B.3 Psy.D. Supervisor Information Form**
- **B.4 Psy.D. Practicum Fieldwork Contract**

Appendix B.1 Psy.D. Practicum Application Checklist

PsyD PRACTICUM APPLICATION CHECKLIST

Must be completed prior to course registration. Approval documents must be submitted prior to approval deadline. Please see course web page for semester deadlines. All documents must be fully completed and submitted on time in order to be approved. No late work is accepted.

As students near completion of the prerequisites for PsyD Practicum, students should submit paperwork for approval. Prerequisites for this course are listed in the syllabus. Also, students must hold a 3.0 GPA or higher and be in Good Standing with the University in order to be approved.

Fieldwork Contract	□ Copy of Student Liability Insurance
Supervisor & Site Form	□ Affiliation Agreement
Digital Photo of Student	□ Student Addendum
Copy of Background Check Course Receipt from Castle Branch	□ Copy of DCP Audit from Registration

□ Copy of Supervisor License Verification from State Board website

IMPORTANT APPROVAL INFORMATION:

- Once enrolled in the final prerequisites, students will need to begin prepping for Practicum.
- Students must check the PsyD Practicum webpage for instructions on how to submit the approval documents. The approval documents will only be submitted through electronic submission. You may not fax, e-mail, or mail the approval documents to our office.
- An approval e-mail will be sent to the student with the date that the student can begin earning hours. The student cannot earn hours prior to this point.
- In addition, students must keep *student liability insurance* up-to-date for the duration of course enrollment.

B.2 Psy.D. Site Information Form

*This form must be completely filled in before our offic Internship approval. Any missing blanks will p		
Name of Student:	s	tudent Number:
Please circle the course that you are applying for:	Practicum	Internship
Student's Full Address:		
itudent's tel. #: (home or cell):	w)	vork):
Agency/Site Name:		
Agency/Site Address:		
Site Supervisor Name:	Posi	ition (title)
Agency/Site's tel. #:	Fa	x #:
Usual Business Hours:		
Please check <u>all</u> settings and services that appl	ly:	
 Agency Private Practice Faith-Based Center University Counseling Center In-Home Inpatient Outpatient Day treatment Non-profit Other: 	- G - C - A - M - P: - S - S - R	•
Is the student employed with this site? If yes, please list the 1) Name and 2) Job Title of the -The employment supervisor <u>cannot</u> be the 1)		
Site Supervisor, please initial the following statements I confirm that this site is an established provider of I confirm that this site has a licensed mental health; 	mental health s	ervices- Initial Here: site - Initial Here:
		Signature Date

B.3 Psy.D. Supervisor Information Form

*This form must be completely filled in i Internship approval. Any missi	before our office will process and revie ing blanks will prevent students from be	ew your paperwork for Practicum or ting approved in the course.
Name of Student <u>:</u>	Student N	Numbe <u>r:</u>
Student's Full Address:		
Student's tel. #: (home or cell):	(work):	
Student's Liberty email address:		
Agency/Site/Location Name:		
Agency/Site/Location Address:		
Group Supervision is provided at thi	is site: 🛛 Yes 🖾 No	
Students are encouraged to find sit This site will allow taped (either vid	tes that provide Group Supervision. leo or audio) sessions with clients:	🗆 Yes 🗆 No
Please check the box confirming or limit your ability to remain o		
direct work supervisor, etc.).	o Dual Relationship	
Dual Relationship is a situation	where multiple roles exist that could	
objective feedback and guidance		
objective feedback and guidance Name of Supervisor: Mr. Ms.	to the supervisee, thus causing harm t	
	to the supervisee, thus causing harm to /Mrs.	
Name of Supervisor: Mr. Ms. Supervisor's tel. #: (work):	to the supervisee, thus causing harm to /Mrs. Dr Position (title) Supervisor's Em.	to the supervisee.
Name of Supervisor: Mr. Ms. Supervisor's tel. #: (work):	to the supervisee, thus causing harm to /Mrs. DDr Position (title) Supervisor's Em. (Required)	to the supervisee.
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Name of Supervisor: Mr. Ms. Supervisor's tel. #: (work): <u>Academic Background of Supervis</u> Degree Major Licenses and Certifications Curren	e to the supervisee, thus causing harm to /Mrs. Dr Position (title) Supervisor's Em. (Required) isor: Year Received Atty Held by Supervisor: ber State Where V:	to the supervisee. ail: (<i>Required</i>) Educational Institution
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Name of Supervisor: Mr. Ms. Supervisor's tel. #: (work): <u>Academic Background of Supervis</u> Degree Major Licenses and Certifications Curren Type Numb Clinical and Supervisory Experien certify that I am fully licensed as an inde	eto the supervisee, thus causing harm to /Mrs. Dr	to the supervisee. ail: (Required) Educational Institution alid Expiration Date
Name of Supervisor: Mr. Ms. Supervisor's tel. #: (work): <u>Academic Background of Supervis</u> Degree Major <u>Licenses and Certifications Curren</u> Type Numb <u>Clinical and Supervisory Experien</u> certify that I am fully licensed as an inde sperience in the area I am supervising: Y	e to the supervisee, thus causing harm to /Mrs. Dr	to the supervisee.
Name of Supervisor: Mr. Ms. Supervisor's tel. #: (work): <u>Academic Background of Supervis</u> Degree Major Licenses and Certifications Curren Type Numb	e to the supervisee, thus causing harm to /Mrs. Dr	to the supervisee.

B.4 Psy.D. Practicum Fieldwork Contract

		ticum Fieldwork Contract in Clinical Psychology)		
	veekly fieldworl	MAIN SITE Name: Address: Phone: Contact Person: LOCATION (if different from Name: Address: Phone: Contact Person: x activities the student will be perfo ncluding assessment), supervision,	rming to meet service-	
Doctor of Psychology student at and End Date: During Name: I will obse own as directed by my supervise any other therapy-related or edu the 10-15 hours per week for Cl	Site Name: this time, I agree erve therapy, do or, Supervisor M cationally releva inical Practicum	pproximately 200-240 hours of serv during the nine-month per to become familiar with the polici co-therapy, and do individual, grou Name: . I also agree to ant experiences that would be helpf I or 15-20 hours per week for Clin ies and procedures of Site Name:	iod between Start Date: es and procedures of Site up, and family therapy on my to be available to help with ul within the constraints of	
I, Supervisor Name: , agree to supervise the activities as listed above and provide supervision of Student Name: for at least 1 hour of individual supervision per week during the period between Start Date: , and End Date: I will meet the responsibilities of a clinical supervisor as outlined on the <i>Clinical Supervisor Responsibilities</i> form. This includes meeting for at least one hour of face-to-face supervision per week, regardless of the number of service-related hours the student has performed. To the degree that I am able, I will structure the practicum experience so that Student Name: will have a minimum of 45-50 hours each semester of face-to-face contact with clients. I understand that this contact can include co-therapy, assessment, individual, group, and/or family therapy. In addition, I will support Student Name: , in conducting two recorded sessions OR provide & document live supervision. I will complete periodic evaluations of Student Name: and, after discussing results with the student, will submit them to the academic program. I am aware that I will need to have periodic consultation via phone and/or email with the faculty instructor and/or Clinical Director. I understand that the faculty instructor will provide Student Name: with oversight during class time of an average of at least 1.5 hours per week during the time period noted above.				
Supervisor Signature	Date	Student Signature	Date	

Appendix C

Practicum Rating Forms

- C.1 Psy.D. Practicum Instructor Rating Form
- C.2 Psy.D. Practicum Supervisor Rating Form
- C.3 Psy.D. Practicum Student Self-Rating Form
- C.4 Psy.D. Practicum Student Rating of Site Form

C.1 Psy.D. Practicum Instructor Rating Form

Practicum Instructor Rating Form

Trainee Name:	
Name of Placement:	Date Evaluation Completed: Click or tap to enter a date.
Name of Person Completing Form (please include highest degree	Licensed Psychologist: Yes
earned):	No If No,
	list profession:
Was this trainee supervised by individuals also under your supervision	n?
Y	es
Ν	0
Name(s)/Credential(s):	
Type of Review:	
Initial Mid-placement Final	Other (please describe):
Dates of Training Experience this Review Covers: Click or tap to ente	r a date. to Click or tap to enter a date.
Training Level of Person Being Assessed 1st year Practicum 2nd year	r Practicum 🗌 Other (Describe)
Year in Doctoral Program: 1st 2nd 3rd 4th	

How characteristic of the trainee's behavior is this competency description? Rate each item by responding to the following question using the scale below:

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

<u>Instructors</u>: As you rate your students, keep in mind the developmental level of their training (e.g., a 1st semester/1st Practicum student should not be rated the same as a doctoral intern). This form already takes this into account to some degree. Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence. If you have not had the opportunity to observe a behavior in question, please indicate this by checking "No Opportunity to Observe" [N/O].
FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values			
TA. Integrity - Honesty, personal responsibility and adherence to pro-	essional values		
Understands professional values; honest, responsible	Choose an item.	[N/O]	
1B. Deportment			
Understands how to conduct oneself in a professional manner	Choose an item.	[N/O]	
1C. Accountability			
Accountable and reliable	Choose an item.	[N/O]	
1D. Concern for the Welfare of Others			
Demonstrates awareness of the need to uphold and protect the			
welfare of others	Choose an item.	[N/O]	
1E. Professional Identity			
Demonstrates beginning understanding of self as professional;			
"thinking like a psychologist"	Choose an item.	[N/O]	
PROFESSIONAL VALUES TOTAL	0		
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups			
and communities who represent various cultural and persona	l background and characteristic	s defined broadly and consistent with	
APA policy.	-	-	
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender			
identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context			
Demonstrates knowledge, a wareness, and understanding of one's	Choose an item.	[N/0]	
own dimensions of diversity and attitudes towards diverse others	Choose an item.		
2B. Others as Shaped by Individual and Cultural Diversity and Con	text		

Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	Choose an item.	[N/O]	
2C. Interaction of Self and Others as Shaped by Individual a	nd Cultural Diversity and Context	·	
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	Choose an item.	[N/O]	
2D. Applications based on Individual and Cultural Context			
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	Choose an item.	[N/O]	
DIVERSITY TOTAL	0		
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.			
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines			
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Choose an item.	[N/O]	
3B. Awareness and Application of Ethical Decision Making			
Demonstrates awareness of the importance of applying an ethical decision model to practice	Choose an item.	[N/O]	
3C. Ethical Conduct			
Displays ethical attitudes and values	Choose an item.	[N/O]	
ETHICS TOTAL	0		

4. Reflective Practice/Self-Assessment/Self-Care: Practice c	conducted with personal and profe	essional self-awareness and reflection;	
with awareness of competencies; with appropriate self-care.			
4A. Reflective Practice			
Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)	Choose an item.	[N/O]	
4B. Self-Assessment			
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	Choose an item.	[N/O]	
4C. Self-Care (attention to personal health and well-being to assure e	ffective professional functioning)		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Choose an item.	[N/O]	
4D. Participation in Supervision Process			
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Choose an item.	[N/O]	
REFLECTION TOTAL	0		
II. RELATIONAL			
5. Relationships: Relate effectively and meaningfully with	individuals, groups, and/or com	munities.	
5A. Interpersonal Relationships			
Displays interpersonal skills	Choose an item.	[N/O]	
5B. Affective Skills			
Displays affective skills	Choose an item.	[N/O]	
5C. Expressive Skills			
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	Choose an item.	[N/O]	

RELATIONSHIPS TOTAL	0	
III. SCIENCE		
6. Scientific Knowledge and Methods: Understanding of re biological bases of behavior, cognitive-affective bases of be derived knowledge.		· · ·
6A. Scientific Mindedness		
Displays critical scientific thinking	Choose an item.	[N/O]
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	Choose an item.	[N/O]
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	Choose an item.	[N/O]
SCIENTIFIC TOTAL	0	
7. Research/Evaluation: Generating research that contribute of various professional activities.	es to the professional knowledge	base and/or evaluates the effectiveness
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	Choose an item.	[[N/O]
7B. Application of Scientific Method to Practice		
No expectation at this level	0	
RESEARCH TOTAL	0	
FUNCTIONAL COMPETENCIES		·
IV. APPLICATION		
8. Evidence-Based Practice: Integration of research and c	linical expertise in the context o	f patient factors.
8A. Knowledge and Application of Evidence-Based Practice		

Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Choose an item.	□ [N/O]	
EBP TOTAL	0		
9. Assessment: Assessment and diagnosis of problems organizations.	, capabilities and issues associated w	ith individuals, groups, and/or	
9A. Knowledge of Measurement and Psychometrics			
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Choose an item.	[N/O]	
9B. Knowl	edge of Assessment Methods	•	
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Choose an item.	[N/O]	
9C. Application of Assessment Methods			
Demonstrates knowledge of measurement across domains of functioning and practice settings	Choose an item.	[N/O]	
9D. Diagnosis			
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Choose an item.	[N/O]	
9E. Conceptu	alization and Recommendations	·	
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Choose an item.	[N/O]	
9F. Communication of Assessment Findings			
Demonstrates awareness of models of report writing and progress notes	Choose an item.	[N/O]	
ASSESSMENT TOTAL	0		

10. Intervention: Interventions designed to alleviate sufference organizations.	ing and to promote health and wel	ll-being of individuals, groups, and/o
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	Choose an item.	[N/O]
10B. Skills		
Displays basic helping skills	Choose an item.	[N/O]
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	Choose an item.	[N/O]
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	Choose an item.	[N/O]
INTERVENTION TOTAL	0	
V. EDUCATION		
11. Supervision: Supervision and training in the profession functioning of others.	nal knowledge base of enhancing	and monitoring the professional
11A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	Choose an item.	[N/O]
11B. Skills Development		
Displays interpersonal skills of communication and openness to feedback	Choose an item.	[N/O]
SUPERVISION TOTAL	0	
VI. SYSTEMS		

12. Interdisciplinary Systems: Knowledge of key issues an in multiple disciplines.	nd concepts in related disciplines. I	dentify and interact with professionals	
12A. Functioning in Multidisciplinary and Interdisciplinary Contexts			
Cooperates with others	Choose an item.	[N/O]	
12B. Respectful and Productive Relationships with Individuals fr	om Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	Choose an item.	[N/O]	
INTERDISCIPLINARY TOTAL	0		
13. Management-Administration: Manage the direct delive programs, or agencies (OPA).	very of services (DDS) and/or the	administration of organizations,	
13A. Administration			
Complies with regulations	Choose an item.	[N/O]	
ADMINISTRATION TOTAL	0		
14. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (patient), institutional, and/or systems level.			
14A. Empowerment			
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Choose an item.	□ [N/O]	
14B. Systems Change			
Understands the differences between individual and institutional level interventions and system's level change	Choose an item.	[N/O]	
ADVOCACY TOTAL	0		

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Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
 Yes
 No
 - Why or Why Not?
- If applicable, is the trainee ready to move to the next level of training, or independent practice? Yes No
 - Why or Why Not?

Has this Rating Form been shared and discussed with the student? Yes No

Student Comments regarding Rating Form:

Date of Review of Rating Form: Click or tap to enter a date.

Student Signature:

Instructor

Signature:

C.2 Psy.D. Practicum Supervisor Rating Form

Practicum Supervisor Rating Form

Trainee Name:			
Name of Placement:			Date Evaluation Completed: Click or tap to enter a date.
Name of Person Completing Fo	orm (please include highe	st degree	Licensed Psychologist: Yes
earned):			No If No,
			list profession:
Was this trainee supervised by i	individuals also under you	ur supervision?	
		Yes	
		No	
Name(s)/Credential(s):			
Type of Review:			
	lid-placement	□Final	Other (please describe):
Dates of Training Experience this Review Covers: Click or tap to enter a date. to Click or tap to enter a date.			
Training Level of Person Being	Assessed 1st year Practicu	m□2nd year Pi	acticum Other (Describe)
Year in Doctoral Program:1st	2nd 3rd 4th		

How characteristic of the trainee's behavior is this competency description? Rate each item by responding to the following question using the scale below:

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

<u>Supervisors</u>: As you rate your supervisees, keep in mind the developmental level of their training (e.g., a 1st semester/1st Practicum student should not be rated the same as a doctoral intern). This form already takes this into account to some degree. Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence. If you have not had the opportunity to observe a behavior in question, please indicate this by checking "No Opportunity to Observe" [N/O].

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values			
Understands professional values; honest, responsible	Choose an item.		
	Choose an item.	[N/O]	
1B. Deportment			
Understands how to conduct oneself in a professional manner	Choose an item.	[N/O]	
1C. Accountability			
Accountable and reliable	Choose an item.	[N/O]	
1D. Concern for the Welfare of Others			
Demonstrates awareness of the need to uphold and protect the			
welfare of others	Choose an item.	[N/O]	
1E. Professional Identity			
Demonstrates beginning understanding of self as professional;			
"thinking like a psychologist"	Choose an item.	[N/O]	
PROFESSIONAL VALUES TOTAL	0		
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups			
and communities who represent various cultural and personal background and characteristics defined broadly and consistent with			
APA policy.			
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender			
identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context			
Demonstrates knowledge, a wareness, and understanding of one's	Choose an item.	[N/O]	
own dimensions of diversity and attitudes towards diverse others	Choose all Itelli.		
2B. Others as Shaped by Individual and Cultural Diversity and Context			

Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	Choose an item.	[N/O]	
2C. Interaction of Self and Others as Shaped by Individual a	nd Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	Choose an item.	[N/O]	
2D. Applications based on Individual and Cultural Context			
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	Choose an item.	[N/O]	
DIVERSITY TOTAL	0		
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.			
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines			
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Choose an item.	[N/O]	
3B. Awareness and Application of Ethical Decision Making			
Demonstrates awareness of the importance of applying an ethical decision model to practice	Choose an item.	[N/O]	
3C. Ethical Conduct			
Displays ethical attitudes and values	Choose an item.	[N/O]	
ETHICS TOTAL	0		

4. Reflective Practice/Self-Assessment/Self-Care: Practice c	conducted with personal and pro	fessional self-awareness and reflection;
with awareness of competencies; with appropriate self-care.	1 1	
4A. Reflective Practice		
Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)	Choose an item.	[N/O]
4B. Self-Assessment		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	Choose an item.	[N/O]
4C. Self-Care (attention to personal health and well-being to assure e	ffective professional functioning)	
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Choose an item.	[N/O]
4D. Participation in Supervision Process		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Choose an item.	[N/O]
REFLECTION TOTAL	0	
II. RELATIONAL		
5. Relationships: Relate effectively and meaningfully with	individuals, groups, and/or con	nmunities.
5A. Interpersonal Relationships		
Displays interpersonal skills	Choose an item.	[N/O]
5B. Affective Skills		
Displays affective skills	Choose an item.	[N/O]
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	Choose an item.	[N/O]

RELATIONSHIPS TOTAL	0	
III. SCIENCE		•
6. Scientific Knowledge and Methods: Understanding of re biological bases of behavior, cognitive-affective bases of be derived knowledge.		
6A. Scientific Mindedness		
Displays critical scientific thinking	Choose an item.	[N/O]
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	Choose an item.	[N/O]
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	Choose an item.	[N/O]
SCIENTIFIC TOTAL	0	
7. Research/Evaluation: Generating research that contribute	es to the professional knowledge	base and/or evaluates the effectiveness
of various professional activities.		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	Choose an item.	[N/O]
7B. Application of Scientific Method to Practice		I
No expectation at this level	0	
RESEARCH TOTAL	0	
FUNCTIONAL COMPETENCIES		·
IV. APPLICATION		
8. Evidence-Based Practice: Integration of research and c	linical expertise in the context o	f patient factors.
8A. Knowledge and Application of Evidence-Based Practice		

Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Choose an item.	□ [N/O]	
EBP TOTAL	0		
9. Assessment: Assessment and diagnosis of problems organizations.	s, capabilities and issues associated w	ith individuals, groups, and/or	
9A. Knowledge of Measurement and Psychometrics			
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Choose an item.	[N/O]	
9B. Know	ledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Choose an item.	[N/O]	
9C. Application of Assessment Methods			
Demonstrates knowledge of measurement across domains of functioning and practice settings	Choose an item.	[N/O]	
9D. Diagnosis			
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Choose an item.	□ [N/O]	
9E. Conceptu	alization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Choose an item.	[N/O]	
9F. Communication of Assessment Findings			
Demonstrates awareness of models of report writing and progress notes	Choose an item.	[N/O]	
ASSESSMENT TOTAL	0		

10. Intervention: Interventions designed to alleviate suffering	ng and to promote health and well	-being of individuals, groups, and/or
organizations. 10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	Choose an item.	[N/O]
10B. Skills		
Displays basic helping skills	Choose an item.	[N/O]
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	Choose an item.	[N/O]
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	Choose an item.	[N/O]
INTERVENTION TOTAL	0	
V. EDUCATION		
11. Supervision: Supervision and training in the profession functioning of others.	nal knowledge base of enhancing a	and monitoring the professional
11A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	Choose an item.	[N/O]
11B. Skills Development		
Displays interpersonal skills of communication and openness to feedback	Choose an item.	[N/O]
SUPERVISION TOTAL	0	
VI. SYSTEMS	·	

12. Interdisciplinary Systems: Knowledge of key issues ar in multiple disciplines.	nd concepts in related disciplines. I	dentify and interact with professionals	
12A. Functioning in Multidisciplinary and Interdisciplinary Contexts			
Cooperates with others	Choose an item.	[N/O]	
12B. Respectful and Productive Relationships with Individuals fr	om Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	Choose an item.	[N/O]	
INTERDISCIPLINARY TOTAL	0		
13. Management-Administration: Manage the direct delive programs, or agencies (OPA).	very of services (DDS) and/or the	administration of organizations,	
13A. Administration			
Complies with regulations	Choose an item.	[N/O]	
ADMINISTRATION TOTAL	0		
14. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (patient), institutional, and/or systems level.			
14A. Empowerment			
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Choose an item.	□ [N/O]	
14B. Systems Change			
Understands the differences between individual and institutional level interventions and system's level change	Choose an item.	[N/O]	
ADVOCACY TOTAL	0		

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Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
 Yes
 No
 - Why or Why Not?
- If applicable, is the trainee ready to move to the next level of training, or independent practice? Yes No
 - Why or Why Not?

Has this Rating Form been shared and discussed with the student? Yes No

Student Comments regarding Rating Form:

Date of Review of Rating Form: Click or tap to enter a date.

Student Signature:

Supervisor

Signature:

C.3 Psy.D. Practicum Student Self-Rating Form

Practicum Student Self-Rating Form

Trainee Name:				
Name of Placement:			Date Evaluation Com date.	pleted: Click or tap to enter a
Name of Supervisor (j earned):	please include highest degree		Licensed Psychologis list profession:	t: Yes No If No,
Were other professiona Name(s)/Creder	ıls involved in your supervisiຜ ntial(s):	nl?Yes □ No		
Type of Review:	☐Mid-placement	Final	Other (please describe	e):
Dates of Training Experience this Review Covers: Click or tap to enter a date. to Click or tap to enter a date.				
	Level: 1st year Practicum 1s 2nd year Practicum 1s Semester Other (Descri am: 1st 2nd 3rd 4	st Semester 2nd ibe)	Semester	
How characteristic of y using the scale below:	your behavior is this compete	ency description?	Rate each item by resp	onding to the following question

Not at	Somewhat	Moderately	Mostly	Very
All/Slightly	1	2	3	4

<u>Students</u>: As you rate yourself, keep in mind the developmental level of your training (e.g., a 1st semester/1st Practicum student should not be rated the same as a doctoral intern). This form already takes this into account to some degree. Near

the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. If you have not had the opportunity to engage in a behavior in question, please indicate this by checking "No Opportunity to Observe" [N/O].

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values				
Understand professional values; honest, responsible	Choose an item.	[N/O]		
1B. Deportment				
Understand how to conduct oneself in a professional manner	Choose an item.	[N/O]		
1C. Accountability				
Accountable and reliable	Choose an item.	[N/O]		
1D. Concern for the Welfare of Others				
Demonstrate awareness of the need to uphold and protect the				
welfare of others	Choose an item.	[N/O]		
1E. Professional Identity				
Demonstrate beginning understanding of self as professional;				
"thinking like a psychologist"	Choose an item.	[N/O]		
PROFESSIONAL VALUES TOTAL	0			
2. Individual and Cultural Diversity (ICD): Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.				
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender				
identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context				
Demonstrate knowledge, awareness, and understanding of one's				
own dimensions of diversity and attitudes towards diverse others	Choose an item.	[N/O]		
2B. Others as Shaped by Individual and Cultural Diversity and Context				
Demonstrate knowledge, awareness, and understanding of other individuals as cultural beings	Choose an item.	[N/O]		
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context				

Demonstrate knowledge, awareness, and understanding of interactions between self and diverse others	Choose an item.	[N/O]
2D. Applications based on Individual and Cultural Context		
Demonstrate basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understand the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	Choose an item.	□ [N/O]
DIVERSITY TOTAL	0	
3. Ethical Legal Standards and Policy: Application o activities with individuals, groups, and organizations.	-	egal issues regarding professional
3A. Knowledge of Ethical, Legal and Professional Standards	s and Guidelines	
Demonstrate basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrate beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while at practicum setting	Choose an item.	[N/O]
3B. Awareness and Application of Ethical Decision Making		
Demonstrate awareness of the importance of applying an ethical decision model to practice	Choose an item.	[N/O]
3C. Ethical Conduct		
Display ethical attitudes and values	Choose an item.	[N/O]
ETHICS TOTAL	0	
4. Reflective Practice/Self-Assessment/Self-Care: Practice with awareness of competencies; with appropriate self	1 I	essional self-awareness and reflection;
4A. Reflective Practice		
Display basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)	Choose an item.	[N/O]
4B. Self-Assessment		
Demonstrate knowledge of core competencies; engages in initial self-assessment re: competencies	Choose an item.	[N/O]

4C. Self-Care (attention to personal health and well-being to assure effect	ctive professional functioning)	
Understand the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Choose an item.	[N/O]
4D. Participation in Supervision Process		
Demonstrate straightforward, truthful, and respectful communication in supervisory relationship	Choose an item.	[N/O]
REFLECTION TOTAL	0	
II. RELATIONAL		
5. Relationships: Relate effectively and meaningfully with	individuals, groups, and/or com	nunities.
5A. Interpersonal Relationships		
Display interpersonal skills	Choose an item.	[N/O]
5B. Affective Skills		
Display affective skills	Choose an item.	[N/O]
5C. Expressive Skills		
Communicate ideas, feelings, and information clearly using verbal, nonverbal, and written skills	Choose an item.	[N/O]
RELATIONSHIPS TOTAL	0	
III. SCIENCE	·	
6. Scientific Knowledge and Methods: Understanding of rebiological bases of behavior, cognitive-affective bases of be derived knowledge.		
6A. Scientific Mindedness		
Display critical scientific thinking	Choose an item.	[N/O]
6B. Scientific Foundation of Psychology		
Demonstrate understanding of psychology as a science	Choose an item.	[N/O]
6C. Scientific Foundation of Professional Practice		
Understand the scientific foundation of professional practice	Choose an item.	[N/O]
SCIENTIFIC TOTAL	0	

7. Research/Evaluation: Generating research that contribution of various professional activities.	butes to the professional knowledge b	ase and/or evaluates the effectiveness		
7A. Scientific Approach to Knowledge Generation				
Participate effectively in scientific endeavors when available	Choose an item.	[N/O]		
7B. Application of Scientific Method to Practice				
No expectation at this level	0			
RESEARCH TOTAL	0			
FUNCTIONAL COMPETENCIES				
IV. APPLICATION				
8. Evidence-Based Practice: Integration of research and	d clinical expertise in the context of	patient factors.		
8A. Knowledge and Application of Evidence-Based Practice				
Demonstrate basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrate basic knowledge of the value of evidence-based practice and its role in scientific psychology	Choose an item.	[N/O]		
EBP TOTAL	0			
9. Assessment: Assessment and diagnosis of problems, organizations.	capabilities and issues associated with	ith individuals, groups, and/or		
9A. Knowledge of Measurement and Psychometrics				
Demonstrate basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Choose an item.	[N/O]		
9B. Knowledge of Assessment Methods				
Demonstrate basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Choose an item.	[N/O]		
	9C. Application of Assessment Methods			
Demonstrate knowledge of measurement across domains of functioning and practice settings	Choose an item.	[N/O]		

9D. Diagnosis		
Demonstrate basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Choose an item.	[N/O]
9E. Conceptualization and Recommendations		
Demonstrate basic knowledge of formulating diagnosis and case conceptualization	Choose an item.	[N/O]
9F. Communication of Assessment Findings		
Demonstrate awareness of models of report writing and progress notes	Choose an item.	[N/O]
ASSESSMENT TOTAL	0	
 10. Intervention: Interventions designed to alleviate suffering organizations. 10A. Intervention planning 	ng and to promote health and	well-being of individuals, groups, and/or
Display basic understanding of the relationship between assessment and intervention	Choose an item.	[N/O]
10B. Skills		
Display basic helping skills	Choose an item.	[N/O]
10C. Intervention Implementation		
Demonstrate basic knowledge of intervention strategies	Choose an item.	[N/O]
10D. Progress Evaluation		
Demonstrate basic knowledge of the assessment of intervention progress and outcome	Choose an item.	[N/O]
INTERVENTION TOTAL	0	
V. EDUCATION		
11. Supervision: Supervision and training in the profession functioning of others.	al knowledge base of enhanc	ing and monitoring the professional
11A. Expectations and Roles		
Demonstrate basic knowledge of expectations for supervision	Choose an item.	[N/O]
11B. Skills Development		•

Display interpersonal skills of communication and openness to feedback	Choose an item.	[N/O]
SUPERVISION TOTAL	0	
VI. SYSTEMS		
12. Interdisciplinary Systems: Knowledge of key issues ar in multiple disciplines.	nd concepts in related disciplines.	Identify and interact with professionals
12A. Functioning in Multidisciplinary and Interdisciplinary Com	texts	
Cooperate with others	Choose an item.	[N/O]
12B. Respectful and Productive Relationships with Individuals fr	om Other Professions	
Demonstrate awareness of the benefits of forming collaborative relationships with other professionals	Choose an item.	[N/O]
INTERDISCIPLINARY TOTAL	0	
13. Management-Administration: Manage the direct delive programs, or agencies (OPA).	very of services (DDS) and/or th	e administration of organizations,
13A. Administration		
Comply with regulations	Choose an item.	[N/O]
ADMINISTRATION TOTAL	0	
14. Advocacy: Actions targeting the impact of social, poli (patient), institutional, and/or systems level.	tical, economic or cultural facto	rs to promote change at the individual
14A. Empowerment		
Demonstrate a wareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Choose an item.	[N/O]
14B. Systems Change		
Understand the differences between individual and institutional level interventions and system's level change	Choose an item.	[N/O]

ADVOCACY TOTAL	0	

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of your current level of competence. In your narrative, please be sure to address the following questions:

- What are your particular strengths and weaknesses?
- Do you believe that you have reached the level of competence expected by the program at this point in training?



- Why or Why Not?
- If applicable, are you ready to move to the next level of training, or independent practice? Yes No
 - Why or Why Not?

Has this Rating Form been shared and discussed with your supervisor, faculty, and/or advisor? Yes No

Student Comments regarding Rating Form:

Date of Review of Rating Form: Click or tap to enter a date.

Student Signature:

Instructor Signature:

C.4 Psy.D. Practicum Student Rating of Site Form

Practicum Student Rating of Site Form

A. GENERAL INFORMATION

Name of Student:

Date: Click or tap to enter a date.

Practicum Location:

Practicum Supervisor:

Training Level of Student: 1st year Practicum	2nd year Pract	icum
	Other (Describe)	

Dates of Practicum: From Click or tap to enter a date. To Click or tap to enter a date.

Total Number of Hours Completed for this Practicum:

B. RECORD OF PRACTICUM EXPERIENCES

Instructions: Please estimate the percentage of time in the practicum in which you engaged in the following professional activities (based on the total number of hours accumulated during the practicum).

(%	must sum to 100)
Assessment (testing, interviewing)	
Individual Interventions	
Group Interventions	
Marital/family therapy	
Clinical seminars (presentations & attendance)	
Multidisciplinary meetings	
Supervision	
Case preparation (reading files, etc)	
Report writing	
Reading clinical literature	
Research	
Other (specify):	
TOTAL %	

Percentage of Practicum Time

C. EVALUATION OF PRACTICUM EXPERIENCE

Instructions: Please provide an evaluation of the quality of the training opportunities made available to you at the practicum. Use the scale below to rate the extent to which the training experience met your expectations. That is, the quality of the practicum is judged on the basis to which it met your expectations for professional development. Place an X for each activity in the column that best describes your opinion.

Professional Activities	Inadequate	Adequate	Good	Excellent	Not Applicable
Test Administration					
Test Interpretation					
Report Writing					
Psychological Treatment					
Educational In-Service					
Supervision					
Research Opportunity					
Communication with Professionals					

Remarks: Please provide any additional information or explanation of the ratings you have made on your practicum experience (use additional sheets of paper if necessary).

D. EVALUATION OF PRACTICUM SUPERVISOR

Instructions: Please provide an evaluation of your practicum supervisor using the following scale. Use the rating categories to refer to the degree to which your supervisor's style met your expectations. You should use your experience with previous supervisors as a basis for your comparison. Place an X for each activity in the column that best describes your opinion. **Note**: This information is confidential. Only a summary of aggregate data will be used to provide feedback to supervisors.

Supervisor Characteristics	Inadequate	Adequate	Good	Excellent	Not Applicable
Professional Approach					
Readily Accessible					
Provided Realistic Feedback					
Monitored Student Activities					
Kept Appointments					

Discussed Ethical Issues			
Clear Communication of Expectations			
Good Role Model			
Encouraged Student Autonomy			
Effective Use of Supervision Meetings			
Included Direct Observation of Student			
Demonstrated Advanced Clinical Knowledge			
Skilled at Case Conceptualization			

Remarks: Please provide any additional information or explanation of the ratings you have made on your appraisal of your practicum supervisor (use additional sheets of paper if necessary).

E. GENERAL EVALUATION OF PRACTICUM

Using the rating scale provided below, please indicate your overall evaluation of the practicum in terms of promoting your professional development and meeting your career goals. Place an X beside the rating that best describes your overall evaluation.

12345PoorFairAverageGoodExceptional

What suggestions would you make that could improve the practicum and/or the supervisor's training approach?

E. RECOMMENDATIONS FOR FUTURE STUDENTS

Please check the category below to indicate whether you would recommend this practicum to future clinical students.

- (a) _____strongly recommend
- (b) ____recommend
- (c) _____would not recommend

Finally please comment on what background preparation a student should have to benefit most from this practicum setting.

Click or tap to enter a date. Date

Student Signature

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Appendix D

Psy.D. in Clinical Psychology Request to Extend Practicum Beyond End Date

Student Name:

LUID#:

Current Practicum Site:

<u>Practicum End Date</u>: Click or tap to enter a date.

Reason for Extension:

Number of Patients/Patients You Will Continue to Service:

Types of Service You Will Continue to Provide:

<u>Name/Credential of Site Supervisor Continuing to Provide Supervision</u>: (If different from current supervisor, you must submit a Supervisor Information Form with request.)

THIS EXTENSION WILL EXPIRE ON Click or tap to enter a date.. (Approved extensions are limited to 3 months from original end date.)

<u>Note</u>: Typing Name and Date below constitutes an e-signature. Please enter your name below if you agree.

Student Signature:

Date: Click or tap to enter a date.

Practicum Supervisor Signature:

Date: Click or tap to enter a date.

Approved by Clinical Director, Psy.D. in Clinical Psychology: Signature: Date: Click or tap to enter a date.

Appendix E Internship Forms

- E.1 Psy.D. Accredited Internship Request to Apply Form
- E.2 Psy.D. Request and Waiver for a Non-APA-accredited or Non-APPIC-approved Internship
- E.3 Psy.D. Internship Student Self-Rating Form
- E.4 Psy.D. Internship Supervisor Rating Form

E.1 Psy.D. Accredited Internship Request to Apply Form

Accredited Internship Request to Apply Form

Date	_//	
DE) MM	YY
urse work.		
	rk. My plan	s for doing
r doing so a	ire attached.	
for each):		
d prior to M	lay 15 th to a	ipply)
AAPI form	to the Clini	cal Director ¹):
	_	
	_	
or otherwise	change thes	e hours
DCT's secti	on of the AA	API agree
ound .4 and	below down	1 and .0
	AAPI form	n course work. My plan (stion): or doing so are attached.

E.2 Request and Waiver for a Non-APA-accredited or Non-APPIC-approved Internship

Request and Waiver for a Non-APA-accredited or Non-APPIC-approved Internship

Student Name:

LUID#:

Reason(s) for Request:

The faculty advisor and the Clinical Director have reviewed the internship plan and confirm that all the guidelines for a non-accredited internship will be met.

	Click or tap to enter a date.
Student	Date
	Click or tap to enter a date.
Faculty Advisor	Date
	Click or tap to enter a date.
Clinical Director	Date

Waiver:

I understand that completing my clinical internship in a training experience that is not APA-accredited or APPIC-approved may have implications for my professional development and goals, including but not limited to: difficulty or inability to be licensed as a psychologist in jurisdictions that require it; limitations on employment with federal agencies such as the Departments of Defense and Veterans Affairs; exclusion from third-party payer provider panels; and challenges with employment in hospital and other health care settings. I fully accept these possible implications and wish to complete my predoctoral clinical internship at a non-APA-accredited and/or non-APPIC-approved site.

	Click or tap to enter a date.
Student	Date

1

E.3 Psy.D. Internship Student Self-Rating Form

Internship Student Self-Rating Form (To be completed by internship student) htern:Supervisor:	
ates of Evaluation: to Training site: lethods used in evaluating competency:	
Direct ObservationReview of Audio/VideoCase Presentation	
Documentation Review Supervision Comments from other staff/faculty	
Scoring Criteria:	
 1 Remedial Significant skill development required; remediation necessary 	
2 Beginning/Developing Competence Expected level of competence pre-internship; close supervision required on most	st cases
3 Intermediate Competence	
Expected level of competence for intern by mid-point of training program; routir	ne or minima
supervision required on most cases	
4 Proficient Competence	
Expected level of competence for intern at completion of training program; ready f	for entry-leve
practice 5 Advanced Competence	
Rare rating for internship; able to function autonomously with a level of skill repr	esenting that
expected beyond the conclusion of internship training	oooning ina
the end of the rating form, you will have the opportunity to provide a	
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> should include at least one occurrence of direct observation per semester.	ch
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> should include at least one occurrence of direct observation per semester. Competency 1 - Intern will achieve competence in the area of: Resear	ch
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester</u> . <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate	rch
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester</u> . <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation,	ch
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester</u> . <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	rch
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester</u> . <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference,	ch
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the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester</u> . Competency 1 - Intern will achieve competence in the area of: Resear Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	r ch
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester.</u> <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester.</u> <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester.</u> <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester.</u> <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> <u>should include at least one occurrence of direct observation per semester.</u> <u>Competency 1 - Intern will achieve competence in the area of: Resear</u> Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: <u>Competency 2 - Intern will achieve competence in the area of: Ethical Standards</u>	#DIV/0!
the end of the rating form, you will have the opportunity to provide a narrative evaluation of your current level of competence. <u>Your ratings</u> should include at least one occurrence of direct observation per semester. Competency 1 - Intern will achieve competence in the area of: Resear Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments:	#DIV/0!

The current version of the APA Ethical Principles and Code of	
Conduct;	
Relevant laws, regulations, rules, and polices governing health	
service psychology at the organizational,	
local, state, regional and federal levels;	
Relevant professional standards and guidelines;	
Recognizes ethical dilemmas as they arise and applies ethical decision-	
making processes in order to resolve the dilemmas	
Conducts self in an ethical manner in all professional activities	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 3 - Intern will achieve competence in the area of: Indivi	dual and
Cultural Diversity	uuui uiiu
Demonstrates an understanding of how their own personal/cultural	
history, attitudes, and biases may affect how one understands and	
interacts with people different from oneself	
Demonstrates knowledge of the current theoretical and empirical	
knowledge base as it relates to addressing diversity in all professional	
activities	
Integrates awareness and knowledge of individual and cultural	
8	
differences in the conduct of professional roles	
Applies a framework for working effectively with areas of individual and	
cultural diversity	
Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their	
demographic characteristics, or worldviews create conflict with their own	
demographic characteristics, or worldviews create conflict with their	#DIV/0!
demographic characteristics, or worldviews create conflict with their own	#DIV/0!
demographic characteristics, or worldviews create conflict with their own AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
demographic characteristics, or worldviews create conflict with their own AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
demographic characteristics, or worldviews create conflict with their own AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
demographic characteristics, or worldviews create conflict with their own AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
demographic characteristics, or worldviews create conflict with their own AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 4 - Intern will achieve competence in the area of: Profes	
demographic characteristics, or worldviews create conflict with their own AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 4 - Intern will achieve competence in the area of: Profes Values and Attitudes	

Engages in activities to maintain and improve performance, well-being, and professional effectiveness	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	
Responds professionally in increasingly complex situations with a	
greater degree of independence as they progress across levels of training	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 5- Intern will achieve competence in the area of: Commu and Interpersonal Skills	inication
Develops and maintains effective relationships with a wide range of individuals	
Demonstrates a thorough grasp of professional language and concepts	
Produces, comprehends, and engages in communications (oral,	
nonverbal, and written) that are informative and well-integrated	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well	
Demonstrates effective interpersonal skills and the ability to manage	#DIV/0!
Demonstrates effective interpersonal skills and the ability to manage difficult communication well	#DIV/0!
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments:	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Comments: Demonstrates current will achieve competence in the area of: Assess Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 6 - Intern will achieve competence in the area of: Assess Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology Demonstrates understanding of human behavior within its context Applies knowledge of functional and dysfunctional behaviors including	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 6 - Intern will achieve competence in the area of: Assess Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology Demonstrates understanding of human behavior within its context Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process Selects and applies assessment methods that draw from the best	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 6 - Intern will achieve competence in the area of: Assess Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology Demonstrates understanding of human behavior within its context Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process Selects and applies assessment methods that draw from the best available empirical literature	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 6 - Intern will achieve competence in the area of: Assess Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology Demonstrates understanding of human behavior within its context Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process Selects and applies assessment methods that draw from the best available empirical literature Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 6 - Intern will achieve competence in the area of: Assess Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology Demonstrates understanding of human behavior within its context Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process Selects and applies assessment methods that draw from the best available empirical literature Collects relevant data using multiple sources and methods appropriate to	<u> </u>

Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 7 - Intern will achieve competence in the area of: Interve	ention
Establishes and maintains effective relationships with recipients of psychological services Develops evidence-based intervention plans specific to the service delivery goals Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively	
Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Competency 8- Intern will achieve competence in the area of: Supervi	
Comments:	
Comments: Competency 8- Intern will achieve competence in the area of: Supervi Applies overall knowledge of supervision in direct or simulated practice	
Comments: Competency 8- Intern will achieve competence in the area of: Supervi Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals	
Comments: Competency 8- Intern will achieve competence in the area of: Supervi Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals Applies the supervisory skill of observing in direct or simulated practice	
Comments: Competency 8- Intern will achieve competence in the area of: Supervi Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals Applies the supervisory skill of observing in direct or simulated practice Applies the supervisory skill of evaluating in direct or simulated practice Applies the supervisory skills of giving guidance and feedback in direct or	

Comments:	#DIV/0!
other professions Applies knowledge about consultation in direct or simulated (e.g. role played) consultation AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments:	#DIV/0!
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments: Image: Comment state of the state of t	#DIV/0!
played) consultation AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments:	#DIV/0!
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments:	#DIV/0!
Comments:	#DIV/0!
OVERALL RATING (average of broad competence area scores)	
OVERALL RATING (average of broad competence area scores)	
OVERALL RATING (average of broad competence area scores)	
	#DIV/0!
Comments on Intern's overall performance:	
_	
I acknowledge that my supervisor has reviewed this evaluation with me.	(
Yes No	
Intern Signature	Date
Supervisor's Signature	Date
Supervisor's Signature	Date

E.4 Psy.D. Internship Supervisor Rating Form

Internship Supervisor Rating Form (To be completed by internship supervisor)	
Intern:Supervisor:	
Dates of Evaluation:toTraining site:	
Methods used in evaluating competency:	
Direct Observation Review of Audio/Video Case	
Image: Commentation ReviewImage: Commentsfrom other staff/facultyImage: Comments	
Scoring Criteria:	
1 Remedial Significant skill development required; remediation necessary	
2 Beginning/Developing Competence Expected level of competence pre-internship; close supervision required on most	cases
 3 Intermediate Competence Expected level of competence for intern by mid-point of training program; routine supervision required on most cases 4 Proficient Competence Expected level of competence for intern at completion of training program; ready for practice 5 Advanced Competence 	
Rare rating for internship; able to function autonomously with a level of skill representing beyond the conclusion of internship training	that expected
Supervisors: As you rate your supervisees, <u>keep in mind the developmental level of</u> <u>their training</u> (e.g., an intern should not be evaluated as if they were already licensed as a psychologist). This form already takes this into account to some degree. If you have not had the opportunity to observe a behavior in question, please indicate this by checking "No Opportunity to Observe" [N/O]. Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence. <u>Your ratings should include at least one occurrence of</u> <u>direct observation per semester</u> .	
Competency 1 - Intern will achieve competence in the area of: Research	
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!

Comments:

Competency 2 - Intern will achieve competence in the area of: Ethical and Leg	al Standa
Demonstrates knowledge of and acts in accordance with each of the following:	
The current version of the APA Ethical Principles and Code of Conduct;	
Relevant laws, regulations, rules, and polices governing health service psychology at the organizational, local, state, regional and federal levels;	
Relevant professional standards and guidelines;	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	
Conducts self in an ethical manner in all professional activities	
	#DIV/0!
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE Comments:	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity Demonstrates an understanding of how their own personal/cultural history,	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities Integrates awareness and knowledge of individual and cultural differences in the	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself Demonstrates knowledge of the current theoretical and empirical knowledge base	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles Applies a framework for working effectively with areas of individual and cultural	
Comments: Competency 3 - Intern will achieve competence in the area of: Individual and Diversity Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles Applies a framework for working effectively with areas of individual and cultural diversity Works effectively with individuals whose group membership, demographic	

Attitudes

	1
Behaves in ways that reflect the values and attitudes of psychology	
Engages in self-reflection regarding personal and professional functioning	
Engages in activities to maintain and improve performance, well-being, and professional effectiveness	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	
Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments: Competency 5- Intern will achieve competence in the area of: Communication Interpersonal Skills	ı and
Develops and maintains effective relationships with a wide range of individuals	
Demonstrates a thorough grasp of professional language and concepts	
Produces, comprehends, and engages in communications (oral, nonverbal, and written) that are informative and well-integrated Demonstrates effective interpersonal skills and the ability to manage difficult communication well	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments: Competency 6 - Intern will achieve competence in the area of: Assessment	
Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrates understanding of human behavior within its context	
Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	
Selects and applies assessment methods that draw from the best available empirical literature	
Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	

Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases	
Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 7 - Intern will achieve competence in the area of: Intervention	
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans specific to the service delivery goals	
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively	
Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
Competency 8- Intern will achieve competence in the area of: Supervision	
Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals	
Applies the supervisory skill of observing in direct or simulated practice	
Applies the supervisory skill of evaluating in direct or simulated practice	
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice	

Comments:	#DIV/0!
Competency 9 - Intern will achieve competence in the area of: Consultation ar Interprofessional/Interdisciplinary Skills	nd
Demonstrates knowledge and respect for the roles and perspectives of other professions	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV/0!
Comments:	
OVERALL RATING (average of broad competence area scores)	#DIV/0!
Comments on Intern's overall performance:	
I acknowledge that my supervisor has reviewed this evaluation with me. Yes No	(
Intern Signature	Date
Supervisor's Signature	Date

