

Practicum Registration Form

CPSY/SPSY

Section

Date:

Name:

UIN:

Email:

Semester Registering for:

Year:

Number of Credits:

Practicum Site:

Site Supervisor Name:

Faculty of Record:

(For registration purposes)

Site Supervisor Email:

Field Practicum Site Agreement:

Will the Site Supervisor be a Licensed Psychologist? YES NO Other credential(s):

Does the Site Supervisor agree to provide the student with at least 1 hour of weekly supervision? YES NO

Does the Site Supervisor agree to review the student's "live" sessions or session recordings? YES NO

Does the Site Supervisor agree to submit a practicum evaluation for the student each semester? YES NO

Describe the role and responsibilities of the student at this practicum site:

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

Practicum Student Agreement:

Student has submitted the practicum contract (Any practicum not on TAMU site requires a contract between TAMU and the site): Yes No N/A

Student will provide Site Supervisor with the course syllabus and practicum evaluation form: Yes No

Student agrees to make sure their practicum evaluation form is submitted by their Site Supervisor prior to the end of the semester: Yes No

Field Practicum Coordinator Signature of Site Registration Approval: **CPSY**- TBC is Dr. McCord & all other practica is Dr. Ojeda, **SPSY**- Chair

Name

Signature