

## Ph.D. Statement of Clinical Accountability

Student Name \_\_\_\_\_

Year \_\_\_\_\_

<b>Prac Course (Circle one)</b>	270-806 Practicum in Counseling (MS)	270-810 Professional Development & Clinical Practice	270-900 Foundational Practicum	270-901 Research Teaching Consultation	270-902 Supervision	270-903 Advanced Practicum	270-850 Consultation	270-904 Externship	Program Sanctioned Non-Practicum Clinical Experience *
<b>Semester (Circle)</b>	Spring	Fall Spring Summer	Fall Spring Summer	Fall Spring Summer	Fall Spring	Fall Spring Summer	Fall Spring	Fall Spring Summer	Fall Spring Summer

\*Requires Training Director approval and simultaneous enrollment with other CP practicum/clinical practicum course

**Treatment Setting** \_\_\_\_\_

**Practicum Site** \_\_\_\_\_ **Inclusive dates of practicum** \_\_\_\_\_

**Brief Description of Experience:**

### Intervention Hours (Direct face-to-face hours)

<b>A. Individual Therapy</b>	Hours	# of Clients	<b>B. Career Counseling</b>	Hours	# of Clients
Older Adults (65+) Adults (18-64) Adolescents (13-17) School-Age (6-12) Pre-School Age (3-6) Infants/Toddlers (0-2)			Adults Adolescents (13-17)		
<b>E. Couples or Family Therapy</b>	Hours	# of Clients	<b>C. Group (list group names)</b>	Hours	# of Clients
Family Therapy Couples Therapy			Adults Adolescents (13-17) Children 12 or under		
<b>D. Other Psychological Experience with Students and/or Organizations</b>	Hours	# of Clients	<b>E. Other Psychological Interventions</b>	Hours	# of Clients
Supervision of Other Students Program Development/Outreach Programming Outcome Assessment of Programs or Projects Systems Intervention/Organizational Consultation/Performance Improvement Other (please specify)			<b>Intake/Structured Interview</b> School Counseling Sport Psychology/Performance Enhancement Medical/Health Related Substance Abuse Intervention Client Consultation		
<b>Total Intervention/Direct Service Hours:</b>					

**Assessment Hours**

Psychodiagnostic Test Administration	
Neuropsychological Assessment	
Providing Feedback to Clients / Patients	
<b>Total Assessment Hours:</b>	

**Supervision Hours**

<i>Supervision provided by:</i>	<b>Licensed Psychologist</b>	<b>Allied Mental Health Prof.</b>	<b>Others*</b>
Individual (face to face)			
Group			
Supervision of Supervision			
<b>Total Supervision Hours:</b>			

<b>Direct Observation of Clinical work by Supervisor (please circle Yes or No)</b>	
<b>Yes</b>	<b>No</b>
<i>If yes, please specify by circling:</i> Videotape review Live Observation Co-therapy	

**Support/Indirect Service Hours**

Administration, Writing case notes, Reviewing Charts, Reading for Cases, Audio/video review	
Assessment interpretation, Report writing	
In-service training seminars/professional development; consulting about cases; case conference	
Observing interventions, Writing process notes (specify individual, group, couple)	
Preparing workshops, interventions, or other consultation-related work	
Other (please specify)	
<b>Total Support Hours:</b>	

**Total Hours**

<b>Total Direct Service Hours</b>		<b>Total Assessment Hours</b>		<b>Total Indirect Service Hours</b>		<b>Total Supervision Hours</b>		<b>Grand Total</b>	
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**Professional In-Service** – Attach a list of your in-service training experiences. Include the title of the in-service presentation/workshop, date, and presenter.

**Diverse Clientele Served** (Provide a number count for each – i.e. number of persons, not number of hours.)

Race/Ethnicity	
Asian American / Asian Origin / Pacific Islander	African American / Black / African Origin
European Origin/ White	International
Latin-x / Hispanic	Multiracial / Biracial
Native American / Alaskan Native /Aboriginal Canadian	Other (specify):

Sexual Orientation				
Heterosexual	Gay	Lesbian	Bisexual	Other

Disability		
Physical/Orthopedic Disability	Blind/Visually Impaired	Deaf/Hard of Hearing
Learning/Cognitive Disability	Developmental Disability	Serious Mental Illness
Other (specify)		

Gender			
Female	Male	Transgender	Other

Test administration and scoring (List specific tests and specify whether adult or children/adolescents)	Administered/ Scored	Interpreted	Wrote report	Administered as a part of a research project

**Notes to student:** It is your responsibility to make a copy for your records before turning this evaluation form in to your practicum instructor. You are also **strongly encouraged** to use Time2Track each semester to document hours in preparation for the internship application process.

**Signatures:**

Practicum Student \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor (Individual Sup) \_\_\_\_\_ Date \_\_\_\_\_

University Supervisor (Group Sup) \_\_\_\_\_ Date \_\_\_\_\_

Department Director of Training \_\_\_\_\_ Date \_\_\_\_\_