

LAKEHEAD UNIVERSITY CLINICAL PSYCHOLOGY CLINICAL PLACEMENT LEARNING EXPECTATIONS

Student Name: _____ Student ID: _____

Type of Clinical Placement (circle one): MA Practicum / PhD Practicum / PhD Internship

Expected start date: _____ Expected end date: _____

Full time or part-time? _____ If part-time, number of hours per week: _____

Name and location of clinical setting, and program/rotation (if applicable):

Name, credentials of supervisor(s): _____

1. What are types of population and presenting problems is the student expected to see? (e.g, child, adolescents, adults, elderly, families, inpatient,outpatient, depression, eating disorders, brain injury). What kinds of clinical activities will the student undertake under supervision?

2. If possible, please identify the specific skills to be acquired by the student and how they will be acquired:
 - (a) Assessment (e.g., specific types of assessment and instruments to be used)

 - (b) Treatment (e.g., type of treatment/interventions such as group, individual, family, psychoeducation; therapeutic modalities used)

(c) Other (if applicable, please specify)

3. Number of clients the student might be expected to see:

Assessment: _____ per week/per month (b) Treatment: _____ per week/per month

4. Please describe the type of supervision expected to be provided (e.g, direct observation, co-therapy, monitoring through a one-way mirror). Will the type of supervision vary as the student becomes more skilled? If so, how?

5. Amount and schedule of supervision expected to be provided:

Supervisor signature : _____

Date: _____

Student signature: _____

Date: _____

LU Clinical Placement Coordinator signature: _____

Date: _____

Signatures do not imply contractual or legally binding obligations. The information collected on this form will be used to track the functioning and development of the Lakehead University Psychology Department Clinical Psychology graduate programs for the purpose of accreditation.