

# LAKEHEAD UNIVERSITY

## DEPARTMENT OF PSYCHOLOGY

### Graduate Student Report on Completion of Clinical Placement

**Instructions:** This report is to be filled out by all MA and PhD Clinical Psychology graduate students when they have finished their clinical training (MA Practicum, PhD Practicum, or PhD Internship) at each clinical setting or in each rotation/programme within a particular clinical setting. Please attach your supervisory log and the evaluation form that your clinical supervisor(s) have completed. You will be given credit towards your clinical placement training when you have submitted all the required information and completed the amount of training hours specified by your program requirements. Please forward this report and its attachment to the Clinical Placement Coordinator. Thank you.

Today's date: \_\_\_\_\_ (day/month/year)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Type of clinical placement (tick one): MA Practicum \_\_\_\_\_ PhD Practicum \_\_\_\_\_ PhD Internship \_\_\_\_\_

Name and location of setting: \_\_\_\_\_

Name of rotation/programme (where applicable): \_\_\_\_\_

Is your setting CPA accredited? Yes / No                      APA accredited? Yes / No

Name of your primary supervisor(s) and credentials (e.g, Ph.D., C. Psych., diplomate): \_\_\_\_\_

\_\_\_\_\_

Name of your secondary supervisor(s) where applicable, and credentials (e.g., Ph.D., C. Psych., diplomate): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you start your clinical placement? \_\_\_\_\_ (day/month/year)

When did you finish your clinical placement? \_\_\_\_\_ (day/month/year)

How many hours in TOTAL did you spend in your clinical placement? \_\_\_\_\_ hours

What is the breakdown of your clinical placement hours? Please estimate if you are unable to specify precisely.

Direct client contact: \_\_\_\_\_ hours                      Supervision: \_\_\_\_\_ hours

Clinical documentation (notes, reports, writing related to clinical activity): \_\_\_\_\_ hours

Professional development (e.g., attending workshops, conferences, etc. ) \_\_\_\_\_ hours

Other activities (please specify and estimate hours): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What type of experience did you gain from your clinical placement? Specify in the space below the type of activity (e.g., assessment, individual therapy, group therapy, family therapy, consultation, psychoeducation, etc.), type of client population (e.g., adult, adolescents, children, geriatrics, family), type of patient population (e.g, inpatient, outpatient, young offenders, inmates, etc.), and types of problems seen (e.g., depression, bipolar, anxiety disorders, parenting problems, substance use problems, learning problems, etc.).**

**Any comments or feedback you might have:**

*Please submit this report along with your supervisory log and supervisor evaluation form to the Clinical Placement Coordinator at your earliest convenience. Thank you.*