

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, the APPIC tracking sheets (i.e., breakdown of hours/clients), 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 (treatment): _____ hours Supervision: _____ hours

Direct client contact (assessment): _____ hours

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

Consultation: _____ hours

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

Other activities (please specify, such as supervising others, 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.).

How many hours in TOTAL have you completed for the MA practicum? _____ hours

How many hours in TOTAL have you completed for the PhD practicum? _____ hours

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.