PRACTICUM SITE SUMMARY

Name of Site: 
Address: 
Phone: Fax: E-Mail: 

Site Representative: 
Title: 

Primary Supervisor: 
License #: Date First Licensed: 
Highest Degree: Institution: 
Theoretical Orientation: 

Additional Supervisors: 

Site Practice Domain: 
_____ Forensic/Corrections 
_____ Child/Adolescent 
_____ Health Psychology 
_____ General Practice 
_____ Other 

Setting: 
_____ Hospital 
_____ Private Practice 
_____ CMHC 
_____ Prison 
_____ School 
_____ Organization/Corp. 
_____ Inpatient 
_____ Outpatient 
_____ Outpatient Primary Health 
_____ Mgd. Beh. Health 
_____ Other: 

TRAINEE INFORMATION

# Trainees Per Year: _____ # Days/Hours Per Week: _______ Stipend: $6,000 each

Duties: 
_____ Formal Assessment 
_____ Informal Assessment 
_____ Report Writing 
_____ Supervision 
_____ Individual Therapy 
_____ Couples/Family Therapy 
_____ Group Therapy 
_____ Other: 

% Formal Assessment vs. Treatment: 

Supervision Modes Available: 
_____ Audiotaping 
_____ Videotaping 
_____ Joint Intervention 
_____ Consultation Team 
_____ Consultation 
_____ Live 
_____ Case Report 

# Direct Individual Supervision Hours Per Week: 

Student Level Required and Other Prerequisites: 

(OVER)
**CLIENT DESCRIPTION** *(Please provide the following information.)*

**Population:** *(Please rank top 3 groups)*

- Adult
- Child
- Adolescent
- Couples
- Families
- Geriatric
- Other: _______________________

**Race/Ethnicity:** *(Please rank top 3 groups)*

- Caucasian
- Native American
- African-American
- Asian
- Hispanic/Latino
- Other: _____________________________
- Appalachian

**Please rank:**

- Urban
- Suburban
- Rural

**Please rank:**

- Upper SES
- Middle Income
- Lower SES

**Check those that apply:**

- Physically Challenged
- Developmentally Disabled
- Deaf/Hard of Hearing

**Presenting Problems:** *(Please rank top 3 presenting problems)*

- Anxiety
- Domestic Violence
- Phobias
- Chemical Dependency
- Job-related
- Psychosis
- Chronic Pain
- Learning/Academic
- PTSD
- Delinquency
- OCD
- Relationship Problems
- Depression
- Parenting/Discipline
- Stress
- Divorce
- Personality Disorder
- Other: _____________________

**Other information about your site which would be helpful for prospective trainees:**

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**SIGNATURE OF SITE REPRESENTATIVE:**

___________________________________________________________

Date

**Please return this form to:**

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