

First Year Experience—TRAINING ACTIVITIES REPORT

OFFICE OF CLINICAL TRAINING - SCHOOL OF PROFESSIONAL PSYCHOLOGY - WRIGHT STATE UNIVERSITY

Name of Trainee: _____
 Facility/Program: _____
 Signature of Trainee: _____

Month: _____ Year: _____
 Name of Primary Supervisor (please print): _____
 Signature of Supervisor: _____

* * * SEE Page 3 for DUE DATES * * *

	<u>Therapy</u>		<u>Intake</u>		<u>Additional Intervention Experience</u>		<u>Testing</u>	
	<u>Total # Face to Face Hours</u>	<u>New Clients This Month</u>	<u>Total # Face to Face Hours</u>	<u>New Clients This Month</u>			<u>Total # Face Face Hours</u>	<u>Total # Hours</u>
Individual								
Adults (18-64)	_____	_____	_____	_____	Consultations Delivered to Another Agency/Organization/Unit	_____	Face to Face Contact	
Adolescents (13-17)	_____	_____	_____	_____		_____	Administration	_____
School-Age (6-12)	_____	_____	_____	_____	Medical/ Health-Related Intervention	_____	Clinical Interviewing (Not Intake)	_____
Pre-school Age (3-5)	_____	_____	_____	_____	Organizational Performance Improvement	_____	Client Feedback	_____
Infants/Toddlers (0-2)	_____	_____	_____	_____		_____		
-----					Program Development/ Outreach Programs	_____		
Family (count as 1 unit)					Sports Psycho/Perform. Enhance. Substance Abuse Interventions	_____	Subtotal Face to Face Assessment Hours	_____
-----					Systems Intervention	_____	Support Activity	
Couples (count as 1 unit)					Outcome Assessment	_____	Scoring	_____
-----					Supervision of other students	_____	Report Writing	_____
Groups (count as one unit)					Other (Specify: _____ _____)	_____	Other Assessment	_____
Adults (18 and over)	_____	_____			Subtotal Additional Experience Hours:	_____	Subtotal Indirect Assessment Support Hours	_____
Adolescents (13-17)	_____	_____					# Adult Reports	
Children (12 and under)	_____	_____					(count only completed reports)	_____
School Counseling							# Child/Adolescents Reports (count only completed)	_____
Direct Intervention	_____	_____						
Consultation	_____	_____						
Career Counseling								
Adults	_____	_____						
Adolescents	_____	_____						
Other: _____	_____	_____						
Subtotal Therapy:	_____	_____						

INTEGRATED TEST BATTERY REPORTS:

An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the client.

PSYCHOLOGICAL TESTING THIS MONTH

ADULT TESTS

TEST NAME	# A/S	# WR	TEST NAME	# A/S	# WR	TEST NAME	# A/S	# WR
Bender Gestalt			NEO Personality Inventory			TAT		
Benton Visual Retention Test			Personality Assessment Inventory (PAI)			Trail Making Test A & B		
Boston Naming Test			Projective Sentences (includes the Rotter Sentence Completion and other Sentence Completion Tests)			WAIS (version:)		
California Psychological Inventory			Projective Drawings (includes Draw-a-Person Test and Kinetic Family Drawing Test)			WIAT (version : _____)		
California Verbal Learning Test (version:)			Rey-Osterrieth Complex Figure			WMS (version : _____)		
Delis-Kaplan Executive Function System			Rorschach (Scoring System)			Wisconsin Card Sorting Test		
Dementia Rating Scale-II			Ruff 2&7			Other #1:		
Millon Clinical Multi-Axial Inv. II (MCMI)			SCID			Other #2:		
MMPI-II			Self Report Inventories (e.g. Beck Dep. Inv.)			Other #3:		
Multilingual Aphasia Exam			Strong Interest Inventory			Other #4:		
Myers-Briggs Type Indicator			Structured Diagnostic Interviews (e.g., SADS, DIS)			Other #5:		

A/S- Number Administered and Scored

CHILD/ ADOLESCENT TESTS

WR- Written Report

TEST NAME	# A/S	# WR	TEST NAME	# A/S	# WR	TEST NAME	# A/S	# WR
Achenbach			Diagnostic Interviews (e.g. DISC, Kiddie -SADS)			WIAT (version :)		
Barkley-Murphy Checklist for ADHD			House-Tree-Person			Wide Range Assessment of Memory and Learning (version:)		
Bayley Scales of Infant Development (Specify version:)			Human Figure Drawing			WISC (version : _____)		
Behv Assessment System for Children (BASC)			Kinetic Family Drawing			Woodcock Johnson (version : _____)		
Behavior Rating Scale of Executive Function (BRIEF)			Million Adol. Personality Inventory (MAPI)			WPPSI (version : _____)		
Bender Gestalt			MMPI-A			WRAT(version: _____)		
CAT			Parent Report Measures(e.g. Child Behav. Ckfst)			Other #1:		
Children's Memory Scale			Peabody Picture Vocabulary Test (PPVT)			Other #2:		
Conner's Scales (ADHD assessment)			Roberts Apperception Test for children (RATC)			Other #3:		
Continuous Performance Test (specify version: _____)			Rorschach (scoring system)			Other #4:		
Delis Kaplan Executive Function System			Self report measures of symptoms /disorders(Child Depression inventory)			Other #5:		

SUPERVISION RECEIVED THIS MONTH

Activity:

Total # Hours

Face-to-Face/One-to-One Supervision with Licensed Psychologist:	
Face-to Face/One-to-One umbrella Supervision with non-licensed Psychologist, Post-doc., or Psychologist Intern:	
Face-to-Face/One-to-One Umbrella Supervision with licensed Allied Professional (e.g. Psychiatrist, Counselor, Social Workers):	
Group Supervision:	
Peer Supervision/Consultation and Case Discussion on specific cases (does <u>not</u> include PT):	
Subtotal of Supervision Received This Month:	

SUPPORT ACTIVITIES THIS MONTH

This item includes activities spent that support your intervention and assessment experience outside the counseling/therapy hour while still focused on the client/patient (e.g., case conferences, case management, didactic training/ seminars, grand rounds, progress notes, clinical writing, chart review, video/audio tape review, time spent planning interventions, staff meetings, team conferences, etc.)

Support Activities:	# Hours
• Staff Meeting	_____
• Case Management	_____
• Progress Notes/Chart Review	_____
• Tape (Audio/Video) Review	_____
• Other: ()	_____
• Other: ()	_____
TOTAL Support Activity Hours	_____

Other Training:	# Hours
• Case Conferences	_____
• Didactic Training Including Grand Rounds	_____
• Practice Tutorial (PT)	_____
• Consultation with other Professionals	_____
• Guided Professional Readings	_____
• Seminars	_____
• Co-therapy	_____
• Other: ()	_____
• Other: ()	_____
TOTAL Other Training Hours	_____

NEW CLIENT DEMOGRAPHICS Please indicate the number of NEW clients this month, whether seen individually or in a group. Count each client in every applicable category. Count intervention and assessment clients.

Descriptor	# of Different Clients	
RACE/ ETHNICITY/CULTURE	Intervention	Assessment
African-American/Black/African Origin	_____	_____
Asian American/Asian Origin/Pacific Islander	_____	_____
Latino-a/Hispanic	_____	_____
American Indian/Alaska Native/ Aboriginal Canadian	_____	_____
European Origin/ White	_____	_____
Appalachian	_____	_____
Rural	_____	_____
Bi-racial/Multi-racial	_____	_____
Other (Specify)	_____	_____

NEW CLIENT DEMOGRAPHICS

Please indicate the number of NEW clients this month, whether seen individually or in a group. Count each client in every applicable category. Count intervention and assessment clients.

Descriptor	# of Different Clients	
GENDER/SEXUAL ORIENTATION	Intervention	Assessment
Male	_____	_____
Female	_____	_____
Transgendered	_____	_____
Heterosexual	_____	_____
Gay/Lesbian	_____	_____
Bisexual	_____	_____
DISABILITIES		
Physical/Orthopedic Disability	_____	_____
Blind/Visually Impaired	_____	_____
Deaf/Hard-of-Hearing	_____	_____
Learning/Cognitive Disability	_____	_____
Developmental Disability (Including Mental Retardation and Autism)	_____	_____
Serious Mental Illness (e.g. disorders that significantly interfere with adaptive functioning) primary psychotic disorders, major mood	_____	_____
Other (Specify: _____)	_____	_____

TOTAL OF PRACTICUM HOURS:	
This total should include only these 8 subtotals:	
• Therapy Hours	_____
• Intake Hours	_____
• Additional Experience Hours	_____
• Assessment Face to Face	_____
SUBTOTAL FACE TO FACE HRS	
• Indirect Assessment Support Hrs	_____
• Supervision Hours	_____
• Support Activity Hours	_____
• Other Training Hours	_____
SUBTOTAL INDIRECT HOURS	
GRAND TOTAL PRACTICUM HOURS	

Submit this form to the Office of Clinical Training by the 10th of the following month. Exceptions: Reports for November, March, and June are due by the last day of Final Exams. Any remaining activity for these months should be reported on the following month's TAR. Reports for August are due by the last day of final exams or the end of practicum, whichever is earlier. Any remaining activity for August should be reported on a second August TAR.