# CONSULTATION/EDUCATION & MANAGEMENT/SUPERVISION (CEMS) ACTIVITY REPORT

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Year You Entered SOPP Program</th>
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<tr>
<th>Date Activity Completed</th>
<th>Supervisor Overseeing Activity</th>
<th>Amount of Time Spent in Activity</th>
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Category of Activity (if you are not sure, turn in with your best estimate)
- [ ] Consultation/Education
- [ ] Management/Supervision

Description of Activity (describe your activity and then circle *only one* bulleted item below please)

## Consultation
- Liaison from practicum to other agencies
- Provide feedback on assessment to referral source other than client
- Make collateral contacts regarding a single clinical case
- Conduct a program evaluation
- Engage in service learning experience
- Participate in implementing mental health screening (e.g., depression or alcohol screening)
- Consultation activities in the context of student government or graduate assistantship
- Other (please briefly explain)

## Education
- TA for a course
- A 30-minute instructional presentation in a course or PT
- Teach a psychology course (count only face-to-face time)
- Serve as a tutor (count only face-to-face time)
- Education activities in the context of student government or graduate assistantship
- Providing feedback or sharing information with students on First Year Experience
- Other (please briefly explain)

## Management
- Participate in strategic planning
- Engage in management activities in context of student government or graduate assistant
- Market/assist in management of a service
- Assist in managing third-party payment issues
- Develop/organize mental health screening
- Participate in development/implementation of a budget
- Other (please briefly explain)

## Supervision
- Serve as TA on clinical development (e.g., Interviewing I, Assessment II, Crisis)
- Provide consultative supervision to less experienced students (e.g., in PATH or working with students on 1st Yr Experience)
- Serve as TA for a PT section
- Other (please briefly explain)

## Impact of Activity
(Discuss personal reactions as well as impact on Professional Development in CEMS area).

Continue on reverse side if needed

Supervisor Comments and Signature: ________________________________

Academic Advisor Signature: ________________________________

*Please forward this signed form to the Office of Academic Affairs for your academic file.*

6/2/09; Rev 9/17/12