

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 _____ Individual Therapy _____ Consultation
_____ Informal Assessment _____ Couples/Family Therapy _____ Presentations/Training
_____ Report Writing _____ Group Therapy _____ Program Development
_____ Supervision _____ Other: _____

% Formal Assessment vs. Treatment: _____

Supervision Modes Available:

_____ Audiotaping _____ Joint Intervention _____ Live
_____ Videotaping _____ Consultation Team _____ 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 Couples Other: _____
- Child Families
- Adolescent Geriatric

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:

La Pearl Logan Winfrey, Ph.D.
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 School of Professional Psychology
 Wright State University
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 Dayton, OH 45435-0001