

PSYCHOLOGY CLINIC
UNIVERSITY OF NORTH TEXAS

SEMESTER SUMMARY
Supervised Practicum Experience

Student Name: _____ Semester: _____ Course: _____

Facility: _____ UNT Psychology Clinic _____ Other: _____

SUMMARY OF PRACTICUM HOURS:

A. Intervention Experience

1. Intake interview
2. Individual Therapy.....
3. Couples.....
4. Family.....
5. Group.....
6. Supervision of less advanced peer.....

B. Assessment Experience

1. Psychodiagnostic test administration & feedback (e.g., IQ, objective & projective).....
2. Neuropsychological test administration & feedback

C. Support Hours (e.g., scoring, writing notes, writing reports).....

D. Supervision Hours

1. Supervision with licensed psychologist.....
2. Supervision with advanced peer.....

TOTAL HOURS OF PRACTICUM EXPERIENCE

Diversity Populations Served (number of clients in each category)

1. Racial/ethnic minority.....
2. Sexual minority.....
3. Disability.....

I certify that the above figures reflect an accurate account of my semester practicum activities under the direction of the supervisor below.

Student Signature _____ Date _____

I certify that, to the best of my knowledge, the above figures reflect an accurate account of this student's activities in practicum this semester.

Supervisor Name (Printed) _____ Supervisor Signature _____

Texas License # _____ Date _____