# Practicum Profile

***(Appendix A)***

This form is utilized to approve Supervisors and Agencies for practicum placements. Please ensure that you have read the Practicum Handbook before completing and submitting this form.

The Student is to complete as much of this form as possible. The Supervisor will confirm accuracy of the content, complete relevant portions, and sign the form. Submit the completed form to edu.masters@uleth.ca.

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| **PRACTICUM STUDENT** | | |
| Last Name | First Name | Phone |
| Email Address | Practicum Placement Timelines:  Year:        Fall  Spring  Combined Fall/Spring | |

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| **PRACTICUM AGENCY**  Yes, please include our site in list of Approved Agencies. Approved Agencies may choose to be listed as an approved site and may be approached by other students seeking a placement. | | | |
| Name of Agency    Parent Organization (e.g., Alberta Health Services) | | | Phone |
| Mailing Street Address | City, Province | | Postal Code |
| Name of Contact at Agency (i.e., Authorizing Signature for Practicum Agreement) | | | |
| Position Title | | Email | |
| Please briefly describe the Agency’s mandate (e.g., type of clients seen, number of clinicians, number of practicum students, etc.) | | | |

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| **Practicum Opportunities**  **Available at the Agency** | **With Children**  ***(under age 10)*** | | | **With Youth**  ***(age 11 -17)*** | | | **Adults**  ***(age 18 +)*** | |
| Service  offered | Student to work with | | Service  offered | Student to  work with | | Service  offered | Student to  work with |
| Please check the appropriate boxes to indicate whether the Agency offers the services listed and whether the Student is permitted to work with this clientele.  *NOTE: Students have not completed coursework in all of the areas below. Discussion is required with the Student to determine areas of readiness to practice based upon their past coursework/experience.* | | | | | | | | |
| Single Session and/or Crisis Counselling |  | |  |  | |  |  |  |
| Individual Counselling Sessions  *(offered for at least 50 mins & more than 1 session is offered to clients*) |  | |  |  | |  |  |  |
| Family Counselling |  | |  |  | |  |  |  |
| Couple Counselling |  | |  |  | |  |  |  |
| Group Counselling  *(more process work than teaching)* |  | |  |  | |  |  |  |
| Psycho-educational Groups *(more teaching than process)* |  | |  |  | |  |  |  |
| Career Counselling |  | |  |  | |  |  |  |
| Intake Assessments |  | |  |  | |  |  |  |
| Formal Assessments |  | |  |  | |  |  |  |
| Crisis phone line counselling |  | |  |  | |  |  |  |
| Other: |  | |  |  | |  |  |  |

| **Practicum Opportunities Available at the Agency** | **Available To Students** | | |
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| Yes | No | Comments |
| Student is permitted to record at minimum one client session per week. Students are encouraged to record all of their sessions. Students are required to seek permission from clients to record the sessions, using the forms supplied by the University or the Agency. |  |  |  |
| Agency is able to provide a practicum orientation session for the Student.If the Agency does not offer a standard orientation session, the Student is to initiate an orientation with his/her Supervisor. |  |  |  |
| There is a qualified supervisor for the Student if the original Supervisor is unable to supervise weekly. (e.g., Supervisor is away due to illness, holidays, etc.) |  |  |  |
| Optional: The Agency has an orientation manual the Student can read prior to the start of the practicum |  |  |  |
| Optional: Student can observe experienced clinicians in action(assuming the client provides consent). |  |  |  |
| Optional: Practicum offers training by using reflecting teams. |  |  |  |
| Optional: Student is provided with his/her own counselling office to see clients. |  |  |  |
| Optional: One-way mirror with audio sound. |  |  |  |
| Optional: A practicum student supervision group. (Practicum students, more than 1 student, gather at least once a month to review cases.) |  |  | This group is facilitated by a supervisor:       Yes     No |
| Optional: Agency case review group. (The Agency offers a supervision group at least once a month for the counselling staff, which the students can attend.) |  |  |  |
| Optional: On site professional development training that Students may attend. (e.g., seminars, etc.) |  |  |  |
| Other Services Offered: |  |  |  |

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| **PRACTICUM SUPERVISOR**  Yes, please include me in list of Approved Supervisors. Approved Supervisors may choose to be listed as an approved supervisor and may be approached by other students seeking a placement. A resume or CV may be required upon request. | | | | | |
| Last Name | First Name | | | Phone | Fax |
| Mailing Street Address | City, Province | | | | Postal Code |
| Email Address | I have included a Resume or Curriculum Vitae  Yes  No | | | | |
| Standards of Practice/Code of Ethics adhered to and associated registration number:  Registered Psychologist:  Canadian Counselling & Psychotherapy Association:  Registered Social Worker:  Other: | | | Number of years of post-graduate counselling experience: | | |
| *Master’s degree and major/specialization obtained:*    University:  Year completed: | | *Doctoral degree and major/specialization obtained:*    University:  Year completed: | | | |
| Days of week Supervisor typically on site: | | | | | |
| Please briefly describe your background in supervision*(e.g., trained in supervision, new experience, supervising for years, etc.)* | | | | | |

*If no Supervisor has been assigned please indicate when the section above will be completed:*

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| **Practicum Supervision** | *Agency  agrees to* | *Agency does not agree to* | *Comments* |
| One-on-one Supervision  Practicum supervision will entail at least 1.5 hours per week (20 hours per course) in One-on-one Supervision (a ratio of 1 hour of One-on-one Supervision for every 4 hours of Direct Counselling). |  |  |  |
| Exceeding Hours  If the Student completes more than 75 Direct Counselling hours, then the Student must receive more than 20 hours of One-on-one Supervision. This additional supervision remains at a ratio of 1 hour of One-on-one Supervision for every 4 hours of Direct Counselling. |  |  |  |

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| **Consent Forms** | *Agency  agrees to* | *Agency does not agree to* | *Comments* |
| NOTE: A sample of a counselling consent form is available at the link below. The form will need to be adapted for use in the Agency and/or for your client population. <http://www.uleth.ca/counselling/content/booking-appointment> | | | |
| The Agency gives permission for the Student to use counselling consent forms that meet CPA/CCPA standards.  Note: If the Agency does not have an informed consent form that meets CPA/CCPA standards the Student, in conjunction with the Instructor, will draft a supplemental handout to distribute to clients. The Agency/Supervisor must approve the handout before its use. |  |  |  |
| The Agency agrees to allow the student to use a consent for supervision and recording sessions form that meets CPA/CCPA standards. The form may be supplied by the Agency or the U of L (see Appendix H). |  |  |  |

**Supervisor to complete (please check all that apply):**

I declare I do NOT hold a dual relationship with the above Student. Examples of a dual relationship include being related to the Student via family or marriage, being the Student’s past or present employer, or being the Student’s past/current professor, etc. If a dual relationship is present this must be discussed with the Instructor.

I have read and agree to the expectations and responsibilities outlined in the Practicum Handbook.

I understand the Student will discuss his/her practicum experiences at practicum seminars facilitated by the Instructor. If client cases are discussed at the seminar, client consent will be required.

I agree to complete the Practicum Feedback and Evaluation form (Appendix I).

I realize if the Student is not performing to an acceptable standard I have the right, and the ethical responsibility, to record a non-satisfactory rating on the practicum evaluation(s).

I understand that I may contact the Instructor at any time if I have any questions or concerns regarding the Student’s performance.

Neither I, nor the Agency, will accept compensation, etiher directly or indirectly, for my supervision other than the honorarium provided by the University of Lethbridge.

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*(Signature of Supervisor) (Date)*

**Student to complete *Schedule* and *Student’s Administrative Tasks* in conjunction with the Supervisor and/or Agency:**

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| **Schedule** | **Fall Semester** | **Spring Semester** |
| First day the Student is expected to be on site (e.g., Sept. 1 or Jan.1) |  |  |
| Last day the Student is expected to be on site (e.g., Dec. 31 or Apr. 30) |  |  |
| *Weekdays* the Student will be expected to be on site |  |  |
| *Weekday evenings* the Student will be expected to be on site |  |  |
| *Weekend days/evenings* the Student will be expected to be on site |  |  |
| How many hours per week is the Student expected to be on site? |  |  |
| Likely day and time Supervision Sessions will be offered to the Student *(needs to total 2 hours per week, 1 hour of case review and 1 hour of direct feedback via tape or live observation)* |  |  |

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| **Student’s Administrative Tasks** | **Required and Deadline** | | | |
| *Yes – I will do it* | *Yes – I have submitted it* | *It is not required* | *Deadline for Submission* |
| The following items *may* be required by the Agency: | | | | |
| Criminal Record Check and/or Vulnerable Sector Check (*submit to Agency)* |  |  |  |  |
| Immunization Form(*submit to Agency)* |  |  |  |  |
| CV (*submit to Agency)* |  |  |  |  |
| Confidentiality Statement*(obtain form from Agency, sign, and submit)* |  |  |  |  |
| Child Protection Check (*submit to Agency)* |  |  |  |  |
| Agency Policy & Procedure Manual*(please read)* |  |  |  |  |
| Other: |  |  |  |  |