

**Semester Summary of Practicum Hours: Documentation Form  
(Updated: November 2017)**

This form allows students to document their experience in therapy and other psychological interventions, in a format consistent with the Application for Psychology Internships (AAPI). Thus, while this form lists a wide range of experiences that one might have had, no one will have all these experiences, either in one semester or even at the end of training. In short, each student will have many blank areas on the form.

The AAPI counts only hours for which you received formal academic training and credit or which was a program-sanctioned training experience (e.g., VA summer traineeship). APPIC also requires that all practicum hours must be supervised. Thus, EACH semester you engage in ANY kind of therapy/intervention hours meeting the above description, you must fill out those parts of this form that apply and have the form signed by the supervising psychologist or faculty member. Hence, prior to internship, you will need to only total the hours across each of your semester documentation forms.

In filling out this form, please note the following definitions used by APPIC:

- **Practicum hour** - A practicum hour is a clock hour not a semester hour. A 45-50 minute client hour may be counted as one practicum hour.

Also, please note that Sections I to IV below are meant to be mutually exclusive; thus, any practicum hour should not be counted more than once across these items. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that best captures your experiences.

**One form MUST be filled out for each practicum/field placement you do. Thus, if you complete two placements in one semester, you must fill out two forms.**

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STUDENT NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

COURSE #: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

COURSE INSTRUCTOR: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ ACADEMIC ADVISOR: \_\_\_\_\_

SETTING IN WHICH HOURS TOOK PLACE: \_\_\_\_\_

CIRCLE SETTING TYPE: (\*The APPIC application will ask for hours by treatment setting. Remember to circle treatment setting here.)

- Child Guidance Clinic; Community Mental Health Center; Department Clinic;
- Forensic/Justice Setting; Inpatient Hospital; Medical Clinic/Hospital;
- Outpatient Psychiatric Clinical/Hospital; Partial Hospitalization/Intensive Outpatient Programs;
- Private Practice; Residential/Group Home; Schools;
- University Counseling Center/Student Mental Health Center; VA Medical Center;
- Other (specify: \_\_\_\_\_)

SIGNATURES (DATES) OF PRACTICUM INSTRUCTOR: \_\_\_\_\_

SIGNATURE (DATE) OF SUPERVISOR: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

**I. INTERVENTION EXPERIENCE-** In this section, record actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category. Time spent gathering information about the client/patient, but not in the actual presence of the client/patient, should be recorded under Section IV- Support Activities. For the first column, count each hour of a group, family, or couple session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the second column, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group.

<b>a. Individual Therapy</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Individuals</b>
1) Older Adults (65+)		
2) Adults (18-64)		
3) Adolescents (13-17)		
4) School-Age (6-12)		
5) Pre-School Age (3-5)		
6) Infants/Toddlers (0-2)		
<b>b. Career Counseling</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Individuals</b>
1) Adults		
2) Adolescents (13-17)		
<b>c. Group Counseling</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Individuals</b>
1) Adults		
2) Adolescents (13-17)		
3) Children (12 and under)		
<b>d. Family Therapy</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Families</b>
1) Family Therapy		
<b>e. Couples Therapy</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Couples</b>
1) Couples Therapy		
<b>f. School Counseling Intervention</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Individuals</b>
1) Consultation		
2) Direct Intervention		
3) Other- please specify		
<b>g. Other Psychological Interventions</b>	<b>Total Hours Face-to-Face</b>	<b># of Diff Individuals</b>
1) Sport Psychology/ Performance Enhancement Consultation		
2) Medical/Health-Related Interventions		
3) Intake Interview/Structured Interview		
4) Substance Abuse Intervention		
5) Consultation		
6) Other Interventions-describe the nature of the experiences:		

(I. Intervention Experience Continued)

h. Other Psychological Experiences with Students and/or Organizations	Total Hours Face-to-Face
1) Supervision of other students performing intervention and assessment activities	
2) Program Development/Outreach Programming	
3) Outcome Assessment of programs or projects	
4) System Intervention/Organizational Consultation/Performance Improvement	
5) Other- please specify:	

<b>TOTAL INTERVENTION HOURS</b>	
Add the number of hours included in a through h above	

**II. PSYCHOLOGICAL ASSESSMENT EXPERIENCE:** This is the total estimated number of face-to-face client contact hours administering and providing feedback to clients. This does not include time spent scoring and/or report writing, which should be included under Section IV “Support Activities”. Information about tests administered is recorded below also, under Sections VII.

<b>TOTAL ASSESSMENT HOURS</b>	
Psychodiagnostic test administration (include system assessment, projective, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.	Total Hours Face-to-Face

**III. SUPERVISION RECEIVED:** Supervision is divided into one-to-one and group supervision/consultation as well as supervisor categories: Licensed psychologist, licensed allied mental health professional and other supervision (e.g. advanced graduate student.) Supervision provided to others should be counted in Section I, Item h1 above.

**Individual Supervision:** Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

**Group Supervision:** The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many practicum courses incorporate both didactic and experiential components. The didactic portion should not be recorded as a supervision activity; it should instead be recorded as a support activity in Section IV below. This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the “Psychosocial Issues of HIV Infection” using examples of cases, it is a didactic activity. Attendance at in- service education on specific topics would not be considered supervision for the purposes of documenting practicum hours, but would be considered a support activity.

*(III. Supervision Received Continued)*

	Number of Supervision Hours	
Supervised By:	1. Individual	2. Group
a. Licensed Psychologists		
b. Allied Mental Health Professionals		
c. Others- comments:		

<b>TOTAL SUPERVISION HOURS</b>	
3. Individual Supervision (add the above hours from 1a to 1c)	
4. Group Supervision (add the above hours from 2a to 2c)	
All Supervision Hours (add the hours in 3 and 4)	

**IV. SUPPORT ACTIVITIES** - Record time spent outside the counseling/therapy hour focused on the client/patient (e.g., chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, planning interventions, assessment interpretation and report writing.) In addition, it includes the hours spent in your practicum site in didactic training, such as attending seminars:

Support Activities- describe these activities:	Total Hours

**V. SEMESTER TOTAL SUMMARY OF PRACTICUM HOURS** - This section summarizes the total number of practicum hours described above.

<b>TOTAL PRACTICUM HOURS</b>	
1. Total Intervention Hours (Section I)	
2. Total Assessment Hours (Section II)	
3. Total Supervision Hours (Section III)	
4. Total Support Hours (Section IV)	
Grant Total (add the hours from 1 to 4)	

**VI. ADDITIONAL INFORMATION ABOUT YOUR PRACTICUM EXPERIENCE**

1. List types of groups led or co-led:
  
2. Have you made recordings of clients/patients and reviewed them with your supervisor?  
 Audio Tape Yes No (circle one)  
 Video Tape/Digital Recording Yes No (circle one)  
 Live/Direct Observation by Supervisor Yes No (circle one)
  
3. Please indicate the number of clients/patients seen for each of the following diverse populations this semester. You may provide additional information or comments. Include clients for whom you performed assessments or intake interviews. For this item, you may include a single client in more than one category as appropriate. For families and/or couples, please count each individual separately.

	Number of Diff Clients Seen	
Race/Ethnicity	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		
Bi-racial/Multi-racial		
Other- please specify		
Sexual Orientation	Intervention	Assessment
Heterosexual		
Gay		
Lesbian		
Bisexual		
Other- please specify		
Disabilities	Intervention	Assessment
Physical/Orthopedic Disability		
Blind/Visually Impaired		
Deaf/Hard of Hearing		
Learning/Cognitive Disability		
Developmental Disability		
Serious Mental Illness		
Other- please specify		
Gender	Intervention	Assessment
Male		
Female		
Transgender		
Other- please specify		

**VII. TEST ADMINISTRATION**

- How many carefully supervised **integrated psychological reports** have you written this semester? An integrated report includes a history, an interview, and at least two tests from the following categories: personality assessment (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 patient/client. Indicate below how many you have written this semester for each of the following populations:

Integrated Psychological Reports	Number of Reports
Adults	
Children/Adolescents	

- Please indicate all instruments used this semester, excluding practice administrations to fellow students. Please indicate the number of tests you administered and scored in the first column and the number you administered, scored, interpreted, and wrote a report for in the second column.

**a. Adult Assessment Instruments**

Inventories	# Clinically Administered/ Scored	# Clinical Reports Written with this Measure	# Administered as Part of Research Project
<b>Symptom Inventories</b>			
Beck Depression Inventory-II (BDI-II)			
Beck Anxiety Inventory			
Conner’s Adult ADHD Rating Scale (CAARS)			
Mood Disorder Questionnaire			
PTSD Checklist for DSM-5			
Symptom Checklist-90-R (SCL-90-R)			
(Other)			
(Other)			
(Other)			
<b>General Cognitive Assessment</b>			
Test of Nonverbal Intelligence 3 <sup>rd</sup> ed. (TONI-3)			
Test of Nonverbal Intelligence 4 <sup>th</sup> ed. (TONI-4)			
Wechsler Adult Intelligence Scale- 4 <sup>th</sup> ed. (WAIS-III)			
Wechsler Adult Intelligence Scale- 4 <sup>th</sup> ed. (WAIS-IV)			
Woodcock-Johnson III (Cognitive Abilities) <sup>1</sup>			
Woodcock-Johnson IV (Oral Language) <sup>1</sup>			
Woodcock-Johnson IV (Cognitive Abilities) <sup>1</sup>			
(Other)			
(Other)			
(Other)			
<b>Visual-Motor Assessment</b>			
Bender Gestalt			
(Other)			
(Other)			
(Other)			

<sup>1</sup> The Woodcock-Johnson Cognitive Abilities and Oral Languages can also be placed under “Commonly Used Measure of Academic Functioning.”

**a. Adult Assessment Instruments (continued)**

Inventories	# Clinically Administered/ Scored	# Clinical Reports Written with this Measure	# Administered as Part of Research Project
<b>Commonly Used Neurological Assessment Measures</b>			
Brief Rating Scale of Executive Function (BRIEF)			
Trailmaking Test A and B			
Wechsler Memory Scale- 4 <sup>th</sup> ed. (WMS-IV)			
(Other)			
(Other)			
(Other)			
<b>Commonly Used Measures of Academic Functioning</b>			
Wechsler Individual Achievement Test (WIAT)			
Woodcock Johnson-III (Achievement)			
Woodcock Johnson-IV (Achievement)			
(Other)			
(Other)			
(Other)			
<b>Behavioral/Personality Inventories</b>			
Personality Assessment Inventory (PAI)			
Millon Clinical Multiaxial Inventory-III (MCMI-III)			
Millon Clinical Multiaxial Inventory-IV (MCMI-IV)			
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)			
Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF)			
NEO Personality Inventory-Revised (NEO-PI-R)			
NEO Personality Inventory-3 (NEO-PI-3)			
(Other)			
(Other)			
(Other)			
<b>Measures of Malingering</b>			
Test of Memory Malingering (TOMM)			
(Other)			
(Other)			
(Other)			
<b>Projective Assessment</b>			
House-Tree-Person (H-T-P) Projective Drawing Test			
Rorschach Test			
Sentence Completion Test			
Thematic Apperception Test (TAT)			
(Other)			
(Other)			
<b>Career Assessment</b>			
Myers-Briggs Type Indicator (MBTI)			
Self-Directed Search (SDS)			
Strong Interest Inventory			
(Other)			
(Other)			

**b. Child Assessment Instruments**

Inventories	# Clinically Administered/ Scored	# Clinical Reports Written with this Measure	# Administered as Part of Research Project
<b>Parent/Youth-Report Measures</b>			
Behavior Assessment System for Children (BASC)			
Gulliam Asperger’s Disorder Scale (GADS)			
Gulliam Autism Rating Scale- 2 <sup>nd</sup> ed. (GARS-2)			
Gulliam Autism Rating Scale- 3 <sup>rd</sup> ed. (GARS-3)			
(Other)			
(Other)			
(Other)			
<b>Symptom Inventories</b>			
Beck Youth Inventories, 2 <sup>nd</sup> Edition (BYI-2)			
Conners 3 <sup>rd</sup> Edition (Conners 3; for ADHD)			
Symptom Checklist-90-R (SCL-90-R)			
(Other)			
(Other)			
(Other)			
<b>General Cognitive Assessment</b>			
Test of Nonverbal Intelligence 3 <sup>rd</sup> ed. (TONI-3)			
Test of Nonverbal Intelligence 4 <sup>th</sup> ed. (TONI-4)			
Wechsler Intelligence Scale for Children- 4 <sup>th</sup> ed. (WISC-IV)			
Wechsler Intelligence Scale for Children- 5 <sup>th</sup> ed. (WISC-V)			
Woodcock-Johnson III (Cognitive Abilities) <sup>2</sup>			
Woodcock-Johnson IV (Oral Language) <sup>2</sup>			
Woodcock-Johnson IV (Cognitive Abilities) <sup>2</sup>			
(Other)			
(Other)			
(Other)			
<b>Commonly Used Neurological Assessment Measures</b>			
Brief Rating Scale of Executive Function (BRIEF)			
Vineland Adaptive Behavior Scales, 2 <sup>nd</sup> ed. (Vineland-II)			
Wechsler Memory Scale- 4 <sup>th</sup> ed. (WMS-IV)			
(Other)			
(Other)			
(Other)			
<b>Visual-Motor Assessment</b>			
Bender Gestalt			
(Other)			
(Other)			
(Other)			

<sup>2</sup> The Woodcock-Johnson Cognitive Abilities and Oral Languages can also be placed under “Commonly Used Measure of Academic Functioning.”



**b. Child Assessment Instruments (continued)**

Inventories	# Clinically Administered/ Scored	# Clinical Reports Written with this Measure	# Administered as Part of Research Project
<b>Commonly Used Measures of Academic Functioning</b>			
Wechsler Individual Achievement Test-3 <sup>rd</sup> ed. (WIAT-III)			
Woodcock Johnson-III (Achievement)			
Woodcock Johnson-IV (Achievement)			
Wide Range Achievement Test 4 (WRAT4)			
(Other)			
(Other)			
(Other)			
<b>Behavioral/Personality Inventories</b>			
Personality Assessment Inventory-Adolescent (PAI-A)			
Millon Adolescent Clinical Inventory (MACI)			
Millon Pre-Adolescent Clinical Inventory (M-PACI)			
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)			
NEO-Personality Inventory-3 (NEO-PI-3)			
(Other)			
(Other)			
(Other)			
<b>Measures of Malingering</b>			
Test of Memory Malingering (TOMM)			
(Other)			
(Other)			
(Other)			
<b>Projective Assessment</b>			
House-Tree-Person (H-T-P) Projective Drawing Test			
Rorschach Test			
Sentence Completion Test- Child			
Sentence Completion Test- Adolescent			
Thematic Apperception Test (TAT)			
(Other)			
(Other)			
(Other)			
<b>Career Assessment</b>			
Myers-Briggs Type Indicator (MBTI)			
Self-Directed Search (SDS)			
Strong Interest Inventory (SII)			
(Other)			
(Other)			
(Other)			

**VIII. OTHER CLINICAL EXPERIENCES** - Please describe any other clinical work done this semester in settings or activities that are not described above. This includes professional work experiences separate from practicum/field placement. Please note that the APPIC application will ask for this, so please keep good records. The APPIC application allows this to be included in narrative form or in a format similar to that used above.

**IX. PRIMARY THEORETICAL ORIENTATION (PICK UP TO 3 CHOICES)**

Theoretical Orientation	Pick up to 3 choices and assign rank 1, 2, 3
Behavioral	
Biological	
Cognitive Behavior	
Eclectic	
Humanistic/Existential	
Integrative	
Interpersonal	
Psychodynamic/Psychoanalytic	
Systems	
Others, please specify	