NOVA SOUTHEASTERN UNIVERSITY
Center for Psychological Studies

STUDENT TRAINEE AGREEMENT

Name of Trainee _____________________________________________________

Facility/Agency ____________________________________________________

Doctoral Program:     Psy.D.______   Ph.D. _______

Practicum Name/Number _________________  Semester and Year ____________

On-site Supervisor __________________________________________________

Date Performance Agreement Established ___________________

Period of Agreement ________________to ___________________

CHECK ONE BELOW:

Eight (8) months with two (2) weeks vacation ________
Twelve (12) months with four (4) weeks vacation ______

At the beginning of the Practicum experience, discuss and establish with the trainee the major activities in which she/he is expected to engage and list them below. In addition, list identify training objective and methods within specified goal areas. These constitute a contract and should be considered to form part of the basis for evaluation of practicum performance for the student.

A. MAJOR ACTIVITIES

1. Direct Clinical Contact (Specify # hours, type of contact, etc.)

2. Supervision (Specify # hours and with whom, type of supervision, i.e., group, individual, case conference, etc.)
3. Training, lecture, seminar, education activities, etc. (Specify required activities)

4. Other required activities (Specify # hours, nature)

B. SCHEDULE OF TIME SPENT AT PRACTICUM SITE

C. TRAINING GOALS

Within each goal area, indicate specific training objectives within each goal area (assessment, intervention, supervision) and methods for achieving these objectives. Please indicate as many objectives as necessary to describe your training program generally and any individualized training objectives you may have identified for a particular student. Use additional sheets if necessary.

<table>
<thead>
<tr>
<th>Goal Areas</th>
<th>Objectives and Methods</th>
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<tbody>
<tr>
<td>(Assessment, Intervention, Supervision, other)</td>
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1. ____________  a. Objective

   b. Method

2. ____________  a. Objective

   b. Method
3.________________ a. Objective

b. Method

4.________________ a. Objective

b. Method

5.________________ a. Objective

b. Method

I have read and understood the above statements.

__________________________________________  _______________________
Signature of Trainee                                    Date

__________________________________________  _______________________
Supervisor/Training Director                               Date
Practicum Site

Please return the completed copy to:
Alan D. Katell, Ph.D.
Director of Clinical Training
Center for Psychological Studies
Nova Southeastern University
3301 College Avenue
Fort Lauderdale, FL 33314
(954) 262-5749