

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.

Goal Areas	Objectives and Methods
<small>(Assessment, Intervention, Supervision, other)</small>	

1. _____	a. Objective
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	b. Method
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2. _____	a. Objective
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	b. Method
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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
Practicum Site

Date

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