



School of Education

Department of Human Development
and Psychoeducational Studies
Counseling Psychology Doctoral Program

Clinical Training Information Form

This form should be completed annually and should be turned in at the end of each Fall semester during a clinical training year.

A. Student Information

Name: _____ Year in Program: _____

B. Current Clinical Site Information

Name of Site: _____

Day and Hours working: _____

Type of Clientele: (age, ethnicity, race, sexual orientation, SES, veteran status, disability status, etc)

Describe clinical training rotations: (group, individual, assessment, intakes, etc.)

Describe didactics:

C. Supervisor Information

Name: _____ Phone number: _____

Email: _____ Official title: _____

Describe supervision: (individual, group, etc.)

D. Prior Practicum/Externship Experiences

_____ I have completed an assessment training experience at _____
(please include dates that you worked at sites and type of experience—assessments given)

_____ I have completed a therapy training experience at _____
(please include dates that you worked at sites and type of experience—clientele and therapy format (individual, group, etc))

I believe I have the following specialized experiences (explain why)

I would like to get additional training in these areas

Student Name

Student ID Number

Email address

Phone number

Student Signature

Date

THIS FORM IS DUE TO TRAINING DIRECTOR BY THE END OF EACH FALL SEMESTER