Thank you for your help with this study. Before beginning, please note:

You may exit and re-enter the survey if needed.

We invite you to include as attachments document files for a couple of questions if relevant and you have them available. You may want to locate these ahead of time. These include:

- Written criteria for selection of practicum training sites
- Form for students' practicum plan

At the end of the survey, we ask you to list contact information for your major external practicum sites. The requested information includes:

- Program name
- Program contact person’s name and title
- Program contact person’s e-mail
- Practicum Program setting: Hospital/medical center; University counseling center; Community mental health or other social service agency; school; and other

If you have six or more such sites, you may attach a document file with the information. If you have five or fewer such sites, you may attach a document file or enter them directly on the survey form.

1. Of which program listed below are you the Director of Clinical Training (DCT)/Director of Training (DoT)?

<table>
<thead>
<tr>
<th></th>
<th>Ph.D.</th>
<th>Psy.D.</th>
<th>Ed.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Is your program: (show/hide trigger question)
Independent school of psychology
☐ Within a larger academic institution

3. Where is your program housed? (hidden)
☐ Department of Psychology
☐ School of Education
☐ Medical School
☐ Other: ____________________________

4. What is the educational model of your program:
☐ Clinical scientist
☐ Scientist practitioner
☐ Practitioner scholar
☐ Local clinical scientist
☐ Other: ____________________________

5. Approximately how many students, on average, are in an entering class in your program?

6. Does your academic program have a set of administrative policies and procedures for practicum training?
   -- Please Select --

7. Which one of the following choices best describes how your program administers the practicum?
   ☐ A standing practicum committee chaired by DCT/DoT
   ☐ A standing practicum committee chaired by core faculty member
   ☐ A standing practicum committee chaired by part-time faculty member
   ☐ DCT/DoT alone
   ☐ Core faculty member
   ☐ Part-time faculty member
   ☐ Faculty meeting as a whole
   ☐ Individual students’ faculty advisors
   ☐ Director of Psychology Training Clinic
   ☐ Other administrative set-up to oversee practicum training – please describe: ____________________________

8. As part of your administrative oversight of the practicum, does your program have a process for planning, tracking and reviewing each individual student’s practicum training experiences as well as the student’s progress in the practicum? (show/hide trigger question)
9. This process handled by (check all that apply): (hidden)
- The administrative set up described above
- The student’s faculty advisor
- Student guidance committee
- Other, please describe: [Blank Box]

**Categories of Activities Constituting the Practicum**

The Council of Chairs of Training Councils (CCTC) recently published a set of activities that may be considered to be part of the practicum experience (www.psychtrainingcouncils.org).

Please rate the acceptability/importance of the following practicum activities for your students.

10. Direct Psychological Service Activities:

<table>
<thead>
<tr>
<th>activity</th>
<th>Not Acceptable</th>
<th>Acceptable</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct service to clients, including individuals, couples, groups, organizations, etc.</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Interaction/consultation with other professionals within the practicum site, such as psychologists, physicians, nurses, social workers, and others on the client's behalf.</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Interaction/consultation with professionals and systems external to the practicum site, such as current and previous providers, courts, schools, and physicians on the client's behalf.</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>
Interaction/consultation with parents, teachers and other caretakers on the client's behalf.

11. Indirect psychological service activities:

<table>
<thead>
<tr>
<th></th>
<th>Not Acceptable</th>
<th>Acceptable</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation of direct service activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Case Management: Record keeping and report writing related to these activities, client eligibility review, insurance documentation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Coordination of treatment teams in the practicum setting.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Outcomes assessment and tracking.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12. Supervision of Service Activities:

<table>
<thead>
<tr>
<th></th>
<th>Not Acceptable</th>
<th>Acceptable</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision Received: Supervision of direct and indirect psychological service activities by appropriately qualified staff and faculty.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Supervision Received: Formal peer supervision overseen by qualified staff or faculty.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

13. Training Activities (part of practicum, not of pre-practicum curriculum, e.g. testing course):
<table>
<thead>
<tr>
<th>Not Acceptable</th>
<th>Acceptable</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminars/educational meetings as part of practicum program.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other preparation: Including use of scientific and professional literature to inform direct service or other professional activities.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Formal case presentations including case formulation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Record review and quality assurance</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

14. Additional Professional Activities:

<table>
<thead>
<tr>
<th>Not Acceptable</th>
<th>Acceptable</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program development and evaluation.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Outreach (e.g., psychoeducation for community groups)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Advocacy activities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provision of supervision to others, overseen by qualified staff or faculty.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Management/administration of clinical setting.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

15. Are there activities your program considers to be part of practicum that are not listed above? Please describe:

16. Is practicum training addressed in your program's curriculum plan? *(show/hide trigger question)*

17. Does this document include (check all that apply)? *(hidden)*
☐ An overall statement of the goals and objectives of practicum training
☐ A description of how the practicum helps to realize the program’s educational goals
☐ A description of how the practicum is integrated with other elements of the program
18. Does your program have a written set of competency goals for the practicum? (show/hide trigger question)
   -- Please Select --
19. This document used for (check all that apply): (hidden)
   ☐ Each practicum sites’ evaluation of each student’s performance in practicum
   ☐ General communication of expectations with practicum sites
   ☐ Planning practicum experiences for individual students
   ☐ Program’s monitoring of each student’s cumulative progress towards competency goals
20. If not, (hidden)
   ☐ Does your program plan to develop or implement such a document?
   ☐ What form does your program use to evaluate progress in practicum? Please describe:
21. Does your program offer a practicum seminar/class for discussion of the practicum experience? (show/hide trigger question)
   -- Please Select --
22. During what portion of the practicum experience is the seminar held? (hidden)
   ☐ During one semester/quarter/term of the first year of practicum
   ☐ During all of the first year of practicum
   ☐ During all years of the practicum
   ☐ Other, please describe:
23. Does your program have a practicum training clinic (i.e., clinic under direct administrative control of your program)? (show/hide trigger question)
   -- Please Select --
24. Does your program also utilize external sites (i.e., not under direct administrative control of your program) for practicum? (hidden) (show/hide trigger question)
   -- Please Select --
25. Do you require practicum students to receive all or part of their training at your practicum training clinic? (hidden)
<table>
<thead>
<tr>
<th>First year in program</th>
<th>All Training at Practicum Training Clinic</th>
<th>Part of Training at Practicum Training Clinic</th>
<th>All Training at External Sites</th>
<th>Practicum not Required this Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second year in program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third year in program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fourth year in program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fifth year and beyond</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. Do you have more than one practicum training clinic (i.e., clinic under direct administrative control of the program)? (hidden)
   - No
   - Yes. Please specify how many: [_____]

27. How are new practicum sites found?
   - Program finds all practicum sites
   - Program finds most; students find some
   - Students find most; program finds some
   - Students find all practicum sites
   - Other (please describe): [_____]

28. Do you have written criteria for the selection of external practicum training sites? (show/hide trigger question)
   - -- Please Select --

29. Please attach your criteria. (hidden)

30. Do we have your permission to include this form as part of a resource file we are creating to share with education and training programs? (hidden)
   - -- Please Select --

31. Do your program policies require that a licensed psychologist be at the external practicum site who is responsible for the practicum experience of your students?
☐ No
☐ Yes
  Yes, with occasional exception (please describe): 

32. Do you require a minimum ratio of supervision to intervention hours weekly? (show/hide trigger question)
   -- Please Select --

33. What is the ratio? (hidden)
   ☐ 1:1 (1 hour supervision for 1 hour intervention)
   ☐ 1:2
   ☐ 1:3
   ☐ Other (please describe):

34. Do you have a requirement for practicum supervision by licensed psychologist? (show/hide trigger question)
   -- Please Select --

35. Do you have a required percentage regarding how much supervision is provided by a licensed psychologist? (hidden)
   ☐ At least 25%
   ☐ At least 50%
   ☐ More than 50%
   ☐ All
   ☐ No requirement
   ☐ Other (please describe):

36. Is supervised supervision by peers (students) permitted? (show/hide trigger question)
   -- Please Select --

37. If so, do you have a requirement or limit on the percentage of supervision provided by peers? (hidden)
   ☐ Not more than 10%
   ☐ Not more than 25%
   ☐ No requirement or limit
   ☐ Other (please describe):

38. Is supervision by qualified mental health provider that is not a psychologist permitted? (show/hide trigger question)
   -- Please Select --

39. Do you have a requirement or limit on the percentage of supervision provided by non-psychologist supervisors? (hidden)
40. Do you have a limit on how many hours a student can spend per week at a practicum site? (show/hide trigger question)

41. What is the limit? (hidden)

42. Is there a minimum number of hours per week that a practicum site must offer a student in order for it to qualify as a practicum? (show/hide trigger question)

43. What is the minimum number of hours? (hidden)

44. Do you have a minimum expected duration of practicum (e.g., 10 weeks, 30 weeks)? (show/hide trigger question)

45. What is the minimum expected duration? (hidden)

46. Do you have a minimum or maximum percentage of time spent in direct contact with clients? (show/hide trigger question)

47. (hidden)

What is the minimum percentage?

What is the maximum percentage?

48. Does your program have overall, formal training contracts with your practicum sites? (show/hide trigger question)

49. Does your training contract include a procedure for specifying a clear, mutual understanding of the agreed-upon goals and objectives of the practicum experience? (hidden)

50. Do you require that the practicum site’s theory and practice be consistent with your program’s training goals and objectives? (show/hide trigger question)

51. How do you ensure that this is the case? (check all that apply):
Discussion with professionals at site
Site visit
Written materials about site
Student report
Other (please describe): [insert]

52. Do you have a method for evaluation of the practicum training offered by the sites in light of your expectations for the training offered?
(show/hide trigger question)

53. What is your method? (hidden)
Site visit
Formal student evaluation of site
Informal student report about site
Other (please describe): [insert]

54. Do you have policies and procedures for addressing problems discovered in reviews of student and site?

55. What is your program’s position on requiring practicum sites to provide compensation (e.g., stipends) for your students?
required
allowed
prohibited

56. Do you allow students to accrue practicum hours at a place of employment?

57. Does each student have an overall written practicum plan?
(show/hide trigger question)

58. What does the plan include? (check all that apply) (hidden)
Specific training goals
Specific expected competencies
Establishes a sequence of practicum experiences selected to address student’s training goals

59. If you have a form for this purpose, please append it. (hidden)

60. Do we have your permission to include this form as part of a resource file we are creating to share with education and training programs?
61. Do you keep a central cumulative record for each student? (show/hide trigger question)

-- Please Select --

62. What does it contain? (check all that apply) (hidden)

- Student's practicum plan
- Activities undertaken in practicum as part of the plan
- Level of achieved competence as specified in the plan
- Students' evaluations by practicum sites
- Remediation plan and follow-up documentation when competency goals are not achieved

63. Do you take steps to determine whether each student is receiving the expected training experiences at the time the student is engaged in a given practicum? (show/hide trigger question)

-- Please Select --

64. By what means do you determine this? (check all that apply) (hidden)

- Student report
- Site documentation of student activities
- Other (please describe):

65. Do you review a student's progress in practicum? (show/hide trigger question)

-- Please Select --

66. Who does the review? (hidden)

- Faculty Advisor
- DCT/DoT
- Practicum chair
- Practicum committee member
- Student guidance committee
- Other (please describe):

67. How often are the reviews conducted? (check all that apply) (hidden)

- Yearly
- Every six months
- Every three months
- At the middle of each practicum experience
- At the end of each practicum experience
Semester/trimester
Other (please describe):

68. Are students provided feedback on their progress in the practicum? (hidden) (show/hide trigger question)

69. How is this done? (check all that apply) (hidden)
- Written feedback
- Oral feedback
- Other (please describe):

70. Do your practicum sites provide feedback/review of the student? (show/hide trigger question)

71. If so, how often? (hidden)
- At the end of practicum
- At least once during the practicum as well as at the end
- Other (please describe):

72. Do students receive written feedback on their performance from the site?

73. Does your program obtain feedback from the student regarding their practicum experience? (show/hide trigger question)

74. In what form do students provide feedback regarding their practicum experience (check all that apply): (hidden)
- Informal verbal feedback
- Written free-form feedback
- Form provided by you for feedback

75. How often during the course of the practicum do you request feedback from the student regarding their experience at the site? (hidden)
- At end only
- Middle and end of practicum
- Other (please describe):

76. How satisfied are you with your program's methods for dealing with practicum students who are having difficulty performing competently?

<table>
<thead>
<tr>
<th>Not satisfied</th>
<th>A little satisfied</th>
<th>Somewhat satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
</table>
77. Would you like to change your program's methods for dealing with practicum students who are having difficulty performing competently as listed below?

<table>
<thead>
<tr>
<th>Feel we are doing fine</th>
<th>Would like to strengthen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detection of early, pre-practicum competency difficulties</td>
<td>❌</td>
</tr>
<tr>
<td>Development of written remediation plans for competence problems identified pre-practicum</td>
<td>❌</td>
</tr>
<tr>
<td>Working with practicum sites to monitor and address competence problems as they emerge</td>
<td>❌</td>
</tr>
<tr>
<td>Developing explicit competence remediation plans for practicum students with competence problems when needed</td>
<td>❌</td>
</tr>
</tbody>
</table>

78. Who develops, communicates and tracks student remediation plans (check all that apply):
- Director of Training
- Research advisor
- Supervisor
- Entire core faculty
- Other (please describe): [ ]

- We are aware that practicum sites have their own policies and approaches to training.
- We recognize that one of the challenges is coordination between these sites and the graduate program.
- We believe it is important to understand more about these issues from the point of view of the practicum site.
- We ask your help in this effort by providing us with contact...
information for practicum sites that provide training to your students that we might invite to participate in a similar survey.

If you would like to provide contact information for more than five sites or would prefer to provide the information by uploading an attachment with the information you may do so at the bottom of this page.

79. Contact Information Practicum Program 1
Program Contact First Name

Program Contact Last Name

Title

Program Name

80. What type of setting is practicum program 1?
☐ Hospital or medical center
☐ University counseling center
☐ Community mental health center, other social service agency
☐ School
☐ Other:

81. Contact Information Practicum Program 2
Program Contact First Name

Program Contact Last Name

Title

Program Name
Program Contact Email Address

82. What type of setting is practicum program 2?
☐ Hospital or medical center
☐ University counseling center
☐ Community mental health center, other social service agency
☐ School
☐ Other:

83. Contact Information Practicum Program 3
Program Contact First Name

Program Contact Last Name

Title

Program Name

Program Contact Email Address

84. What type of setting is practicum program 3?
☐ Hospital or medical center
☐ University counseling center
☐ Community mental health center, other social service agency
☐ School
☐ Other:

85. Contact Information Practicum Program 4
Program Contact First Name

Program Contact Last Name

Title

Program Name
86. What type of setting is practicum program 4?
- Hospital or medical center
- University counseling center
- Community mental health center, other social service agency
- School
- Other: [ ]

87. Contact Information Practicum Program 5
Program Contact First Name: [ ]
Program Contact Last Name: [ ]
Title: [ ]
Program Name: [ ]
Program Contact Email Address: [ ]

88. What type of setting is practicum program 5?
- Hospital or medical center
- University counseling center
- Community mental health center, other social service agency
- School
- Other: [ ]

89. If you would like to provide contact information for more than five practicum sites or wish to provide the contact information via an attached document (doc, xls, gif, jpg) please do so here:

90. Please provide us your contact information in case we should need to follow up with a question (this information will not be released)
First Name: [ ]
Last Name: [ ]
Thank you for taking our survey. Your response is very important to us.

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You are on server 16