

WSU PSYCH 445 PRACTICUM AGREEMENT

This two-page agreement must be completed and approved by the student, Agency Supervisor, and the Psych 445 Instructor. Signatures are required of all parties. All parties will be given a copy of this document as it will be used to evaluate the student at the end of the semester.

CONTACT INFORMATION

STUDENT

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

MAJOR(S): _____ YEAR IN SCHOOL: _____

AGENCY

PRACTICUM SITE: _____

SUPERVISOR: _____ TITLE: _____

ADDRESS: _____

PHONE NUMBER(S): _____

E-MAIL: _____

PSYCH 445 INSTRUCTOR

INSTRUCTOR: _____ Jennifer Luboski, Ph.D.

ADDRESS: _____ Washington State University, Department of Psychology

_____ Johnson Tower 313 (office location) PO Box 644820 (mail)

_____ Pullman, WA 99164-4820

PHONE NUMBER(S): _____ 509-335-1592 (WSU office) 509-335-5043 (WSU fax)

_____ 509-334-0677 (practice office) 509-334-3115 (practice fax)

E-MAIL: _____ jluboski@wsu.edu

PRACTICUM HOURS

BEGINNING AND ENDING DATES: _____

TOTAL HOURS AT AGENCY: _____ # OF CREDITS _____

Minimums: 15 hrs/semester = 1 credit 60 hrs/semester = 2 credit 105 hrs/semester = 3 credits

PRACTICUM DESCRIPTION

(a separate page may be used if more room is needed or if preferred)

1) List specific duties and learning experiences: _____

2) Describe supervision (if any) and how often it will occur: _____

3) Describe training (if any) and when it will occur: _____

4) Is professional liability insurance required? _____ If so, has student shown proof of coverage? _____

SIGNATURES

We, the undersigned, accept the responsibilities outlined in this agreement. In addition, I, the student, have read and understand the course syllabus. I, therefore, understand that mandatory attendance in class, journal entries, other assignments outlined in the syllabus, and end-of-the-semester evaluations based on this agreement must be satisfactorily completed before credit is awarded.

Student _____ Date _____

Agency Supervisor _____ Date _____

Psych 445 Instructor _____ Date _____
(last to sign)