# Practicum Profile

***(Appendix A)***

This form is utilized to approve Supervisors and Agencies for practicum placements. Please ensure that you have read the Practicum Handbook before completing and submitting this form.

The Student is to complete their portion of the form. Following completion of the Student’s portion, the form will be directed to the Supervisor. The Supervisor will confirm accuracy of the content, complete relevant portions, and sign the form.

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| **PRACTICUM STUDENT** |
| Last Name | First Name | Phone  |
| Email Address | Terms of Practicum *(e.g., Fall 2024 / Winter 2025):*    |

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| **PRACTICUM AGENCY**£ Yes, please include our site in list of Approved Agencies. Approved Agencies may choose to be listed as an approved site and may be approached by other students seeking a placement.  |
| **Name of Agency** | Phone  |
| Parent Organization (if appropriate) *(e.g., Alberta Health Services)*  |
| Mailing Street Address | City:  | Postal Code |
| Province:  |
| Name of Contact at Agency *(i.e., Authorizing Signature for Practicum Agreement)* |
| Position Title  | Email |
| Please briefly describe the Agency’s mandate *(e.g., type of clients seen, number of clinicians, number of practicum students, etc.)*  |

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| **Practicum Opportunities** **Available at the Agency**  | **With Children*****(under age 10)*** | **With Youth*****(age 11 -17)*** | **Adults*****(age 18 +)*** |
| Service offered | Student to work with | Service offered | Student towork with | Service offered | Student towork with |
| Please check the appropriate boxes to indicate whether the Agency offers the services listed and whether the Student is permitted to work with this clientele. ***NOTE****: Students have not completed coursework in all of the areas below. Discussion is required with the Student to determine areas of readiness to practice based upon their past coursework/experience.* |
| Single Session and/or Crisis Counselling |  |  |  |  |  |  |
| Individual Counselling Sessions: *(offered for at least 50 mins & more than 1 session is offered to clients*) |  |  |  |  |  |  |
| Family Counselling |  |  |  |  |  |  |
| Couple Counselling |  |  |  |  |  |  |
| Group Counselling *(more process work than teaching)* |  |  |  |  |  |  |
| Psycho-educational Groups *(more teaching than process)* |  |  |  |  |  |  |
| Career Counselling |  |  |  |  |  |  |
| Intake Assessments |  |  |  |  |  |  |
| Formal Assessments  |  |  |  |  |  |  |
| Crisis phone line counselling |  |  |  |  |  |  |
| Other:  |  |  |  |  |  |  |

If Students are undertaking specialized counselling submit ***Application for Approval to Engage*** ***in Specialized Practice*** (Appendix L) along with this form **Practicum Profile** (Appendix A). Specialized areas include, but are not limited to:

* **Child Counselling:** Counselling with clients age 10 and under.
* **Adolescent Counselling:** Counselling with clients between the ages of 11-17.
* **Family/Relationship Counselling**: Counselling where the client is those in a relationship or family (more than one client in the room).
* **Group Counselling:** The student is an active co-facilitator in a counselling group where at least one other facilitator has experience and documented training facilitating the group; and the student is active 50 percent of the time during the group therapy/counselling sessions.
* **Formal Assessment - Level C**: The student completes the administration, scoring, interpretation, and report writing with adequate supervision from a Supervisor who has competence in the practice of formal assessment. A maximum of 20 hours from Assessment may count towards the Direct Counselling hours. Assessment occurs with non-counselling clients (they are not engaging in formal assessment with a client who they are also providing counselling with).

| **Practicum Opportunities Available at the Agency**  | **Available To Students** |
| --- | --- |
| Yes | No | Comments |
| Student is permitted to record at minimum one client session per week. Students are encouraged to record all of their sessions. Students are required to seek permission from clients to record the sessions, using the forms supplied by the University or the Agency. | £ | £ |  |
| Agency is able to provide a practicum orientation session for the Student.If the Agency does not offer a standard orientation session, the Student is to initiate an orientation with his/her Supervisor. | £ | £  |  |
| There is a qualified supervisor for the Student if the original Supervisor is unable to supervise weekly. (e.g., Supervisor is away due to illness, holidays, etc.) | £ | £ |  |
| Optional: The Agency has an orientation manual the Student can read prior to the start of the practicum | £ | £ |  |
| Optional: Student can observe experienced clinicians in action(assuming the client provides consent). | £ | £ |  |
| Optional: Practicum offers training by using reflecting teams. | £ | £ |  |
| Optional: Student is provided with his/her own counselling office to see clients. | £ | £ |  |
| Optional: One-way mirror with audio sound. |  |  |  |
| Optional: A practicum student supervision group. (Practicum students, more than 1 student, gather at least once a month to review cases.) |  |  | This group is facilitated by a supervisor:  £ Yes £ No |
| Optional: Agency case review group. (The Agency offers a supervision group at least once a month for the counselling staff, which the students can attend.) |  |  |  |
| Optional: On site professional development training that Students may attend. (e.g., seminars, etc.)  |  |  |  |
| Other Services Offered: |  |  |  |

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| **PRACTICUM SUPERVISOR**£ Yes, please include me in list of Approved Supervisors. Approved Supervisors may choose to be listed as an approved supervisor and may be approached by other students seeking a placement. A resume or CV may be required upon request. |
| Last Name | First Name | Phone  | Fax  |
| Mailing Street Address | City | Postal Code |
| Province |
| Email Address | I have included a Resume or Curriculum Vitae£ Yes £ No, a copy has been submitted in the last three years |
| Standards of Practice/Code of Ethics adhered to and associated registration number:£ Registered Psychologist: £ Canadian Counselling & Psychotherapy Association: £ Registered Social Worker: £ Other:  | Number of years of post-graduate counselling experience: |
| Master’s degree and major/specialization obtained: University: Year completed:  | Doctoral degree and major/specialization obtained:University: Year completed:  |
| Days of week Supervisor typically on site: |
| Please briefly describe your background in supervision*(e.g., trained in supervision, new experience, supervising for years, etc.)*  |
| **Practicum Supervision** | *Agency agrees to* | *Agency does not agree to* | *Comments* |
| One-on-one SupervisionPracticum supervision will entail at least 1.5 hours per week (20 hours per course) in One-on-one Supervision (a ratio of 1 hour of One-on-one Supervision for every 4 hours of Direct Counselling).  |  |  |  |
| Exceeding HoursIf the Student completes more than 75 Direct Counselling hours, then the Student must receive more than 20 hours of One-on-one Supervision. This additional supervision remains at a ratio of 1 hour of One-on-one Supervision for every 4 hours of Direct Counselling. |  |  |  |

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| **Consent Forms** | *Agency agrees to* | *Agency does not agree to* | *Comments* |
| NOTE: A sample of a counselling consent form is available at the link below. The form will need to be adapted for use in the Agency and/or for your client population. <http://www.uleth.ca/counselling/content/booking-appointment> |
| The Agency gives permission for the Student to use counselling consent forms that meet CPA/CCPA standards.Note: If the Agency does not have an informed consent form that meets CPA/CCPA standards the Student, in conjunction with the Instructor, will draft a supplemental handout to distribute to clients. The Agency/Supervisor must approve the handout before its use. |  |  |  |
| The Agency agrees to allow the student to use a consent for supervision and recording sessions form that meets CPA/CCPA standards. The form may be supplied by the Agency or the U of L (see Appendix H). |  |  |  |

**Supervisor to complete (please check all that apply):**

* I declare I do NOT hold a dual relationship with the above Student. Examples of a dual relationship include being related to the Student via family or marriage, being the Student’s past or present employer, or being the Student’s past/current professor, etc. If a dual relationship is present this must be discussed with the Instructor.
* I have read and agree to the expectations and responsibilities outlined in the Practicum Handbook.
* I understand the Student will discuss his/her practicum experiences at practicum seminars facilitated by the Instructor. If client cases are discussed at the seminar, client consent will be required.
* I agree to complete the Practicum Feedback and Evaluation form (Appendix I).
* I realize if the Student is not performing to an acceptable standard I have the right, and the ethical responsibility, to record a non-satisfactory rating on the practicum evaluation(s).
* I understand that I may contact the Instructor at any time if I have any questions or concerns regarding the Student’s performance.
* The Student will not be charged either directly or indirectly for Supervision fees.

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 *(Signature of Supervisor) (Date)*

**Student to complete *Schedule* and *Student’s Administrative Tasks* in conjunction with the Supervisor and/or Agency** (if applicable):

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| **Schedule** | Fall Term | Winter Term |
| First day the Student is expected to be on site (e.g., Sept. 1 or Jan.1) |  |  |
| Last day the Student is expected to be on site (e.g., Dec. 31 or Apr. 30) |  |  |
| *Weekdays* the Student will be expected to be on site  |  |  |
| *Weekday evenings* the Student will be expected to be on site  |  |  |
| *Weekend days/evenings* the Student will be expected to be on site  |  |  |
| How many hours per week is the Student expected to be on site? |  |  |
| Likely day and time Supervision Sessions will be offered to the Student *(needs to total 2 hours per week, 1 hour of case review and 1 hour of direct feedback via tape or live observation)* |  |  |

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| **Student’s Administrative Tasks** | *It is Not Required* | *Deadline for Submission* |
| Criminal Record Check and/or Vulnerable Sector Check (*submit to Agency)* |  |  |
| Immunization Form(*submit to Agency)* |  |  |
| CV (*submit to Agency)* |  |  |
| Confidentiality Statement*(obtain form from Agency, sign, and submit)*  |  |  |
| Child Protection Check (*submit to Agency)* |  |  |
| Agency Policy & Procedure Manual*(please read)*  |  |  |
| Other:  |  |  |

The personal information requested on this form is collected under authority of the *Alberta Post-secondary Learning Act* (Alberta) and section 33c of the *Freedom of Information and Protection of Privacy Act (Alberta) (the “Act”) and will be protected under Part 2 of the Act.* The information is collected for the purpose of determining participation in practicum related activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge *Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620, email:* *foip@uleth.ca**.*