SCHOOL PSYCHOLOGY DOCTORAL PRACTICUM CONTRACT

**UNIVERSITY OF CENTRAL ARKANSAS**

**STATE OF ARKANSAS**

 This agreement is between Mr/Ms , hereinafter called the **practicum student,** the University of Central Arkansas’ Department of Psychology and Counseling, hereinafter called the **university**, and , hereinafter referred to as the **practicum site**.

 The practicum, the university, and the practicum site do hereby make and agree to the following terms:

1. **Term**

 The term of this agreement shall be for the period beginning on and ending . The agreement can be terminated, however, by any party with written notification.

1. **Duties and Responsibilities**

 At the start of the practicum, the practicum student and the supervisor should cooperate in determining the most appropriate experiences for the practicum student, including but not limited to assignment of duties and arrangement of supervision. The majority of duties for the practicum should be similar to those that the practicum will perform as a “School Psychologist” upon certification/licensure, including but not limited to individual psychoeducational assessment, consultation with teachers and parents, counseling and other forms of intervention related to children’s adjustment in the learning environment, and other duties typically performed by School Psychologists.

 **A. Practicum Student.** The practicum student is responsible for discharging his/her assigned duties in a professional manner and for responding to supervision appropriately. The practicum student should follow all ethical and legal codes of the profession and should follow all rules and regulations of the practicum site. The practicum student is expected to comply with all policies and procedures of the practicum site and is expected to maintain confidentiality of all records and client information.

 **B. Practicum Site.** The practicum site will provide a qualified on-site who should be onsite a majority of the time. The supervisor must have performed duties similar to those assigned to the practicum student and be competent in those areas. A minimum of one hour face-to-face supervision is required per week; however, it is highly recommended that supervision be ongoing and that the practicum student has contact with the supervisor when needed. The supervisor for a school psychology doctoral practicum must be appropriately credentialed in the state of Arkansas.

**C. University.** The university will be actively involved in overseeing the practicum student’s experiences while on practicum. The university will maintain contact with the practicum student and the site to ensure that duties and responsibilities are followed. As such, the university and its designated representative will be involved in any problems that arise between the practicum student and the practicum site. The university shall be notified immediately when a problem occurs, and the university shall be involved in any subsequent decisions that affect the practicum.

**III. Time**

 Practicum students in school psychology are required to devote a minimum of 90 hours to practicum per semester, the majority of which should be spent at the practicum site(s).

**IV. Liability Insurance**

 Students enrolled in the School Psychology program at the University of Central Arkansas have malpractice insurance coverage of $1,000,000 per each incident and $3,000,000 in aggregate.

1. **Evaluation**

 At the end of each semester of the practicum, the field supervisor(s) will be asked to complete a evaluate the practicum student’s performance on a form provided by the university. Before mailing this to the university, the supervisor should review the completed evaluation with the practicum student. The practicum student will likewise complete a practicum site evaluation form provided by the university.

**VI. Copies of this Contract**

 One copy of this contract will be provided for the practicum student, and one copy will be provided for the practicum site. The university will also maintain one copy in the student’s folder. Additional copies may be requested as needed.

**VII. Signatures**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Practicum Student

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Supervisor/Title

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Supervisor/Title

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Representative