

DOCUMENTATION OF TRAINING SUPERVISION

Please complete a separate form for each of your clinical training supervisors.

Part A. To be completed by trainee

Trainee Name: _____

Supervised Clinical Training was provided while enrolled as a graduate student in:

Department: _____

College/University: _____

Academic credit was provided for supervised clinical training shown below. Please provide information as it appears on your academic transcript:

Academic Year: _____

Semester(s) / Quarter(s): _____

Course Number and Title: _____

Grade(s): _____

Part B. To be completed by clinical supervisor

Supervisor's Name: _____

Address: _____

Phone: _____

Highest Degree: _____

Were you a licensed clinical psychologist at the time of supervision? _____ Yes _____ No

If yes, provide license number and state in which licensed: _____

If no, were you licensed/certified in another profession? _____

If yes, provide license /certification number and state: _____

Clock hours per week supervisee was engaged in clinical training under your supervision: _____

Total hours of practicum experience at this placement: _____

Type of Clinical Activity (Direct Service) – include number of service hours provided:

Intake: ____

Psychological Assessment (include face-to-face time only, not report writing): ____

Psychotherapy (include individual, group, couple and family hours): ____
Other intervention: ____
Other direct service activity (explain): _____

Dates of Supervision: From _____ To _____

Total hours individual, face-to-face supervision by a Licensed Psychologist: _____

Total hours individual, face-to-face supervision by Other Mental Health Professional: _____

Total hours group supervision by a Licensed Psychologist: _____

Total hours group supervision by Other Mental Health Professional: _____

Total hours other supervision: (Explain)

Other comments or clarification: _____

The information I have provided above is accurate and complete.

Supervisor's Signature Date

Please return the completed form via email:
Brittany Sikich
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Wright State University
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937-775-3492