The Practicum placement is designed to familiarize students with the education system through 120 hours of supervised experience in appropriate school settings and/or non-school settings that serve children. This is the equivalent of one day per week during the semester spent in case activities. Students will demonstrate the integration of skill acquired during the Program by managing a case through the initial referral process (or re-evaluation process) to its conclusion under the supervision of both their University and Field Supervisors.

Completion of the following activities must be verified by the signatures of the student, the Field Supervisor, and the University Supervisor at the bottom of this document. At the discretion of the student and Field Supervisor, additional activities may or may not be included as part of this Practicum based on consideration of the student’s academic background, work experiences, and ability to handle those activities.

Practicum activities may be accomplished independently OR in conjunction with the Field Supervisor (e.g., the student alone; the supervisor observes the student; the student observes the supervisor). The goal of the practicum experience is for students to achieve the greatest degree of independence possible in preparation for their internship year. Field Supervisors will need to consider the professional growth and comfort level of the student to make that determination.

I (the undersigned) agree to engage in/supervise the activities delineated on the following page.

Practicum Student ___________________________________________ Date ____________

Field Supervisor(s) ___________________________________________ Date ____________

_________________________________________ Date ____________

University Supervisor _______________________________________ Date ____________
Instructions: The student should initial and date each activity as it occurs in the spaces provided below. At the conclusion of the field placement the Field Supervisor should sign and date this form in the section provided below to verify the completion of the activities.

**Practicum Activities:**
- ______________ Spend one full day with a school psychologist within a setting which is diverse
- ______________ Visit two kinds of classes (i.e.: Life Skills, Multi-handicapped, Gifted, Speech and Language)
- ______________ Interview an administrator from a mental health agency (ex: MH/MR, TW Ponessa)
- ______________ Interview a school principal
- ______________ Visit two specialists (i.e.: Guidance Counselor, Speech Therapist, Resource Room Teacher)
- ______________ Attend an IST or pre-referral meeting (may be combined with case study)
- ______________ Attend an MDE meeting (may be combined with case study)

**Case Study:**
- ______________ Review pertinent folders
- ______________ Interview teacher/school personnel
- ______________ Observe in the classroom
- ______________ Contact child for background data
- ______________ Contact parent for background data
- ______________ Formulate referral questions(s)
- ______________ Administer appropriate evaluation measures
- ______________ Score and interpret data
- ______________ Address referral question(s)
- ______________ Write ER (psychological report)
- ______________ Generate recommendations/interventions/conclusions

**Follow-up to Case Study:**
Note: Time constraints or other considerations may not permit the following to be accomplished. In that case, students may develop a hypothetical scenario of how they would handle the situations below and/or what they might expect to happen.

- ______________ Present information to team and/or parent(s) (responsible party)
- ______________ Summarize impressions of team meetings/decisions
- ______________ Summarize available resources for teacher use

I (the undersigned) verify that the activities above were completed by the Practicum Student named in this form.

**Practicum Student** ____________________________ Date __________

**Field Supervisors** ____________________________ Date __________

_________________________ Date __________