SCHOOL PSYCHOLOGY CLINIC

PRACTICUM HANDBOOK

POLICIES, PROCEDURES AND GUIDELINES

SCHOOL PSYCHOLOGY PROGRAM

Department of Educational Psychology
School of Education
University of Wisconsin-Madison
Madison, WI 53706

(Effective Fall, 2016)

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Revised 9/7/16
PROFESSIONAL TRAINING MODEL

The School Psychology Program at the University of Wisconsin-Madison prepares school psychologists to work in schools, state agencies, clinical practice, and university settings. The program is approved by the American Psychological Association (APA) and the National Association of School Psychologists (NASP). The primary goal of the program is to develop professionals whose activities increase the educational and psychological well-being of children and youth. These activities include research, training, and practice, both separately and in combination. The doctoral-level school psychologist is expected to have competence in each of these roles. Within this context, the school psychology faculty embraces a scientist-scholar-practitioner model of training. The integration of scientist, scholar, and practitioner roles provides a basis for graduates to assume leadership responsibilities in the field of school psychology.

The Scientist

The role of the scientist is considered important in the training of school psychologists. To understand and advance basic knowledge in the domains subsumed by school psychology, students must have a firm foundation in scientific methodology and the philosophy of science. Students are educated to be highly skilled consumers of research as well as researchers capable of examining relevant problems of both applied and basic nature. Training in research skills is applied across all domains of the training model. As practitioners, graduates must be able to interpret and judge published and unpublished research and writing. As consumers of educational and psychological assessment and intervention techniques, they must have a sound scientific background to judge the utility and efficacy of such procedures. This knowledge may come from evaluation of published reports or via their own empirical evaluation of these techniques.

Students are taught the scientific skills necessary to conduct and evaluate research. Through faculty mentoring and guidance, students are provided with models of the divergent and scientific processes whereby knowledge is obtained. The role of the mentor in the program is typically assumed by the student’s advisor. The mentor provides the mold to shape the scientist and scholar.

The Scholar

The role of the scholar, though often assumed in training programs, is delineated formally in the Wisconsin program. The inclusion illustrates the importance the program places on breadth and depth of basic and applied knowledge in educational psychology as well as related domains. In a sense, the scholar is a precursor to the scientist; without a background in child and adolescent development, learning, and quantitative methods, scientific research in school psychology is compromised.
School psychology is an amalgamation of multiple disciplines of scientific and clinical knowledge. No single perspective (e.g., psychometric, developmental, behavioral) is viewed as sufficient for the development of a scholar in school psychology. Maintaining a broad approach to training, while not limiting specialization within subdomains, ensures that blind dogmatism, an anathema to scholarship, is less likely to occur. The scholar is able to draw from many different bases of knowledge and apply this information to the issues and problems with which he or she is presented. The formal and informal education in the many related domains exemplifies the criteria specified by the APA, which the program includes as curriculum requirements. These include the basic competency areas of biological, cognitive-affective, and social aspects of behavior; history and systems of psychology; psychological measurement; research methodology; and techniques of data analysis. In addition, students are encouraged to take courses in human development and learning science, and they are required to complete course work in quantitative methods (6 credits minimum) and a minor area of specialization (10-12 credits).

The Practitioner

The practitioner is the role that is generally aligned with school psychologists. At the doctoral level, the practitioner is expected to manifest a high level of expertise in the practice of school psychology. This expectation is, in part, a function of the practitioner's competencies as a scientist and scholar and the interaction of these three domains.

The practitioner component of the program encompasses more than 2,500 hours of field and clinic-based curriculum, fieldwork, and internship requirements, as well as clinical coursework in assessment, intervention, consultation, and related areas. This extensive commitment to applied training represents the core of the program and taps the expertise of all faculty in the area. The applied orientation of the program is as varied as the faculty in the area. The orientations subsumed within training include (but are not limited to) applied behavior analysis, cognitive-behavioral, social learning, psychometric, and developmental (see Statement of Program Philosophy, p. 3). Training also occurs in individual differences in behavior, human development, psychopathology, and professional ethics. Hence, the practitioner is presented with a wide range of complementary service delivery approaches to clinical problems. This broad background allows for greater skills in hypothesis testing, monitoring of interventions, tailoring of treatments to individual problems, and examination of treatment efficacy.

The practitioner role is also basic to the scientist and scholar. Applied experience with children and adolescents is important because without basic experience in the field, the professional school psychologist is limited in the efficacious acquisition of knowledge and theory and the translation of these data to practice and training. Thus, the practitioner is a core role for the school psychologist.

Integration and Application of the Training Model

The program at the University of Wisconsin-Madison has evolved from the scientist-scholar-practitioner model. The three training components within the model, scientist-researcher, scholar, and practitioner, are complementary as well as overlapping areas of expertise and development. The program is dedicated to training graduates who are competent in each of these areas.

The tripartite model just outlined is specific to doctoral-level training. The PhD in school psychology is differentiated from certification-level training, primarily in its orientation for training individuals who are committed to and capable of advancing knowledge. The certification-level training is oriented primarily toward producing competent service providers who, when dealing with the welfare of children and youth, must also demonstrate a high level of competence. The PhD school psychologist, who functions as a service provider in a school and/or clinic setting, is trained to be adept at integrating a variety of perspectives and disciplines toward the practice of school psychology and has a current
understanding of the theory and mechanisms behind the techniques used. Such individuals are active consumers, evaluators, and critics who are able to test, adapt, and develop new procedures in their own practices of school psychology and to communicate these findings to others in the field. These competencies are developed through integrative experiences in scientific research methodology and the acquisition of theoretical knowledge bases cogent to school psychology.

The tripartite training model also stresses the importance of personal relationship skills (e.g., empathy and positive regard) as aspects of the professional school psychologist. These qualities are, to a significant extent, precursors to the successful training of the practitioner as well as desirable characteristics of the scientist and scholar in the field of school psychology. Our program acknowledges the importance of these characteristics and, where possible, strives to foster their development, especially in clinical training.

Statement of Program Philosophy

The School Psychology Program at the University of Wisconsin-Madison embraces a scientist-scholar-practitioner model of graduate education. Faculty embrace evidence-based practices (e.g., diagnosis, assessment, intervention, consultation, evaluation), and they have allegiance to a broad-based behavioral orientation in research and practice including, for example, applied behavior analysis, cognitive-behavior therapy, social-learning theory, and ecological-behavioral-systems theory. The program emphasizes a problem-solving approach to service delivery including direct intervention and consultation at the individual, family, and system levels. The graduate program strongly emphasizes the preparation of psychologists for academic and scholarly careers, along with a sound and comprehensive focus on the practice of psychology in the schools and related applied settings.
SCHOOL PSYCHOLOGY TRAINING CLINIC PRACTICUM

OVERVIEW

Introduction

The School Psychology Training Clinic (SPTC) Practicum is part of a practicum sequence which integrates applied experiences with didactic coursework throughout doctoral study in School Psychology. Through the practicum, graduate students in school psychology are trained in procedures of psychoeducational assessment, consultation, intervention, and progress monitoring. Students are trained to conduct child and parent interviews, assess intellectual, social-emotional and academic functioning, and conduct observations in clinical and school settings. Student clinicians also obtain experience in the use of intervention techniques and procedures for a wide range of academic and social/emotional problems. Clinicians are expected to develop skills in counseling and consulting with parents, school personnel and other professionals concerned with the care, management, guidance and education of the child. Students are taught progress monitoring and outcome evaluation tools. Students are directly supervised during all client interactions and are given frequent and detailed feedback about their clinical skills by the Clinic Practicum Coordinator. Services are available at a fee (see Appendix B for fee schedule) to the public through the School Psychology Training Clinic (SPTC) in the School of Education.

The School Psychology Training Clinic Practicum is required as part of the second-year curriculum. Students must successfully complete their first-year school psychology coursework prior to entry into the Clinic Practicum. These courses include: EP 540, 541, 740, 742, 761, 844, and 840 Beginning Practicum. (Note: because of course scheduling, some courses may be taken concurrently with the practicum).

Clinic Practicum Requirements

Students in the School Psychology Program are required to complete two semesters of Clinic Practicum and to accrue 300 practicum hours across the two semesters.

Students who enter the program with advanced clinical training may request a waiver of one semester of the Clinic Practicum. A waiver must be approved by the student's advisor and the School Psychology Area members and is granted only in circumstances in which the student's former clinical training is considered to meet the objectives of the Clinic Practicum.

Students enrolled in the Clinic Practicum generally provide direct services to a minimum of two client cases. Students also engage in at least one consultation case addressing social-emotional concerns with a teacher and/or parent. In addition, students are expected to complete one or more Student Assessment Services evaluation and report each semester. Students often work with a co-clinician in completing casework. In addition, students implement multiple group intervention sessions, and they act as assistant clinicians supporting the applied work of other students in the Clinic Practicum.

Services Available Through the Clinic Practicum

Services available to children and their families include evaluations of intellectual and academic skills; assessment of learning difficulties; assessment of social-emotional status and behavioral concerns; parent consultation, counseling and education; and individual and group psychosocial interventions. Requests for services typically are initiated by parents, sometimes on the recommendation of educational or mental health professionals. During the initial appointment, the referral issue is carefully evaluated,
clarified, and reviewed with the parents. A plan for services is developed and implemented in subsequent SPTC visits.

When children with specific educational or behavioral difficulties are seen, an attempt is made to devise an appropriate intervention program. It is sometimes possible to implement this program in the SPTC. Children may be seen during individual or group treatment and their parents may also participate in services. Assessment and intervention programs also may be conducted in school or home settings. In some instances, recommendations may be forwarded to appropriate school personnel for implementation there. Consultative services to parents, teachers, or other professionals are also provided and vary as a function of client needs. These services may include review/interpretation of records, intervention planning, progress monitoring, and recommendations.

Because of the school focus of the School Psychology Program, clinicians request that parents grant written permission for school involvement to be maintained throughout assessment and intervention. Written parental permission for classroom assessment and teacher consultation is requested whenever a referral issue is school-based. With parental permission, specific recommendations are made to the schools on all school-initiated referrals and on other referrals when indicated. The practicum staff members are available to school personnel for follow-up consultations regarding children seen through the practicum.

Clinic Practicum Staff

The diagnostic, remedial, and therapeutic work of the Clinic Practicum is conducted by graduate students. Student clinicians are closely supervised by the school psychology faculty and staff (see Figure 1). Job descriptions associated with the Clinic Practicum Coordinator and Teaching Assistant positions are included in Appendix A. When appropriate, School Psychology faculty share case consultation responsibilities through work with graduate students enrolled in practicum and field courses, through other courses which involve a practicum component, and through consultation on specified cases in their areas of expertise.

The Clinic Practicum Coordinator is a full-time staff member and doctoral-level licensed psychologist in the School Psychology Program. The Coordinator has primary responsibility for the overall operation and coordination of practicum activities with other aspects of the graduate training program. More specific responsibilities include client intake, case assignments, supervision of clinical services, liaison with community agencies and programs, referral to community and University resources, and student supervision and evaluation.

The Teaching Assistant assigned to the practicum is an advanced graduate student who participates in supervising practicum and field student clinicians, maintaining the materials library, acting as co-clinician for some cases, providing assistance with field and Clinic Practicum courses, monitoring audio-visual equipment, and assisting the Coordinator on administrative tasks. The Student Assessment Services (SAS) clinician is a second Teaching Assistant assigned to the practicum. The role of this TA is to complete SAS assessments and to supervise Clinic Practicum students who participate in SAS assessments. The Clinic Practicum Coordinator supervises both practicum TAs.

Research and Evaluation Activities

Students in the Clinic Practicum may participate in applied and clinical research and evaluation activities relating to diagnosis, assessment, and interventions with school-related learning, behavior, and social problems. Research and evaluation in the Clinic Practicum can occur in several ways. First, many cases seen for assessment and intervention serve as single-subject research studies, providing research
information on a specific problem or intervention. The practicum allows for the ongoing collection of
data from clients via clinical protocols. In addition, Clinic Practicum students sometimes participate in an
ongoing research program for a special population. In this type of research, the Coordinator will advertise
or otherwise seek out children who have a specific problem or characteristic. Examples include recent
studies of children with spelling and social skills deficits, children with selective mutism, children with
friendship difficulties, and potentially gifted children. All research programs and studies through the
Clinic Practicum are conducted following guidelines established by the University of Wisconsin-Madison
and are approved in advance by the appropriate Institutional Review Board.
Figure 1

SCHOOL PSYCHOLOGY CLINIC PRACTICUM STAFF

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OPERATION OF THE SCHOOL PSYCHOLOGY TRAINING CLINIC PRACTICUM

Procedures for Obtaining Clinical Services

Prospective clients may arrange to receive services by calling or writing the SPTC Coordinator and requesting a referral application (see Appendix B). Requests for services are only accepted from parents or legal guardians directly, as a child can be seen in the SPTC only with the consent of the parent or legal guardian. However, application materials may be obtained and referrals initiated by school administrators, teachers, psychologists, physicians, social workers, public health nurses, or other professional persons concerned with the child. Referrals are accepted on the basis of their appropriateness to the practicum training and research functions. The Clinic Practicum Coordinator often conducts an initial phone conference to determine whether a referral is appropriate.

When a referral is determined to be inappropriate, Clinic Practicum staff assist in referring clients to an appropriate facility for services. For this purpose, the SPTC maintains a list of organizations, both within and outside the University community, that provide psychological and educational services complementary to those available in the SPTC. In turn, these organizations often refer parents whose needs are best met through the SPTC. (See Referral to Other Agencies in this handbook.)

SPTC Fees

Assessment and collection of fees are the responsibilities of the SPTC staff. A yearly (academic year) flat fee of $450.00 is assessed for each Clinic Practicum case. No fee is assessed for the first appointment. A $50.00 payment is due on the date of the second appointment. The remaining $400.00 is due by the date of the final appointment. If clients continue to be seen for a period longer than one calendar year, an additional $450.00 will be assessed.

Clients are assessed a reduced yearly flat fee of $300.00 if the total family income falls at or below the median family income for Wisconsin, as described on the Fee Schedule (see Appendix B). In this case, $25.00 is due on the date of the second appointment, and the remaining $275.00 is due by the date of the final appointment, or in regular installments thereafter.

A minimal fee of $100.00 is assessed for clients whose total family income falls below 60% of the median family income for the state of Wisconsin. In this case, $20.00 is due on the date of the second appointment and the remaining $80.00 can be paid in regular installments over a 6-month period or by the final appointment. Occasionally, all fees are waived when requiring any fee would prevent a child from receiving needed services.

Fees assessed for participation in educational or counseling groups are established prior to the beginning of the group. Reduced group fees are assessed for clients meeting the guidelines described in the Fee Schedule, and a minimal fee is assessed for low-income clients.

At times individuals from the community and community agencies seek consultation with staff from SPTC. In these cases a consultation fee is charged. Services through the Clinic Practicum will be offered to agencies at a rate of $100.00 per hour. In this case, a written agreement is prepared describing the services to be provided by the clinician and the nature of the support offered by the other agency. Consultation to individuals may be limited (up to two consultation meetings) or ongoing (more than two meetings). Fees for limited individual consultations are $200 per academic year and fees for ongoing consultations are $300 per year. Reduced and minimal fees are available for consultations based on family earnings.
A copy of the Fee Schedule (see Appendix B) is sent to all potential clients with the referral form. Fee assessments are clarified with clients during the first SPTC appointment and a Fee Agreement (see Appendix B) is signed by parents or guardians. Fees are collected by the SPTC Coordinator. A receipt is given to the client. Fees are credited to the School Psychology Training Clinic Practicum and are used for practicum supplies.

A yearly summary of fee collection is developed by the SPTC staff.

Emergency Contacts

Figure 2 presents emergency contacts for students and staff members of the Clinic Practicum. If the situation in question is an emergency (there is an immediate threat to the client, clinician or other party), the clinician and supervisor call 911 (they do NOT first dial 9 to exit the UW telephone system; it is important that UW police are contacted because they are aware of locations of buildings and clinics). If the situation is a non-emergency, the clinician and supervisor continue calling contact persons on the right side of the figure until help is obtained and the situation is resolved. If at any time the situation becomes an emergency, students and staff dial 911 immediately.

Scheduling Appointments

Student clinicians are responsible for scheduling appointments with clients. When possible, appointments should be scheduled during regular SPTC hours. Prior to confirming an appointment with a client, clinicians obtain a list of possible meeting times from the Clinic Practicum Coordinator. Appointments during other times may be made only with the approval of the Clinic Practicum Coordinator and should be made only when necessary.

Student clinicians calling a client for the first time inform the client that they are clinicians with the School Psychology Training Clinic of the University of Wisconsin-Madison, and they are calling to schedule an initial appointment. The clinicians indicate that they intend to discuss the referral issue more fully with parents and the child (if appropriate) during the first appointment (see Appendix B - Initial Phone Call Script). A phone number is also given for clients to call in the event of cancellation. Finally, students complete a first appointment letter form available on the 840 drive (see Appendix B) and give it to the SPTC Coordinator who reviews it and mails it, with a campus map indicating the location of the SPTC. Sometimes the Department of Educational Psychology is able to obtain parking permits for SPTC clients. If parking permits are available and necessary for the client, students send a parking permit and map indicating location of the SPTC and parking facilities with the initial appointment letter. (See Appendix B.)
Initial Interview

At the beginning of the Initial Interview, clinicians and supervisors introduce themselves, answer any questions about the SPTC, and ask parents/guardians to complete SPTC paperwork. Paperwork completed prior to the interview includes:

1. Agreement for Provision of Clinical Services (Appendix B)
2. Videotape Release (Appendix B)
3. Fee Schedule and Fee Agreement

A discussion of client confidentiality and the limits of confidentiality takes place at the beginning of the first session with a client or parent/guardian. Specific policies and procedures regarding confidentiality are described in Appendix C.

At the conclusion of the interview, clinicians ask parents to complete the following paperwork, if appropriate:

1. Release of Information (Appendix B)
2. Permission to Visit School (Appendix B)

When arranging the initial interview, clinicians usually ask to meet with the client and the client's parent(s) or guardian. By meeting with the client and the client’s parent(s), the clinician is given an opportunity to gather information regarding problem identification from the perspective of all parties in the home. Perspectives on family interactions and potential intervention agents in the client's environment are also provided. Because many behavior and academic issues mentioned in referral applications are home-based, much of any potentially effective intervention strategy must also be home-based. At times, parents prefer to meet during the first session without the child, particularly in the case of a very young child.

When the referral issue is a behavior problem, clinicians identify problem areas in terms of occurrence, existing patterns, antecedents, consequences, functions, previous treatments, and parental/teacher expectations. When the referral issue is an academic or social-emotional concern, clinicians rely on interviewing skills and their knowledge of the issue to guide questioning strategies. When planning an interview, clinicians consult a document provided in the Clinic Practicum seminar with sample questions for specific referral concerns. Initial interviews are typically completed in one session but may span two or three sessions in complex cases.

At the completion of the initial interview, clinician(s) write an Initial Interview Summary, integrating information from the referral form and interview (see Appendix B).

Assessment Plans and Their Implementation

Upon completion of the initial interview phase of the evaluation, clinicians are expected to describe the referral issue in depth. From their understanding of the issue, they generate hypotheses to account for the referral problem. These hypotheses guide the development of an assessment plan, which directly addresses the referral questions. Clinicians are expected to review the professional literature and other resources for information regarding assessment and intervention techniques.
Clinicians describe their understanding of the referral issues and their plan for assessment by completing the Clinic Problem-Solving Protocol (see Appendix B). This plan is reviewed and revised by the clinicians and the case supervisor prior to gathering assessment data.

**Off-Site Services**

While many assessment activities are completed in the SPTC, in most cases it is advisable to gather additional assessment data in the child’s school by observing the client's behavior and consulting with individuals in the school during school visits. Prior to making an off-site visit, it is important that the clinician determine what questions will be addressed during the visit and what information can be provided to school personnel. Written permission for such visits must be obtained in advance from the client's parent or legal guardian (see Appendix B). When a referral problem is linked to school difficulties, the clinician needs to obtain written release of information permission to incorporate information from school personnel into the assessment, intervention, and reporting activities.

When school issues are part of a referral concern, clinicians are expected to have the client's teacher(s) complete the Clinic Teacher Report (see Appendix B) or other teacher report form. This enables the clinician to obtain the teacher's perspective on the client by asking him/her to identify the child's strengths and weaknesses at school, characterize the client as compared to other children in his/her class, and attach copies of the child's best and worst school work (if possible).

Clinicians are advised to guard the confidentiality of clients and their parents carefully during off-site visits and to refrain from sharing information with schools or other community agencies unless parents have given their permission in writing and the case has been discussed with the Coordinator. Parents must be allowed to review any written reports which might be forwarded to schools or other agencies prior to signing a release form. Finally, it is emphasized that reports cannot be shared or sent to school personnel unless the signed release form specifies this report by name or content (see Appendices B and C).

**Referral to Other Agencies**

When clients require services that are outside the expertise of practicum staff, the clinician and supervisor are responsible for referring the client to other agencies or professionals for assistance. The Coordinator maintains a file of community resources for this purpose and routinely updates this file. Clinicians may refer to this file when seeking outside resources, consulting with supervisors, or investigating other referral sources in the community.

By thoroughly investigating the appropriateness of a referral before discussing it with the client, clinicians can maximize the probability of a successful referral. It is important for the clinician to call the referral agency, describe the services required by the client, and assure that these services can indeed be provided through that source. Additional information should be secured about the intake procedures of the agency, the hours of operation, and the fees charged. Where possible, a contact person who can meet the clients and guide them through the intake process should be identified.

When presenting the referral to the client, it is important for the clinician to describe fully the services required, reasons underlying the clinician's decision that the services are needed, and the manner in which the referral agency can supply these services. Where two or more referral agencies are offered to the client, the clinician should help the client compare and contrast the choices.
Intervention Procedures

With guidance from the Clinic Practicum Coordinator and other supervisors (e.g., faculty members or advanced graduate students), clinicians develop an intervention plan whenever the assessment of a client indicates problems that require remediation. Intervention plans may take the form of programs to be implemented during the practicum; detailed recommendations to be given to parents, school personnel or other professionals in the community; or programs to be implemented through consultation with parents or community professionals. All treatment programs are described in writing and reviewed thoroughly by the case supervisor prior to their presentation to clients, parents, or others.

Clinic Practicum policy dictates that interventions implemented during the practicum must be systematically evaluated to establish the fidelity of implementation and the intervention effectiveness. When developing intervention programs, clinicians are expected to become familiar with the professional research literature, and whenever possible, to use intervention strategies that have been documented to be effective. Baseline, treatment and follow-up data are collected systematically to evaluate the program. This process begins during the assessment phase of a case. After case objectives are identified, baseline data are collected, and procedures are established for identifying a sequence of steps to meet case objectives. When presented to the case supervisor, all intervention programs should reflect information collected during the assessment phase of the evaluation and should detail the kind of evaluative data that will be collected and how they will be gathered. Provisions should be made for collecting formative evaluation data to allow for ongoing progress monitoring during intervention implementation and summative evaluation data to evaluate the effectiveness of a treatment once it is completed. Intervention data are reviewed with the case supervisor at regular intervals. When data collected during the intervention process indicate that a program is ineffective, the program is revised.

Parents or legal guardians must voluntarily provide informed consent to any proposed intervention programs before their implementation. The explanation given to parents is provided in a language and vocabulary the parent understands and includes enough information to assist parents in making an informed decision. The explanation documents the relationship of the intervention to assessment data and to the research literature. Parents must also be informed of any other interventions and other potential side effects of the interventions which could be considered.

Summary Conference

At the completion of assessment and intervention activities, a summary conference is held. This conference is conducted by the clinician and attended by the Clinic Practicum Coordinator and any additional supervisors, the parents or legal guardian of the client, and when appropriate, the child. In addition, parents may be asked for permission to invite school personnel or other professionals who work with the client. Parents are informed in advance that they may choose to bring any other person to this conference and may choose not to invite any person suggested by the clinician. If it is more convenient for parents or other attendees, the conference may occur at a site such as a school or other community location where confidentiality can be maintained.

Prior to this conference, it is the clinician's responsibility to prepare a draft copy of the summary report to the parents. This report should follow the format described in the section entitled "Clinic Practicum Reports." All material in the report is reviewed with the parents, including any assessment results, treatment programs, and evaluations of these. Information should be explained in a vocabulary familiar to the parent and may be supplemented with charts, graphs or illustrations where appropriate. Any recommendations are discussed fully with the parents or school personnel and are illustrated with
examples of how these might be applied in the child's specific situation. A final copy of the report is prepared following the conference and sent to parents.

Parents are reminded that records will not be released without parents’ written authorization. They are given phone numbers to call if follow-up services are required and are informed that follow-up evaluation forms will be sent shortly.

Completion of Cases

The clinician must follow five steps when closing a Clinic Practicum case. The first step in this process is the completion of the psychological report. These reports are to be in the standard format (see the section entitled Clinic Practicum Reports in this Handbook) and describe the identified problem, the assessment and intervention steps taken, the results of assessment and intervention, and the clinician's recommendations for the client and his/her family. This report is confidential and may only be released with the written permission of the client's parent(s)/guardian(s) (again, see Appendix B).

Second, following the summary conference the clinician reviews the case file to ensure that it is complete. The file must contain all forms submitted or signed by parents/guardians, documentation of each client session (Session Notes), all assessment protocols, all supplementary materials submitted by parents and/or outside agencies, any documents produced by the client (e.g., work samples), and the original psychological report. All personal notes must be removed from the file.

Third, following the summary conference, the student and Clinic Practicum Coordinator determine how to dispose of any client video recordings. If parents have given written permission for recordings to be maintained and the Coordinator deems them valuable to maintain for the purposes specified in the permission form, then these materials are maintained in the locked client file cabinet. If parents have not given permission to retain the recordings or if the recordings are deemed no longer of value, the recordings are disposed of in the confidential shredding depository provided for this purpose.

Fourth, after the summary conference has been held with the client and parent and the file is complete, the clinician completes the Case Closing Form (see Appendix B) in the client's file. This form indicates the level of closing, services provided, and reason for termination. This form remains in the SPTC client file.

The final responsibility of the clinician is to review the Evaluation of Services Questionnaires returned by their clients (if clients have disclosed their identities on the evaluation). These forms are mailed to the client and parents with the final report. The feedback received from this type of consumer satisfaction measure provides the Clinic Practicum with information about strengths and areas for improvement (see Appendix B).

Follow-Up Evaluation

The Clinic Practicum staff routinely conducts follow-up evaluations with clients whose formal contact with practicum students has been terminated. Where cases involve the implementation or recommendations of treatment strategies, this follow-up evaluation assesses completion of treatment goals as well as client satisfaction. In particular, the evaluation should question the degree to and manner in which written recommendations were implemented, the persistence of any behavior changes implemented as part of the practicum involvement, and the degree to which original treatment goals were met. When treatment results are not satisfactory, or when effective behavior changes are not maintained, clients should be invited back for further follow-up evaluation and a possible reopening of the case.
SCHOOL PSYCHOLOGY TRAINING CLINIC PRACTICUM MATERIALS
AND PROFESSIONAL STANDARDS

Clinic Practicum Records

A paper file is maintained for each Clinic Practicum client. These files are considered confidential and are kept in the locked records room of the SPTC. Access to these records can be obtained only through the Clinic Practicum Coordinator, School Psychology faculty, the Project Assistant, or SPTC Program Assistant. Only practicum and SPTC staff and clinicians are authorized to review client files. Files must remain in the SPTC at all times.

A client's file is initiated on the date that the referral form is received. The file consists of the referral form, applicable SPTC forms, signed permission forms or releases, a contact log sheet specifying the nature and time of any client contact, a report of the intake interview(s), any information forwarded by other agencies along with signed releases for that information, session contact notes from each client session, any test protocols completed in the course of client contact, any intervention products completed by the client, and the final report. Upon completion of work with a client, the clinician places a copy of the Case Closing Form in the file. Written permission is obtained from the client's parent or legal guardian to video and audio-record sessions (again, consult Appendix B). Any DVDs made are considered to be part of the client's file and are kept in the locked records room in the SPTC. These DVDs are for supervision and may be used for this purpose only, unless parents/guardians provide written permission for use for additional purposes. (See Completion of Cases for additional information about video recordings.)

In addition, a temporary electronic file is maintained for each client on a secure drive on the School of Education server (the 840 drive). All clinician written material related to clients (e.g., supervision plans, session notes, and psychological reports) is prepared and maintained on this drive for the duration of client services. No written client materials are to be developed or stored on hard drives of computers. Access to the 840 drive for students is granted by the MERIT technology consultants at the request of the Clinic Practicum Coordinator. When students are no longer working with SPTC or SAS clients, the Coordinator requests that their access to the drive be discontinued. After the written client report is completed, the electronic file with any identifying information is deleted.

During the period of client involvement, clinicians may keep additional notes of observational data or other client activities. These informal notes are kept in a secure location and may also be placed in the paper client file. At the time of termination, such informal notes will be integrated into the summary report and the notes themselves destroyed.

Clinic Practicum Forms

The activities of practicum students are monitored through their regular completion of a variety of forms (see Appendix B). Completion of these forms in a timely manner is imperative if the practicum is to operate efficiently. Table 1 specifies case monitoring forms which are the responsibility of clinicians, and the time and frequency with which they are to be completed. Forms to be completed prior to or following each client contact include:

1. Session Plan. The form is to be completed and provided to the case supervisor 24 hours prior to the supervision meeting at which a client session is planned.
2. Session/Consultation/School Visit Notes. This form is to be completed and posted in the client’s electronic file for review within 24 hours of the completion of a client session.

3. Contact Log Sheet. This form is located on the inside cover of the client file. Each supervision meeting and client contact must be recorded on this form.

4. Clinician Hours Log. All client-related activities are to be logged in the clinician’s hours log.

Supervisory activities are closely monitored and documented in the Contact Log Sheet to assure compliance with certification and licensure standards for School Psychology practice.

Clinic Practicum Materials Library and Facilities

The School Psychology Training Clinic is housed on the third floor of the Educational Sciences Building. Facilities include seven interview rooms, each of which can be viewed from a central observation room. These rooms have been furnished to provide a playroom and small meeting rooms, in addition to interviewing rooms. A small group room is across from the interview rooms and can be monitored through a separate observation room. Also, the SPTC has access to two classrooms. All interview rooms and classrooms are equipped with microphones and cameras, allowing recordings to be made of all clinical activities.

Case files and a materials library are maintained by the SPTC Coordinator. The materials include an extensive collection of psychoeducational assessment instruments as well as materials for various treatment programs. Materials are intended for the use of students working in the SPTC, but they are available to other students for a two-day loan with approval from the SPTC Coordinator. The materials library is updated each spring, and out-of-date materials are moved to the School Psychology Program’s historical archives.

Clinic Practicum Reports

Psychological reports are completed for all cases at the time of termination of client contact. Report-writing is ongoing throughout the assessment and intervention phases of client contact. A thorough draft of the report is submitted to the case supervisor before the summary conference, and a final copy is prepared within three days of completion of the summary conference. Reports adhere to the format presented below.

All reports, session notes, and any other session materials are developed and stored on a confidential School of Education server accessible only to faculty, staff, and clinicians working in the SPTC (the 840 drive; see Clinic Practicum Records). Clinicians are not allowed to download client materials to personal or work computers. (See Appendix C, Confidentiality Policies and Procedures.)

Psychological reports are reviewed by case supervisors and are expected to satisfy professional standards for intelligibility, clarity, accuracy, and comprehensiveness. Standards for professional writing are described in detail in the Publications Manual of the American Psychological Association (6th Edition), and this publication will serve as a reference for the practicum.
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<th>Complete for</th>
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<tbody>
<tr>
<td>Client File</td>
<td>SPTC Staff</td>
<td>Supervision</td>
</tr>
</tbody>
</table>

**ALL CLINIC SESSIONS**

- Contact Log Sheet: XXXX
- Session Plan: XXXX
- Session/Consultation/ School Visit Notes: XXXX
- Clinician Hours Log: XXXX

**REFERRAL STAGE**

- Parent Referral: XXXX
- SPTC Fee Schedule: YYY
- Fee Agreement: XXXX

**INTAKE STAGE**

- Authorization for Clinic Services: XXXX
- *Appointment Letter Release, prior records: 0000
- Report of Intake: XXXX
- Interview: XXXX

**ASSESSMENT AND INTERVENTION STAGE**

- Teacher Information: 0000
- Treatment Planning: 0000

**TERMINATION AND FOLLOW-UP**

- Authorization for Release of Clinic File: 0000
- Case Closing Form: XXXX
- Evaluation of Services: YYY
- Evaluation by the Child: YYY

*Note: Student prepares draft letter on the 840 drive and notifies supervisor, who edits, signs, and sends the letter.*

**Key:**
- XXXX = Required, must be in every file.
- 0000 = Optional, may not be included in all files.
- YYY = Sent to client.
- ZZZZ = Required for supervision.
All reports will be printed on SPTC letterhead and will begin with the following heading:

Psychological Report

BIOGRAPHICAL DATA:
Name of Student:
Date of Birth:
Date of Report:
Age: Sex:
School:

Name of Parent(s):
Address:
Telephone:
Service Dates:

In addition each report will include succinct but complete descriptions of the following:

Reason for Referral: Statement of referral concerns as stated initially and as clarified during the initial interviews.

Background Information: Brief summary of historical material obtained from clients, family, school, agencies, records, etc.

Assessment/Intervention Tools:


Assessment Findings: Description of information obtained from observations, consultation, interviews, and tests used with client, parents, and/or teachers.

Assessment Summary: Brief integration of main assessment findings.

Treatment Plan: Plan and rationale for plan.

Treatment Outcomes: Progress monitoring and outcome data.

Summary: Synthesis of the information obtained from assessment and treatment.

Recommendations: Describe specific recommendations.

Follow-Up: Note any follow-up contacts.
Confidentiality

All information concerning clients must be kept confidential. Written materials are to be
deposited in the client's file in the SPTC office and are never to be removed from the SPTC office area.
Copies of these records may be forwarded to other agencies or professionals only upon the written
authorization (see Release of Client Information Form, Appendix B, and Appendix C, Confidentiality
Policies and Procedures) of the client or client's parents/guardian if the client is a minor. A copy of these
releases must be kept in the client's file and must specify the information to be released and the agency or
person to whom it should be sent, and must be signed by the client, parent or legal guardian of the client.

Clients may be discussed only with members of the practicum staff, including SPTC staff and
School Psychology faculty and students enrolled in the practicum course. Cases are discussed only for
the purpose of evaluating clinician skills and supervision of case activity. Cases may be discussed in
SPTC offices or other private facilities; they should never be discussed in any public site (e.g.,
restaurants, libraries). Clinicians must remember that clients may be recognized through identifying
information such as grade, school, and symptomatology, in addition to name.

Outside the SPTC, where cases are sometimes invoked as illustrations of a professional theory or
practice, it is important that clients not be identifiable in any way. Individuals should not be identified as
clients of the SPTC, and any other identifying information should be disguised. If unique aspects of a
case make this impossible, the case should not be used without prior, written permission from the parent
or legal guardian of the client. (See the document Policies and Procedures for Maintaining Client
Confidentiality in Appendix C.)

Clinical Supervision and Evaluation

The Clinic Practicum is intended to provide an opportunity for advanced graduate students to
develop their applied and professional skills. The students are evaluated in terms of their mastery in
seven broad competency domains:

Domain 1: research and evaluation;
Domain 2: professional issues and human relations;
Domain 3: assessment, screening, and progress-monitoring;
Domain 4: prevention and intervention;
Domain 5: consultation;
Domain 6: human abilities and diversity;
Domain 7: schools and schooling.

Students are expected to develop specific skills during the Clinic Practicum, including: interview
skills, assessment skills, case management skills, intervention skills, evaluation skills, consultation skills,
report writing skills, and personal-professional development skills. The skills each student is working to
develop in the practicum are identified through the student's pre-practicum self-assessment of
competencies.

Because the practicum is a training experience, all clinical sessions are planned with and
supervised by a member of the practicum staff. The graduate students who serve as clinicians are
required to develop their own assessment and treatment plans, based on their previous training,
experiences, and knowledge of the professional literature. Session plans, including short- and long-term
goals, are described on the Session Plan form (see Appendix B) and reviewed by the case supervisor prior
to the session. It is the responsibility and function of the case supervisor to meet with the clinician before all client sessions, to observe the client in the session, and to meet with the clinician again after the session. In this way the supervisor can review the session plan, make necessary suggestions or comments, observe the plan in action, be available to answer questions, insure that professional standards are maintained, and finally, provide immediate feedback to the clinician after a completed session. The supervisor may also wish to review any video or audio recordings of sessions with the clinician.

Clinicians are asked to prepare a written summary of each client appointment. These written summaries may be revised by case supervisors when inaccurate or incomplete (see Appendix B for Session Consultation/School Visit Notes). In addition, students are expected to document telephone contacts (see Appendix B) in which substantive information is shared (not scheduling phone calls). Finally, students log all client contact and supervision sessions on the Contact Log Sheet (see Appendix B), and should maintain a Practicum Case Log (see Appendix B).

Student clinicians are formally evaluated by their supervisors two times during each semester (see Competency Benchmarks in Professional Psychology in Appendix B.). Students are also given feedback after every clinical session. The clinician is expected to turn in a completed Practicum Hours Log (see Appendix B), giving an itemized record of the hours spent in various clinical roles and activities. These electronic logs help the clinic supervisors note areas in which individual clinicians may need to devote more time. In addition, they provide a record of clock hours in the Clinic Practicum, thus documenting the fulfillment of state certification requirements.

Successful completion of the Clinic Practicum is defined as a score of at least 3 on the 4-point scale on the Competency Benchmarks in Professional Psychology evaluation tool. The rationale for this criterion is that at the beginning of the Clinic Practicum students' clinical skills vary depending on their prior experiences. Some students have had no or limited experience in specific domains of practice. However, by the end of the practicum, students must have at least basic skills to move into their field practica. (See definitions of ratings in Competency Benchmarks in Professional Psychology.

If a student does not meet the above criterion for successfully completing the practicum, a meeting is held to discuss further opportunities for skill development. The student, the student’s advisor, and the Clinic Practicum Coordinator determine a plan to facilitate further skill development. Additional practicum experience may be required as part of a developmental plan or a remedial plan.

A developmental plan would be crafted when a student is lacking skills that generally develop gradually over practicum experiences. A developmental plan would allow a student to progress in other Program areas (e.g., register for the Field Practicum) while enacting the developmental plan. A remedial plan would be developed when a student is lacking competence in a critical area in which competence must be evidenced before moving forward in the Program. Successful completion of the developmental and remedial plans is determined by the Clinic Practicum Coordinator and the student’s advisor using the Competency Benchmarks in Professional Psychology form.
Student Grievance Procedures

Any student who believes he or she has been treated unfairly by a faculty or staff member has the right to complain about the treatment and to receive a prompt hearing of the grievance. The complaint may concern course grades, classroom treatment, or other issues. To insure a prompt and fair hearing of any complaint, and to protect both the rights of the student and the person at whom the complaint is addressed, the School of Education has outlined specific steps to be followed when a grievance is filed. These procedures may be found at http://www.education.wisc.edu/student/grievances.asp.

Professional Standards

The Clinic Practicum adheres to the professional standards of the APA and the NASP. Clinicians and supervisors are expected to be familiar with the following documents:

American Psychological Association
Specialty Guidelines for the Delivery of Services by School Psychologists
Ethical Principles of Psychologists and Code of Conduct
Standards for Educational and Psychological Testing
Guidelines on Multicultural Education, training, Research, Practice, and Organizational Change for Psychologists

National Association of School Psychologists
Principles for Professional Ethics

Copies of these documents are on file with the Practicum Coordinator or may be obtained directly from the sponsoring organization. Addresses of professional organizations are listed in Appendix D.
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APPENDIX A

Job Descriptions for School Psychology Training Clinic Practicum Positions

A-1 Clinic Practicum Coordinator 24

A-2 Clinic Practicum Teaching Assistant 27
A-1: Clinic Practicum Coordinator Position

Job Description

Administration of the Clinical and Professional Aspects of the Clinic Practicum including:

1. Overall administration of the practicum.
2. Assignment of cases to match students with their training needs.
3. Arrangement for supervision of cases to match students with their needs for supervision.
4. Keeping of records of caseloads and assignments to ensure that each student receives appropriate experiences in assessment and intervention.
5. Consultation regarding clinical aspects of research and evaluation projects conducted during the practicum.
7. Implementation of procedures formulated by the area faculty.
8. Reporting of practicum activities to the area faculty.

Supervision of Graduate Students including:

1. Supervision of all initial clinic interviews.
2. Supervision of assessment conducted for practicum cases.
3. Supervision of treatment cases accepted in the practicum.
4. Supervision of the teaching assistant and other advanced students who may be assigned to supervise Clinic Practicum students.
5. Participation in interviews and co-therapy for teaching and supervision purposes.
6. Development of practicum in conjunction with school psychology faculty.
7. Consultation with faculty on various sections of practicum.
8. Coordination of and direct involvement in small practicum groups.
9. Consultation regarding the development of training materials, e.g., video tapes to illustrate interviewing techniques and issues; development of skills manual; diagnostic vignettes, etc.
10. On-going group meetings with students to assist them in their professional development during their practicum experiences.
Teaching:
1. Teaching of the practicum course in the School Psychology area.
2. Development of course-related materials for students.
3. Reporting to faculty on various components of the practicum course.
4. Development of various training materials used in the practicum.

Consultation:
1. General consultation with students, faculty, and consultants regarding practicum cases the Coordinator is not directly supervising.
2. Establishment of consultation with faculty on various SPTC and Clinic Practicum policies.
3. Planning of student's clinical experiences to assure broad exposure to cases, clinical techniques and treatment orientations.
4. Orientation of practicum students to practicum operation and procedures.

Evaluation:
1. Participation in coordination and evaluation of student progress throughout the year with formal responsibility for issuing grades for Clinic Practicum and field experiences.
2. Evaluation of practicum policy procedures.
3. Receipt of feedback on practicum from students and participation in its integration in the course structure and procedures manual.
4. Reporting on student progress in practicum to area faculty.
5. Evaluation of client satisfaction with services.

Liaison to Community and University Clinics as well as Other Professional Personnel Regarding Practicum and Other Professional Issues:
1. Establishment and receipt of referrals from other agencies and professionals.
2. Planning of outreach activities to strengthen practicum ties to other agencies in the community.
3. Consultation with agencies and private practitioners regarding cases and broader concerns.
Research:

1. Development of an area of clinical/applied research to generate scientific understanding of diagnosis, assessment, and/or treatment.

2. Assistance to faculty in their clinical/applied research activities.

3. Assistance to students in their clinical/applied research activities.
A-2: Clinic Practicum Teaching Assistant

Job Description

All duties are performed under the direction of the School Psychology Program Director and the Clinic Practicum Coordinator:

Maintenance:

1. Maintenance of test files, materials library, tape boxes, practicum forms and formats; keeping track of equipment, tests, and books that are checked out to students and faculty.

2. General maintenance of the SPTC (e.g., cleaning and minor repairs on audio, video; updating time sheets; connecting equipment; maintaining SPTC rooms and reception area).

3. Participation in decision-making and policy setting for the practicum.

4. Participation in practicum meetings and large group meetings.

5. Working with technology consultants and staff in the Counseling Psychology Training Clinic on general equipment maintenance and replacement.

6. On-going revision of the Procedures Manual; primarily responsible for revisions pertaining to the use of Clinic audio and video equipment.

7. Maintenance of files of prospective internships.

Supervision:

1. Supervision of ongoing intervention cases of beginning students (approximately two cases).

2. Supervision of intakes and assessment when warranted. The Clinic Practicum Teaching Assistant acts in this capacity primarily at the beginning of the semester when many new clients are contacting the Center.

3. Supervision of test administrations (i.e., tests in which the PA has received training).

Teaching:

1. Assistance with supervision of the practicum for students. This includes interviewing skills, intake and therapy training, testing and interpretation, report writing, ethics, special issues and special clients. The Clinic Teaching Assistant also provides a student perspective on many of the issues raised by the Clinic students. Because many of the activities in the Clinic Practicum class involve small-group discussions and role-plays, both the Clinic Teaching Assistant and the Coordinator are needed to monitor the skills development of students.
2. Development of training materials (e.g., videotapes to illustrate interviewing techniques and issues; development of training materials, diagnostic vignettes, etc.) under supervision and in consultation with the Coordinator. These materials are revised from year to year, and the involvement of the Clinic Teaching Assistant varies accordingly.

Consultation:

1. Consultation with students, clients, faculty, etc. on practicum policies and use of facilities.

2. Orientation of new practicum students with respect to the practicum operation, procedures, and facilities.

When it is clear that the Clinic Teaching Assistant has special skills to contribute to the development of practicum resources, every effort is made to use that expertise (e.g., knowledge in technology, assessment, computing skills, and the development of clinical training manuals).

Assisting Practicum Coordinator in:

1. Maintenance of playroom (keeping inventory of supplies).

2. Emergency call system.

3. Assistance in research-related activities for Coordinator, faculty, and students.
# Appendix B

## Forms and Protocols

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School Psychology Training Clinic
A Service for Children, Adolescents and Their Families

Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Clinical Practicum Coordinator: Kristy Kelly, PhD
Telephone: (608) 262-3848

Parent/Guardian Referral Form

Date received: __________________

Information contained in this form is confidential and will not be made available to the school or to other agencies or individuals unless written permission is given by the parents.

Identifying Information
Child’s Name ___________________________ Birthdate ______ Age______ Sex ______ Grade_____

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<th>Home Contact Information</th>
<th>School Contact Information</th>
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<tr>
<td>Parent/Guardian</td>
<td>School Name</td>
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<tr>
<td>Street Address</td>
<td>Street Address</td>
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<td>City, State, ZIP</td>
<td>City, State, ZIP</td>
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<tr>
<td>Phone</td>
<td>Phone</td>
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Please list any persons now living in the home. Begin with parents (or guardians) and include yourself. List brothers and sisters beginning with the oldest.

Name            Age            Relationship to Child
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Parent 1 Occupation __________ Work Phone ______ Last grade completed in school ______
Parent 2 Occupation __________ Work Phone ______ Last grade completed in school ______

May Clinic staff phone you at your work number? __________________

May Clinic staff email you for scheduling purposes? If so, please provide email address:
____________________________________________________

Please return this form to Kristy Kelly, School Psychology Training Clinic, Room 316D Educational Sciences Building, 1025 West Johnson St., Madison, WI 53706

30
Referral Issue
Who suggested you contact the School Psychology Training Clinic?

Why are you referring your child to the School Psychology Training Clinic? (Be as specific as you can)

If you are referring your child for a learning or adjustment problem, please answer the following questions; otherwise proceed to the Educational History section.

What do you think is causing the problem?

What have you tried to do about it?

What has been successful?

What has not been successful?

If you have sought professional treatment before, please list the names of the helping agencies or therapists and dates of treatment, in chronological order.

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<th>Name of Therapist/Helping Agency</th>
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Educational History
Please list your child’s former schools (if applicable)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location (city)</th>
<th>Dates</th>
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Approximately how many days is your child absent from school each year? How would you describe your child’s performance in school?
Has your child received additional help in school (e.g., Title I reading or math services, tutoring)?

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</tbody>
</table>

Has your child received special education services (e.g., speech and language therapy, special class placement etc.)?

<table>
<thead>
<tr>
<th>Service</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

List any significant events that you think have a bearing on your child’s present school adjustment.

________________________________________________________________________

________________________________________________________________________

What are his/her average grades in the following subjects:

mathematics____ reading_____ spelling____ writing

What does your child tell you about school? ______________________________________

________________________________________________________________________

Has any psychoeducational testing been done previously? If so, please indicate tests, approximate dates of administration, and results:

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Daily Activities

What are some of your child’s special talents?

What activities, sports, or hobbies does your child enjoy?

Does your child usually play alone or with other children?

What ages are they?

What do they do together?

Is your child difficult to discipline? Explain.

Does your child have difficulty concentrating? Explain.

Does your child eat well? Sleep well

What chores do you give your child to do in and around the house?

To what does your child seem to respond most positively?

To what does your child seem to respond most negatively?
**Medical History**

Who is your child's physician? ____________________ Phone ____________________

Please note if your child has had any of the following medical problems and the ages at which these occurred:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Age</th>
<th>Severity</th>
<th>Disease</th>
<th>Age</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td>Earaches</td>
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<tr>
<td>Chickenpox</td>
<td></td>
<td></td>
<td>Asthma</td>
<td></td>
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<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td>Convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td>High Fevers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td>Hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of last hearing examination: ____________________
Date of last vision examination: ____________________

If your child is receiving medication, what is it? ____________________

What is the medication for? ____________________

If your child or any member of the family is receiving medical or psychiatric treatment, please indicate what it is, with whom and for what purpose. ____________________

**Additional Information**

Since parents know their children better than anyone else, your overall impressions are important. How would you describe your child in general terms (e.g., happy, forgetful, active, curious, lazy, considerate, etc... any descriptions that might apply)? ____________________

_______________________

Name of Person Completing Form ____________________

Relationship to Child ____________________

Today’s Date ________________

Thank you for taking the time to complete this form. Please return it to Kristy Kelly, School Psychology Training Clinic, 316D Educational Science Building, 1025 West Johnson Street, Madison, WI 53706.
School Psychology Training Clinic

Fee Schedule

Individual Client
No fee is assessed for the first clinic appointment. A flat fee of $450.00 will be assessed for each SPTC case. A payment of $50.00 is due at the second appointment. The remaining $400.00 can be paid at the final appointment or in monthly installments. (If clients are seen for a period longer than one academic year, an additional $450.00 will be assessed.)

Reduced Fee
Clients will be assessed a yearly flat fee of $300.00 if the total income falls at or below the median income for Wisconsin as presented Table 1. In this case, $25.00 is due on the date of the second appointment, and the remaining $275.00 can be paid on the date of the final appointment or in regular installments throughout the duration of the case. (If clients are seen for a period longer than one academic year, an additional $300.00 will be assessed.)

<table>
<thead>
<tr>
<th>Table 1. Median Family Income</th>
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</thead>
<tbody>
<tr>
<td># IN FAMILY</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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</tbody>
</table>

Minimal Fee
A minimal fee of $100.00 will be assessed for clients whose total family income falls below 60% of the median family income for the state of Wisconsin, as defined below. A payment of $20.00 is due on the date of the second Center appointment; the remaining $80.00 may be paid in regular installments throughout the duration of the case. (If clients are seen at the Center for a period longer than one academic year, an additional $100.00 will be assessed.)

<table>
<thead>
<tr>
<th>Table 2.</th>
</tr>
</thead>
<tbody>
<tr>
<td># IN FAMILY</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
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<tr>
<td>6</td>
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</tbody>
</table>

Group Clients
Fees assessed for participation in educational or counseling groups will be established prior to the beginning of the group. Generally, group members will be charged a flat fee of $100.00. Half of the fee will be due on the second day of the group and the remaining half will be due at the final group meeting. A reduced group fee of $75.00 is available for clients who meet the guidelines for reduced fees described in Table 1. A minimal fee of $25.00 will be assessed for clients who meet the guidelines for minimal fees described in Table 2.

Consultation Fees
The fee for limited consultations to individuals is $200 per year (up to two consultation meetings), and $300 per year for ongoing consultations (over two meetings per year). Fees of $100 (reduced fee) and $50 (minimal fee) are available for limited consultations to individuals meeting the guidelines in the above tables. Fees of $200 (reduced fee) and $75 (minimal fee) for ongoing consultation are available to individuals meeting the guidelines in the above tables.
School Psychology Training Clinic

Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Kristy Kelly, PhD
Clinic Coordinator
(608)262-3848
kmkohler@wisc.edu

FEE AGREEMENT

Fees for services obtained at the School Psychology Training Clinic are described in the fee schedule. Clients should indicate below their eligibility for the full fee, reduced fee, or minimal fee rates.

Individual Fees

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Fee</td>
<td>I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the full fee of $450.00. I understand that $50.00 will be due at the time of the second appointment and $400.00 will be due at the time of the summary conference or one year from now, whichever is sooner.</td>
</tr>
<tr>
<td>Reduced Fee</td>
<td>I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the reduced fee of $300.00. I understand that $25.00 will be due at the time of the second appointment and $275.00 will be due at the time of the summary conference or in regularly scheduled installments.</td>
</tr>
<tr>
<td>Minimal Fee</td>
<td>I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the minimal fee of $100.00. I understand that $20.00 is due on the date of the second appointment and the remaining $80.00 may be paid in regularly scheduled installments throughout the duration of the case.</td>
</tr>
</tbody>
</table>

I am experiencing financial hardship at this time, and the fee I am able to pay is: ___________.

Limited Consultation Fees (up to two consultation meetings)

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Fee</td>
<td>I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the full fee of $200.00 for limited consultation (maximum of two meetings). I understand that $50.00 will be due at the time of the second appointment and $150.00 will be due at the time of the summary conference.</td>
</tr>
<tr>
<td>Reduced Fee</td>
<td>I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the reduced fee of $100.00. I understand that $20.00 will be due at the time of the second appointment and $80.00 will be due at the time of the summary conference or in regularly scheduled installments.</td>
</tr>
<tr>
<td>Minimal Fee</td>
<td>I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the minimal fee of $50.00. I understand that $10.00 is due on the date of the second appointment and the remaining $40.00 may be paid in regularly scheduled installments throughout the duration of the case.</td>
</tr>
</tbody>
</table>

I am experiencing financial hardship at this time, and the fee I am able to pay is: ___________.

36
Ongoing Consultation Fees (more than two meetings)

_____ Full Fee. I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the full fee of $300.00 for ongoing consultation for the academic year (more than two meetings). I understand that $50.00 will be due at the time of the second appointment and $250.00 will be due at the time of the summary conference.

_____ Reduced Fee. I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the reduced fee of $200.00 for ongoing consultation for the academic year. I understand that $50.00 will be due at the time of the second appointment and $150.00 will be due at the time of the summary conference or in regularly scheduled installments.

_____ Minimal Fee. I have received a copy of the fee schedule of the School Psychology Training Clinic and qualify to pay the Minimal fee of $75.00. I understand that $10.00 is due on the date of the second appointment and the remaining $65.00 may be paid in regularly scheduled installments throughout the duration of the case.

_____ I am experiencing financial hardship at this time, and the fee I am able to pay is: ____________.

I agree to pay the above noted fee on the dates explained above.

_________________________________________  ______________________
Parent, or Legal Guardian Signature                Date

Child’s Name ___________________________________________
SCRIPT FOR SCHEDULING THE INITIAL INTERVIEW
School Psychology Clinic Practicum

Students: Here are some suggestions for contacting parents to set up an initial interview. Please do not feel you must read this script! Adjust your questions and statements to fit your case.

INTRODUCTION

"Hello. My name is ____. I am a school psychology graduate student in the School Psychology Training Clinic at the UW-Madison. I’m working with Kristy Kelly, who spoke with you about your son/daughter.

“If you have a minute, I would like to set up an initial meeting to discuss the concerns you described in the referral form you completed.”

SCHEDULING

“We will need about one and one-half hours for our initial meeting. What days and times are best for you (and ____ if an adolescent)?”

Schedule meeting time if a time matches times/rooms and supervisor are available. If parent is not available when rooms/supervisor are: “I’ll need to call you back after checking to determine whether ____ (Supervisor) is available at that time.”

PARKING AND CENTER ENTRANCE. Before calling, be sure you are able to give good directions to people unfamiliar with the University campus. Getting to this place can be confusing for people, especially if they are anxious about the meeting or about being late. Be sure to be clear in your directions! Tell them parking is available at meters on Brooks St. and Mills St.

CLOSING

“Thank you very much. I am looking forward to meeting you and ____ on (date and time). If a conflict develops and you cannot make the meeting, you can let me know by calling (phone number) and leaving a message.” (Plan who to call with your supervisor.)
School Psychology Training Clinic

Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Kristy Kelly, PhD
Clinic Coordinator
608/262-3848
kmkohler@wisc.edu

Date:

(Name)
(Address)

Dear Mr./Ms.:

I am writing to confirm your appointment at the School Psychology Training Clinic for _______________ (date) at ______ (time). You will be meeting with (student clinician) ______ and me.

The School Psychology Training Clinic is located in the Educational Sciences Building, between Brooks and Mills Streets on West Johnson Street. A map is included showing the location of the Educational Sciences Building.

The Clinic waiting room is located on the third floor, room 341. (Note that the ground floor is the second floor.) To access the waiting room most easily, enter the building from the Brooks St. or Johnson St. entrance and take the elevator to the third floor. Follow the signs to the SPTC/School Psychology Training Clinic waiting room.

Parking meters are generally available on Brooks St. or Mills St. near the building, but please leave adequate time to find parking in case of difficulty. Please call me at 262-3848 if you need additional assistance.

We look forward to meeting with you on (date and time) ________________.

Sincerely,

Kristy Kelly, PhD
Clinic Practicum Coordinator and Licensed Psychologist
School Psychology Program
PARKING MAP

Parking at the University of Wisconsin-Madison is always difficult. At the School Psychology Training Clinic we have made arrangements to provide half-day parking permits for clients. These permits are good at the lot indicated on the map for you. In addition, parking meters are sometimes available (see below).

CAMPUS PARKING MAP
School Psychology Training Clinic

Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Kristy Kelly, PhD
SPTC Clinical Director
608/262-3848
kmkohler@wisc.edu

Agreement for the Provision of Client Services
School Psychology Training Clinic
Clinical Practicum in School Psychology

The School Psychology Training Clinic
The University of Wisconsin School Psychology Training Clinic (SPTC) serves as a training center for advanced graduate students in School Psychology. Other clinics and programs from Counseling Psychology, Rehabilitation Psychology, and Special Education also use the training space. Students from these programs provide client services and conduct research under direct supervision from members of their respective training programs.

The School Psychology Training Clinic Practicum
Graduate students (student clinicians) enrolled in the Clinical Practicum in School Psychology see children/adolescents and families seeking services. These student clinicians, with permission from the child/adolescent’s parent/guardian, also provide consultation services to the client’s teachers. Client activities carried out by student clinicians through the Practicum are planned with and directly supervised by the School Psychology Program faculty and staff members. Supervision of student clinicians is provided individually and in groups with other students enrolled in the School Psychology Practicum.

Scope of Services through the School Psychology Training Clinic Practicum
Services offered to children, families, and schools by student clinicians enrolled in the Clinical Practicum in School Psychology focus primarily upon school-related issues and issues that are of concern in home and school settings. Client referrals are screened to ensure that student clinicians are competent to address referral concerns. Individuals seeking services beyond this scope of competence are referred to other community agencies.

In consultation with parents/guardians, student clinicians and supervisors from the School Psychology Program identify appropriate services for the child/adolescent, family, and/or school personnel. These services typically include activities such as parent, teacher, and child/adolescent interviews; individual child/adolescent assessment; school observations; consultation with teachers; and planning home and school interventions. Results of assessment, consultation, and intervention services are described fully in a summary report, which is provided to the parent/guardian upon completion of services.

We encourage clients to raise any questions they have about services with the student clinicians or supervisors whenever concerns arise. Clients may withdraw from services at any time.
Confidentiality
Information provided by clients is confidential and is not released without the consent of the client (if age 18 or older) or the client’s parent/guardian. Client records are deemed confidential and are maintained in a locked file in the SPTC. Access to records of clients seen through the School Psychology Clinic Practicum is available only to the staff of the School Psychology Training Clinic and faculty and staff of the School Psychology Program. Information obtained about clients, including the summary report, is provided to other agencies or individuals only when written consent for release of records is provided by the client’s parent/guardian.

Limits to Confidentiality
Ethical principles and law require that information revealed by clients be released under certain circumstances. These include 1) if the student clinician or supervisor suspects that a child seen in the course of professional practice has experienced or will experience child abuse; 2) if the client intends to harm him/herself or another person; or 3) if we are ordered to release information by a court.

Informed Consent
Before receiving services through the SPTC and during the course of assessment and intervention in the SPTC, clients have the right to receive information about:
• the nature and scope of services offered
• the goals of assessment and treatment
• procedures that will be used by clinicians
• expected duration of services
• cost of services
• any foreseeable risks or discomforts of treatment
• expected benefits from treatment
• potential consequences of not receiving treatment
• alternative treatments or services that may be beneficial

If I have questions about these services, I can call ________________________ for information.

Agreement for the Provision of Client Services

I have read and had explained to me the description of services provided by student clinicians through the School Psychology Training Clinic. I give my permission for student clinicians from the School Psychology Clinic Practicum to work with my child (please print child’s name)
__________________________ under the supervision of the clinical practicum coordinator. I understand that I may withdraw from services at any time.

Parent/Guardian Signature: _____________________________________________

Date ______________
RELEASE FOR VIDEO AND AUDIO RECORDING

To assist in clinical training, video and audio recordings are made of client sessions at the School Psychology Training Clinic (SPTC). These recordings are maintained as part of each client’s file, and like written records, are not released without written parent consent. Video and audio recordings are occasionally reviewed by staff, including other students enrolled in the School Psychology Clinic Practicum and students from other School Psychology professional training courses, to provide supervision of your child’s clinician(s). In addition, with your permission, sections of these videotapes may be shown to students enrolled in the Clinical Practicum in future years to illustrate best practices in working with children and families. These videotapes are not used in training activities outside the School Psychology Program (e.g., professional workshops) without your written permission.

I have read and had explained to me the above description of video/audio-taping that will occur during SPTC sessions. I understand that I have the right to rescind permission and withdraw from SPTC services at any time.

PLEASE CHECK ALL THAT APPLY

Clinical Services
_____ I give my consent for the recording of SPTC sessions which include my child and/or other members of my family and I give my consent for recordings to be shown to students enrolled in professional courses in School Psychology for the purpose of supervision of my child’s clinician(s).

Clinical Training
_____ I give my consent for recordings to be shown to future students enrolled in UW School Psychology Program professional courses for the purpose of illustrating psychological and educational practices with children and families.
_____ I do NOT give consent for the use of recordings of SPTC sessions in training of future students.

Professional Workshops
_____ I give my consent for recordings to be shown at professional workshops for the purpose of illustrating psychological and educational practices with children and families.
_____ I do NOT give consent for recordings to be shown at professional workshops.

Child’s Name (please print) ____________________________________________

Address ______________________________________________________________

Phone Number _______________________________________________________

Parent/guardian’s Name (please print) __________________________________

(Signature of Parent or Legal Guardian) ____________________    (Date)
School Psychology Training Clinic
Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Kristy Kelly, PhD
Clinical Coordinator
608/262-3848
kmkohler@wisc.edu

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(Name of Client)  (Date of Birth)

I hereby authorize the School Psychology Training Clinic to (check one or both):

_____ Release to  _____ Obtain from

________________________________________________________________________

________________________________________________________________________

(Full name and address of agency or individual)

the information below which is relevant to:

________________________________________________________________________

(Name of Client)

Specific information to be disclosed:

________________________________________________________________________

Purpose of disclosure:

________________________________________________________________________

Type of contact approval:  _____ Phone  _____ Written contact  _____ Interview

I understand that this consent for disclosure shall remain effective for one year from the date
signed and may be revoked by me at any time upon prior written notice.

(Signature of client, parent, or legal guardian)  (Date)
School Psychology Training Clinic

Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Kristy Kelly, PhD
Clinic Coordinator
608/262-3848
kmkohler@wisc.edu

PERMISSION TO VISIT SCHOOL

I hereby grant permission for clinicians from the School Psychology Training Clinic to visit

_____________________________________________________________________________________________________________________

(Full name and address of school)

in order to observe my child

_____________________________________________________________________________________________________________________

(Child’s full name)

and consult with any teachers and support staff who are working with my child in the school.

The purpose of this observation and consultation will be:

_____________________________________________________________________________________________________________________

I understand that this consent for school observation and consultation shall remain effective for one year from date signed and may be revoked by me at any time upon prior written notice.

_____________________________________________________________________________________________________________________

(Signature of parent, client, or legal guardian) (Date)
School Psychology Training Clinic Practicum

Initial Interview Summary

Child’s Name: ______________________ Dates of Interview: ______________________
Others Involved: ____________________ Date of Report: ______________________

I. Presenting problem as described by client:

II. History of presenting problem:

III. Initial diagnostic impressions:

IV. Priority listing of identified referral issues with associated treatment goals:

<table>
<thead>
<tr>
<th>referral issues</th>
<th>projected goals</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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</tr>
</tbody>
</table>

V. Case hypotheses addressing referral issues and proposed assessment activities:

Issues

_____ Hypothesis:

Assessment proposed:

_____ Hypothesis:
Assessment:

Hypothesis:

Assessment:

Hypothesis:

Assessment:

VI. Brief Summary:
Supervision: Planning a Client Session
Clinic Practicum in School Psychology

Client Initials: _______
Clinician(s): __________________ Date of Session: __________

<table>
<thead>
<tr>
<th>Client Session Objectives</th>
<th>Plan of Activities</th>
<th>Preparation Requirements</th>
<th>Questions/Concerns for Supervision</th>
</tr>
</thead>
</table>

*Note: The contents of this form will guide your discussion with your supervisor about your next client session. Please provide this form to your supervisor 24 hours (if possible) in advance of your supervision session. Follow-up activities: What tasks were identified during supervision that needs to be accomplished?
Client Name: ____________________________ Date: ____________________________
Clinician(s): ____________________________ Description of Contact: ____________
Who was seen? __________________________________________________________________

Client notes will be recorded using the SOAP notes format:

<table>
<thead>
<tr>
<th>Subjective (S)</th>
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<table>
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<tr>
<th>Objective (O)</th>
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</table>

<table>
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<tr>
<th>Assessment (A)</th>
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</table>

<table>
<thead>
<tr>
<th>Plan (P)</th>
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</tbody>
</table>
SCHOOL PSYCHOLOGY TRAINING CLINIC PROBLEM-SOLVING PROTOCOL
School Psychology Training Clinic Practicum

1. What is the presenting problem?
   A. Identify and prioritize areas of concern
   B. Define behavior and expectations
      Behavior: _______________________________________________________
      Expectations: _________________________________________________
      Identify discrepancy between behavior and expectations.
      Discrepancy: _________________________________________________
   C. Identify baseline date to collect.
   D. Consider the client’s readiness for change.
   E. Identify the client’s preliminary ultimate goal(s). Begin data collection.

2. Why is the problem happening?
   A. Identify the theoretical perspective you bring to the problem.

   B. Identify variables that might influence the problem.
      Consider cultural, environmental, and individual variables.

   C. Develop hypotheses.
      1. ___________________________________________________________
      2. ___________________________________________________________
      3. ___________________________________________________________
   D. Develop an assessment plan (multi-method, multi-setting, multi-source).
      1. First hypothesis: __________________________________________
      2. Second hypothesis: _________________________________________
      3. Third hypothesis: __________________________________________
   E. Determine which hypothesis/es are supported through assessment data.
      Assessment date: _____________________________________________
      Hypothesis/es supported: ______________________________________

3. What should be done about the problem?
   A. Establish goals based on the assessment data.
      i. Ultimate goal(s): __________________________________________
      ii. Instrumental goals: _________________________________________

   B. Identify evidence-based interventions using one of these approaches:
      i. Diagnostic Approach
      ii. Response Class/Keystone Behavior Approach
      iii. Functional Assessment
      iv. Case Formulations/Scientist-Practitioner Approach
      Determine approach: __________________________________________
      Determine interventions: _______________________________________
C. Are interventions acceptable to client/parent/teacher?
D. Design evaluation plan (collect baseline data, if not collected). What evaluation questions are you asking?
   Evaluation question(s)
   Evaluation plan

E. Implement intervention.
   Implementation plan (setting, individuals responsible, stages):

4. **Does the intervention work?**
A. Monitor progress towards instrumental goals; monitor intervention integrity.
   Monitoring plan (frequency, source, setting):

B. Evaluate outcomes towards ultimate goals.
   Examine outcome data:

C. Conduct long-term follow-up
   i. Intervention generalization
      Generalization plan (skills, settings, sources, methods, etc.):
   ii. Intervention maintenance
      Maintenance plan (duration, stability, methods, etc.):
School Psychology Training Clinic

Education Sciences Building, Room 316
1025 West Johnson
Madison, Wisconsin 53706

Kristy Kelly, PhD
Clinic Coordinator
608/262-3848
kmkohler@wisc.edu

Teacher Report

Date: ___________________________ Grade: ___________________________
Name of Student: ___________________________ Subject: ___________________________
Name of Teacher: ___________________________
How long have you taught this student? ___________________________

1. Do you have concerns about this child? If so, please describe as specifically as possible.

2. In what areas does this child do as well as his/her class as a whole?

3. In what areas does this student do less well than his/her class as a whole?

4. Listed below are items about student behavior in school. Put a check mark in front of any item you feel is of concern, unusual, or difficult about this student at school.

   ______ reading
   ______ mathematics
   ______ spelling/writing
   ______ quiz and test performance
   ______ attendance
   ______ attention
   ______ class participation
   ______ study habits
   ______ temper
   ______ self-control
   ______ reaction to discipline
   ______ disposition
   ______ lack of effort
   ______ gives up easily
   ______ attitude toward school
   ______ talking out
   ______ poor sport
   ______ fighting
   ______ perfectionism
   ______ lack of friends
   ______ lonely
   ______ shy
   ______ daydreaming
   ______ inappropriate language
   ______ avoids school
   ______ mood
   ______ immaturity
   ______ dishonesty
   ______ physical health
   ______ eating
   ______ lack of sleep
   ______ drug use
   ______ other
Please briefly explain the most important concerns you checked above.

5. What have you tried with this student to help him/her and what kind of success have you had?

6. To what does this student respond most positively? What does he/she enjoy doing?

7. Do you have any additional comments, concerns, or information about this student that you feel would be of value to the SPTC?

8. If possible, please attach or describe a sample of this student’s best work, marked as “Best,” and this student’s worst work, marked as “Worst.”
School Psychology Training Clinic Practicum

CASE CLOSING FORM

Child's Name: ___________________________ Total Number of Contacts: ___________________________

DOB: _______ Grade: _____ Date of First Visit: _______ Date of Last Visit: _______

Case Closing Report Date: _______ Clinician(s): ___________________________

Date & Description of Last Contact:

Referral Issue:       ____ learning difficulty       ____ concern regarding behavior
                     ____ social-emotional                  ____ program testing requirements
                     ____ developmental evaluation        ____ evaluation of giftedness
                     ____ other

Level of Service:      ____ treatment              ____ consultation            ____ other:
                     ____ diagnostic                        ____ client withdrew
                     ____ testing only                       ____ referral made

Diagnostic Service(s) Provided:     ____ Not applicable       ____ Educational assessment
                                        ____ Behavioral assessment  ____ Social/Emotional Assessment
                                        ____ Intellectual assessment ____ Other:
                                        ____ Adaptive assessment

Treatment Service(s) Provided:     ____ Not applicable       ____ Consultation
                                     ____ Family intervention       ____ Academic intervention
                                     ____ Individual intervention   ____ Other:
                                     (specify type)

Reason for Termination:         ____ Further intervention not warranted at this time.
                                     ____ Additional clinical services needed, but currently unavailable.
                                     ____ Additional clinical services needed, but client unwilling.
                                     ____ Other:

Plan for Follow-up:            ____ Not applicable
                                ____ Phone contact from SPTC
                                ____ Client initiated contact
                                ____ Other

Clinician(s) Comments:

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Client Evaluation of Services

Please complete the following questions to help us evaluate and improve the services provided to you through the Clinical Practicum in the School Psychology Training Clinic (SPTC). This survey may be completed anonymously.

Thank you in advance for your assistance.

A. Client Information

1. Who referred you to the SPTC/Clinical Practicum for services?
   ___ School personnel
   ___ Doctor/other medical personnel
   ___ Someone who received our services previously
   ___ Other ____________________________

2. Why did you seek services from the SPTC/Clinical Practicum? My child is/was experiencing (check all that apply):
   ___ Academic difficulty
   ___ Anxiety (e.g., selective mutism, anxiety in school or other situations)
   ___ Depression or sadness
   ___ Social problems with friends
   ___ Behavior difficulties at school, at home, or in the community
   ___ Attention difficulties
   ___ Other ____________________________

3. How long did you wait for services after contacting the SPTC? ____________________________

B. Accessibility of Services

<table>
<thead>
<tr>
<th>How satisfied were you with:</th>
<th>Not at all Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The wait for services after contacting the SPTC</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The cost of services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The accessibility of parking near the SPTC</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
4. The ease of navigating/atmosphere of the SPTC  1  2  3  4
5. Answers to your questions about services  1  2  3  4

Please add any comments you have about accessibility of services:

__________________________________________________________________

__________________________________________________________________

C. Evaluation of Clinician and Supervision

**How satisfied were you with:**

<table>
<thead>
<tr>
<th>How satisfied were you with:</th>
<th>Not at all Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The explanation of SPTC confidentiality policies and procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The explanation of the SPTC client records policies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The knowledge of the student clinician(s) about your child’s needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. The degree to which you and your child were treated respectfully by the student clinician(s) and supervisor(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. The interest and concern the student clinician(s) showed about your child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. The relationship the student clinician(s) established with your child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. The relationship the student clinician(s) established with you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. The organization and preparation of the student clinician(s) for client sessions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. The supervision of the student clinician(s)’s work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. The availability of the student clinician(s)’s supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. The degree to which the student clinician(s) and supervisor listened to your concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. The time the student clinician(s) spent with you and your child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Please add any comments you have about the clinician and supervisor:

__________________________________________________________________

__________________________________________________________________

56
D. Evaluation of Clinical Services

<table>
<thead>
<tr>
<th>How satisfied were you with:</th>
<th>Not at all Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The degree to which the student clinician(s) identified your primary concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The degree to which the clinical services helped your child improve in your areas of concern</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The explanation of the assessment findings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. The usefulness of the assessment findings in addressing your concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. The explanation of recommended strategies to help your child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. The likelihood of recommended strategies being implemented to address your concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. The usefulness of the summary report</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. The overall usefulness of services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

What concerns did you have that were not addressed?

________________________________________________________________________________________

________________________________________________________________________________________

Please add any comments you have about clinical services:
________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Would you recommend our services to others? ________________________________________________

________________________________________________________________________________________

What recommendations do you have for improving our services? ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please add any additional comments you have about services you received:
________________________________________________________________________________________

________________________________________________________________________________________
School Psychology Training Clinic

Kristy Kelly, PhD
Clinic Coordinator
608/262-3848
kmkohler@wisc.edu

EVALUATION BY THE CHILD

Directions for parent: Following are a few questions for your child to answer about his/her experience working with us at the SPTC. Please note that “student clinician” refers to the clinical practicum graduate student with whom your child worked. It might be helpful for you to explain that to your child using the name(s) of the student clinician(s). Thank you!

Circle the face that shows how you feel about the question:

1. How much did you enjoy working with the student clinician?

2. How comfortable did you feel working with the student clinician?

3. Did you think working with the student clinician was helpful?

4. How much did you like the activities that you did with the student clinician?

5. Please tell us what you liked best about working with the student clinician.

6. Please tell us what you liked least about working with the student clinician.

7. Do you have any ideas about how to make the Center/our services better for other kids who visit us?

Thanks for your help! We really enjoyed working with you 😊
EVALUATION BY THE CHILD OR ADOLESCENT

1. How much did you enjoy coming to the Center?  (Circle one)
   
   very  much    a  little   OK    not very  much    not at  all

2. How comfortable did you feel at the Center?  (Circle one)
   
   very  comfortable    a  little  comfortable   OK    not very  comfortable    not at all  comfortable

3. Do you think coming to the Center was helpful?  (Circle one)
   
   very  helpful    a  little  helpful    OK    not very  helpful    not at all  helpful

4. Please tell us what you liked the least about coming to the Center.

5. Now, tell us what you liked the best about coming to the Center.

Thank you for providing this information for us! We enjoyed working with you!
Appendix B
Competency Benchmarks in Professional Psychology
Readiness for Practicum Level Rating Form

<table>
<thead>
<tr>
<th>Trainee Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Placement:</td>
<td>Date Evaluation Completed:</td>
</tr>
<tr>
<td>Name of Person Completing Form (please include highest degree earned):</td>
<td>Licensed Psychologist: Yes No</td>
</tr>
<tr>
<td>Was this trainee supervised by individuals also under your supervision?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Type of Review:</td>
<td></td>
</tr>
<tr>
<td>Initial Review</td>
<td>Mid-placement review</td>
</tr>
<tr>
<td>Dates of Training Experience this Review Covers:</td>
<td></td>
</tr>
</tbody>
</table>

Training Level of Person Being Assessed: Year in Doctoral Program:

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee’s behavior is this competency description?

<table>
<thead>
<tr>
<th>Not at All/Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

If you have not had the opportunity to observe a behavior in question, please indicate this by circling “No Opportunity to Observe” [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee’s current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM
1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

1A. Integrity - Honesty, personal responsibility and adherence to professional values

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands professional values; honest, responsible</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1B. Deportment

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands how to conduct oneself in a professional manner</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1C. Accountability

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable and reliable</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1D. Concern for the Welfare of Others

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates awareness of the need to uphold and protect the welfare of others</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1E. Professional Identity

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates beginning understanding of self as professional; “thinking like a psychologist”</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2B. Others as Shaped by Individual and Cultural Diversity and Context

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings</td>
<td>[N/O]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>[N/O]</td>
</tr>
<tr>
<td>2D. Applications based on Individual and Cultural Context</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>[N/O]</td>
</tr>
<tr>
<td>3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

62
|  |  |  |  |  |  |
|---|---|---|---|---|
| Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting | 0 | 1 | 2 | 3 | 4 |
| [N/O] |
| 3B. Awareness and Application of Ethical Decision Making |  |  |  |  |  |
| Demonstrates awareness of the importance of applying an ethical decision model to practice | 0 | 1 | 2 | 3 | 4 |
| [N/O] |
| 3C. Ethical Conduct |  |  |  |  |  |
| Displays ethical attitudes and values | 0 | 1 | 2 | 3 | 4 |
| [N/O] |
| 4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. |  |  |  |  |  |
| 4A. Reflective Practice |  |  |  |  |  |
| Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action) | 0 | 1 | 2 | 3 | 4 |
| [N/O] |
| 4B. Self-Assessment |  |  |  |  |  |
| Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies | 0 | 1 | 2 | 3 | 4 |
| [N/O] |
| 4C. Self-Care (attention to personal health and well-being to assure effective professional functioning) |  |  |  |  |  |
| Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care | 0 | 1 | 2 | 3 | 4 |
| [N/O] |
| 4D. Participation in Supervision Process |  |  |  |  |  |
| Demonstrates straightforward, truthful, and respectful communication in supervisory relationship | 0 | 1 | 2 | 3 | 4 |
| [N/O] |

II. RELATIONAL
5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

<table>
<thead>
<tr>
<th>5A. Interpersonal Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays interpersonal skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5B. Affective Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays affective skills</td>
</tr>
</tbody>
</table>

6. 5C. Expressive Skills

| Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills | 0 1 2 3 4 [N/O] |

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

<table>
<thead>
<tr>
<th>6A. Scientific Mindedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays critical scientific thinking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6B. Scientific Foundation of Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates understanding of psychology as a science</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. 6C. Scientific Foundation of Professional Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the scientific foundation of professional practice</td>
</tr>
</tbody>
</table>

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

<table>
<thead>
<tr>
<th>8. 7A. Scientific Approach to Knowledge Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates effectively in scientific endeavors when available</td>
</tr>
</tbody>
</table>

FUNCTIONAL COMPETENCIES
### IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

<table>
<thead>
<tr>
<th>8A. Knowledge and Application of Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

<table>
<thead>
<tr>
<th>9A. Knowledge of Measurement and Psychometrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9B. Knowledge of Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9C. Application of Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge of measurement across domains of functioning and practice settings</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9D. Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9E. Conceptualization and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of formulating diagnosis and case conceptualization</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
<tr>
<td>9F. Communication of Assessment Findings</td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Demonstrates awareness of models of report writing and progress notes</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

<table>
<thead>
<tr>
<th>10A. Intervention planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays basic understanding of the relationship between assessment and intervention</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10B. Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays basic helping skills</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10C. Intervention Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of intervention strategies</td>
</tr>
<tr>
<td>[N/O]</td>
</tr>
</tbody>
</table>
### V. EDUCATION

#### 11. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

<table>
<thead>
<tr>
<th>11A. Expectations and Roles</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates basic knowledge of expectations for supervision</td>
<td>[N/O]</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>11C. Skills Development</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays interpersonal skills of communication and openness to feedback</td>
<td>[N/O]</td>
<td></td>
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</tr>
</tbody>
</table>
12. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

<table>
<thead>
<tr>
<th>12A. Functioning in Multidisciplinary and Interdisciplinary Contexts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperates with others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12B. Respectful and Productive Relationships with Individuals from Other Professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates awareness of the benefits of forming collaborative relationships with other professionals</td>
</tr>
</tbody>
</table>

13. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).

<table>
<thead>
<tr>
<th>13A. Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Complies with regulations</td>
</tr>
</tbody>
</table>

14. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

<table>
<thead>
<tr>
<th>14A. Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14B. Systems Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the differences between individual and institutional level interventions and system’s level change</td>
</tr>
</tbody>
</table>
Overall Assessment of Trainee’s Current Level of Competence
Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee’s particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?
PHONE CONTACT LOG

Date: 
Person Contacted: 
Notes:

______________________________________________________________

Date: 
Person Contacted: 
Notes:

______________________________________________________________

Date: 
Person Contacted: 
Notes:

______________________________________________________________

Date: 
Person Contacted: 
Notes:

______________________________________________________________
School Psychology Training Clinic Practicum

CONTACT INFORMATION

Child’s Name: ___________________________  Clinician(s): ___________________________
Birthdate: _______________________________  Supervisor(s): ___________________________
Date Initiated: ___________________________  Date Terminated: ___________________________

<table>
<thead>
<tr>
<th>Date of Contact</th>
<th>(Choose One)</th>
<th>(Choose One)</th>
<th>Supervision Date and Duration</th>
<th>Clinician’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Visit</td>
<td></td>
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<tr>
<td>School Visit</td>
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<tr>
<td>Phone Call</td>
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<tr>
<td>Other</td>
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<td></td>
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<tr>
<td>Intake</td>
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<tr>
<td>Assessment</td>
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<tr>
<td>Treatment</td>
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<tr>
<td>Summary</td>
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<tr>
<td>Follow-up</td>
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<tr>
<td>Consultation</td>
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<tr>
<td>Scheduling</td>
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School Psychology Training Clinic Practicum
Practicum Hours Logs

What are practicum hours logs?
In all School Psychology Program practica, including non-course-based practica that are approved by the program director, students must maintain accurate logs documenting their applied experiences. Students maintain these logs in an electronic format called Time2Track.

Why are practicum logs important?
Practicum logs are important because they provide the documentation necessary to show that students (1) students have completed program requirements; (2) have completed state requirements for licensing; and (3) have accrued the practicum hours they report on their internship applications.

Who determines what should be recorded on hours logs?
The School Psychology Program has approved the Time2Track log for use by all students. This log includes categories in which students must report practicum hours if they are applying for internships through APPIC.

Do reporting requirements about practicum hours change over time?
Yes! The APPIC requirements of what to report and how to report have changed numerous times over the years. Although now the information required on applications is generally the same from year to year, it is critical that students keep enough information about clients and practicum activities to be able to report hours in a new format or supply additional information should the APPIC reporting requirements change.

What can be counted as an intervention or assessment hour on the APPIC application for internships?
The APPIC application instructions are specific about what can be counted. There are three general categories of hours that can be included on the application:
1. practicum classes for which you receive formal academic training (e.g., first year, clinic, or field practicum)
2. program-sanctioned training experiences (e.g., training grant activities)
3. program-sanctioned work experiences (e.g., Student Assessment Services)
(Note: academic credit is not a requirement in all cases)

For all of the above activities:
1) All hours must be supervised (by a licensed psychologist)

2) The academic training director must be aware of and approve of the clinical activity. (See the document School Psychology Program Practicum Policy.)
Below are the APPIC application instructions regarding intervention and assessment hours:

- You should **only** record hours for which you received formal academic training and credit or which were program-sanctioned training or program-sanctioned work experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases.


**What are some practical suggestions about maintaining hours logs?**

The following suggestions come from students who have used their logs when applying for internships and professional positions.

- Fill in your electronic log regularly! Field students suggest it critical to complete logs daily to capture all the eligible hours worked.

- Keep brief notes outside the system about your work in each site. These will be extremely useful if APPIC changes its application categories.

- Ask questions as they arise! There is time in all practicum classes for discussion of hours logs.
APPENDIX C

Policies and Procedures for Maintaining Client Confidentiality
School Psychology Training Clinic
University of Wisconsin-Madison

Approved, March, 2011

I. Introduction
This document describes the policies and procedures of the School Psychology Training Clinic regarding client confidentiality. According to the American Psychological Association (APA) and the National Association of School Psychologists (NASP) psychologists must protect confidential information regarding clients (APA, 2010; NASP, 2010).

APA and NASP standards related to confidentiality can be found at the end of this document.

II. Definitions of Critical Terms
A. Confidential information is defined as information that is not known to the general public and/or is not to be disclosed to unauthorized individuals.

B. Student clinicians are University of Wisconsin-Madison graduate students in the School Psychology Program enrolled in the School Psychology Clinic (SPTC) practicum within the School Psychology Training Clinic (SPTC) and advanced graduate students (teaching assistants, advanced practicum students) who are assisting the SPC coordinator. Student clinicians work under the supervision of the practicum coordinator, who is a licensed psychologist and staff member in the School Psychology Program.

C. Identifiable client information is information about a client that could reveal the client’s identity.

D. General case information is information about assessment, intervention, and consultation with a client that does not reveal the client’s identity.

III. Policies and Procedures regarding Confidentiality
A. Communicating with Clients and Other Professionals
1. Policy. All communications with clients (children, parents/guardians, and/or legal representatives) and with other professionals (e.g., school professionals, physicians) about clients are confidential. Information provided/obtained via telephone, mail, email, fax, and person-to-person communication is confidential and is not disclosed without the written consent of the client (if age 18 or older) or the client’s parent/guardian/legal representative.
2. Procedures to ensure confidentiality of communications

a. **Telephone**. All telephone calls with or about clients are conducted in private locations in which non-authorized individuals are not present.

b. **Mail**. All communications via mail (U.S. Postal Service, Federal Express, UPS) are confidential.
   i. **Outgoing mail**. All outgoing mail regarding clients is placed in secure, sealed envelopes by SPTC staff and students. The return address on envelopes is the School Psychology Training Clinic with no reference to the School Psychology Clinic.

   ii. **Incoming mail**. All incoming mail regarding clients is opened in private locations and is placed promptly in the client’s secure file.

c. **Email**. Email is not a secure form of communication; communication with and about clients by email should be avoided. In some situations, however, it is possible to maintain confidentiality when using email, and in some situations email communication is necessary and/or preferred by parents/guardians. The only purposes for which SPTC staff/students are permitted to use email communication are for (1) scheduling and canceling client sessions, and (2) having brief communications with supervisors to facilitate supervision. To maintain confidentiality when it is necessary to use email the following procedures are followed:

   i. **Specific identifiable information about clients is never provided via email in messages or attached files. Names of clients, diagnoses, and assessment/intervention results are never shared via email.**

   ii. **When parents/guardians/school professionals email specific information about a client, SPTC staff/students remind the sender that we do not share confidential information over email.**

   iii. **When replying to an email from a parent/guardian/school professional which contains confidential information (e.g., to schedule an appointment) the SPTC staff/students delete the confidential information before replying.**

   iv. **When referring to clients in an email for scheduling purposes SPTC staff/students use client first initials only and do not reveal the purpose of the appointment.**
d. **FAX.** All communications via FAX are considered confidential.
   i. **Outgoing FAX.** Before sending a FAX, SPTC staff/students determine that the receiving FAX machine is in a secure location and is operated by employees cleared to work with confidential files or will be received by the individual for whom it is intended.

   ii. **Incoming FAX.** Staff/students direct that incoming FAX transmissions be sent to the SPTC FAX machine. This machine is in a secure location in the SPTC office and is operated by employees cleared to work with confidential files.

e. **Person-to-person.** Identifiable client information is only shared by clinicians with persons who have a legitimate need to know the information.
   i. Identifiable client information is only shared with co-clinicians, supervisors, and SPTC support staff who access client files for billing purposes.

   ii. General case information about assessment, intervention, consultation, and evaluation that does not identify a client may be shared in School Psychology Program professional courses for didactic purposes.

   iii. Digital video recordings (DVDs) are made of all SPC client sessions. These recordings are viewed by SPC clinicians and supervisors for supervision purposes. Clients (if age 18 or older) or clients’ parents/guardians/legal representatives give advance permission for recording of sessions as a condition of participation in the SPC. (Please see the document *Release for Video and Audio Recording* in Appendix B).

In addition, some sections of recordings may be shown in School Psychology Program courses for didactic purposes. In these cases, as little identifiable information as possible is revealed. Recordings are used for didactic purposes only when clients (age 18 or older) or their parents/guardians/legal representatives have provided consent in advance. (Please see the document *Release for Video and Audio Recording* in Appendix B).
B. Creating, Maintaining, and Destroying Client Files

1. Policy. Paper files, electronic files, and video-recordings containing client information are confidential. They are created, maintained, and destroyed in accordance with the SPTC Records Retention/Disposition Policy (June, 2016).

2. Procedures
   a. Paper files. A paper file is created for each client and is stored in a locked file cabinet in a locked records storage room. Paper files contain information supplied by clients, parents/guardians/legal representatives, or others (e.g., teachers, mental health providers) and materials generated in the course of work with clients (e.g., paper copies of progress notes, assessment protocols, psychological reports). In accordance with the SPTC Records Retention/Disposition Policy, paper records are maintained until the client is one year past the age of majority and are then destroyed. Paper files are sent by secure carrier to the Wisconsin State Records Center for disposal.

   b. Electronic files. An electronic file is created for each client and is maintained on a secure server. Only students and staff currently working in the SPC have access to the server and files¹. Electronic files are used for creation of documents regarding client work, such as progress notes, summaries of communications with or about clients, materials used in client sessions, and psychological reports summarizing assessment, intervention, and consultation work with clients.

   Electronic client psychological reports are blinded (all identifying information is removed) within six months of the termination of client services. Blinded electronic reports are retained for didactic purposes. Other electronic records that contain identifiable client information are deleted within six months of the termination of client services.

   c. Video recordings. Client sessions are video-recorded for supervision purposes using a digital video format (DVD). Video recordings are maintained in the client paper file and are destroyed within six months of the termination of services, unless the client or his/her parent/guardian/legal representative gives permission for the video-recordings to be maintained for didactic purposes. (See section IIIA2e and Release for Video and Audio Recording in Appendix B.) DVDs are shredded for disposal.

   d. Personal Notes. While working with clients, student clinicians and supervisors are permitted to maintain personal notes regarding services. The notes must not contain any identifiable client information. At the termination

¹ To maintain the School of Education (SoE) server four information technology professionals who are employees of the SoE must have access to files on the server in case of emergencies.
of client services the clinician and supervisors destroy all personal notes.  
(Maintenance and disposal of personal notes are not covered by the SPTC  
Records Retention/Disposition Policy.)

C. Writing Progress Notes and Psychological Reports

1. Policy. All progress notes and psychological reports regarding clients are  
maintained as confidential documents and are not released to third parties without  
the written permission of clients (age 18 or over) or parents/guardians/legal  
representatives.

2. Procedures

   a. Progress notes and psychological reports

       i. Progress notes are typically used by clinicians as records of  
treatment progress; they are not typically shared with clients or  
parents/guardians unless requested. Psychological reports are  
written specifically to summarize assessment results, intervention  
progress, and recommendations for clients/parents/guardians.

       ii. All progress notes and psychological reports are written on the  
School of Education secure server. They are maintained in  
electronic files on the server for no longer than six months after  
the termination of services. Progress notes and psychological  
reports are not maintained on personal electronic devices (e.g.,  
computers, flash drives, etc.) nor are they transmitted  
electronically.

   b. Psychological reports

       i. Shortly after the termination of services, student clinicians and  
supervisors prepare a psychological report which is given or  
mailed to clients (age 18 or over) or parents/guardians/legal  
representatives. The SPTC only releases copies of these reports to  
third parties at the written request of clients (age 18 or over),  
parents/guardians/legal representatives.

       ii. Psychological reports are sometimes used as teaching tools. In  
these cases, reports are de-identified (all identifying information,  
e.g., client/parent names, school names, addresses, teacher names,  
specifics regarding diagnoses) is deleted or changed.
iii. De-identified psychological reports are sometimes used by advanced students to demonstrate competence in preliminary examination portfolios and in internship applications. To be used for these purposes all identifying information (e.g., client/parent names, school names, addresses, teacher names, specifics regarding diagnoses) is deleted or changed. The SPTC practicum supervisor reviews each de-identified report before it is used for such purposes.

D. Access to and Release of Confidential Information

1. Access to Confidential Information Policy. All client information and records are confidential. They are only accessed by staff/students in the SPTC for provision of services, supervision, or billing. The only persons authorized to access confidential client information are: (1) student clinicians working with a client; (2) staff supervisors working with student clinicians; and (3) support staff who may access information for billing or filing purposes.

2. Procedures for Accessing Confidential Information
   a. Electronic files. Student clinicians are given access to the School of Education secure server where electronic files are maintained. Students may access electronic files for documenting services and preparing reports.

      ii. After student clinicians complete their work in the SPC their access to the server is terminated.

   b. Paper files
      i. Client paper files are stored in a locked room that is only used for record storage. Only the School Psychology Clinic supervisor and SPTC support staff have keys to the file cabinet that contains SPC files.
      
      ii. Access to client files is given to SPTC student clinicians for filing client materials and for accessing client records during the course of services. The SPTC staff person also may access records for billing and filing.

   c. Digital Video Recordings
      i. Video recordings are made with the written consent of the client (age 18 or older) or parent/guardian/legal representative. (See Release for Video and Audio Recording in Appendix B.)
ii. Video recordings are stored in client paper files and are used in supervision of clinicians. They may be viewed only in secure areas where unintended viewing by unauthorized persons will not occur.

3. Release of Confidential Information Policy. Client information and records are released to third parties only with the written consent of the client (if over age 18) or parent/guardian/legal representative. In addition, client information may be released for the following purposes: (1) to provide needed professional services; (2) to obtain appropriate professional consultations; (3) to protect the client/patient, psychologist, or others from harm; or (4) to obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See American Psychological Association Ethical Principles Related to Confidentiality in Appendix A).

4. Procedures for Release of Confidential Information.
   a. Release of written records. Upon receipt of a written request from the client (if age 18 or over) or parent/guardian/legal representative for release of records, the student clinician or supervisor or SPTC support staff person copies the written record requested and mails it in U.S. mail or gives it directly to the intended recipient. A record is kept in the client file of the names of individuals to whom records are released.

   b. Release of confidential information person-to-person (by phone or in person). Upon receipt of a written request from the client (if age 18 or over) or parent/guardian/legal representative for person-to-person release of records, the student clinician (with supervision) or the supervisor contacts the person intended to receive the information by telephone or in person. A record is kept in the client file of the names of individuals to whom records are released.

   c. Supervisors discuss confidential information with student clinicians for the purpose of ensuring quality services. Information may be shared in individual one-to-one supervision sessions or in group sessions with other student clinicians.

   d. Discussion of confidentiality and limits of confidentiality occurs with clients during the first client visit to the Clinic.

IV. American Psychological Association Ethical Principles Related to Confidentiality (2010)

   4.01 Maintaining Confidentiality
   Psychologists have a primary obligation and take reasonable precautions to protect
confidential information obtained through or stored in any medium, recognizing that the
extent and limits of confidentiality may be regulated by law or established by institutional
rules or professional or scientific relationships.

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are
legally incapable of giving informed consent and their legal representatives) and
organizations with whom they establish a scientific or professional relationship (1) the
relevant limits of confidentiality and (2) the foreseeable uses of the information generated
through their psychological activities.
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs
at the outset of the relationship and thereafter as new circumstances may warrant.
(c) Psychologists who offer services, products, or information via electronic transmission
inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording
Before recording the voices or images of individuals to whom they provide services,
psychologists obtain permission from all such persons or their legal representatives.

4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information
germane to the purpose for which the communication is made.
(b) Psychologists discuss confidential information obtained in their work only for
appropriate scientific or professional purposes and only with persons clearly concerned
with such matters.

4.05 Disclosures
(a) Psychologists may disclose confidential information with the appropriate consent of
the organizational client, the individual client/patient, or another legally authorized
person on behalf of the client/patient unless prohibited by law.
(b) Psychologists disclose confidential information without the consent of the individual
only as mandated by law, or where permitted by law for a valid purpose such as to (1)
provide needed professional services; (2) obtain appropriate professional consultations;
(3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for
services from a client/patient, in which instance disclosure is limited to the minimum that
is necessary to achieve the purpose.

4.06 Consultations
When consulting with colleagues, (1) psychologists do not disclose confidential
information that reasonably could lead to the identification of a client/patient, research
participant, or other person or organization with whom they have a confidential
relationship unless they have obtained the prior consent of the person or organization or
the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation.

4.07 Use of Confidential Information for Didactic or Other Purposes
Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium.

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice.

V. National Association of School Psychologists Ethical Standards Related to Confidentiality (2010)

Principle I.2. Privacy and Confidentiality
School psychologists respect the right of persons to choose for themselves whether to disclose their private thoughts, feelings, beliefs, and behaviors.

Standard I.2.1
School psychologists respect the right of persons to self-determine whether to disclose private information.

Standard I.2.2
School psychologists minimize intrusions on privacy. They do not seek or store private information about clients that is not needed in the provision of services. School psychologists recognize that client–school psychologist communications are privileged in most jurisdictions and do not disclose information that would put the student or family at legal, social, or other risk if shared with third parties, except as permitted by the mental health provider–client privilege laws in their state.

Standard I.2.3
School psychologists inform students and other clients of the boundaries of confidentiality at the outset of establishing a professional relationship. They seek a shared understanding with clients regarding the types of information that will and will not be shared with third parties. However, if a child or adolescent is in immediate need of assistance, it is permissible to delay the discussion of confidentiality until the immediate crisis is resolved. School psychologists recognize that it may be necessary to discuss confidentiality at multiple points in a professional relationship to ensure client understanding and agreement regarding how sensitive disclosures will be handled.

Standard I.2.4
School psychologists respect the confidentiality of information obtained during their professional work. Information is not revealed to third parties without the agreement of a minor child’s parent or legal guardian (or an adult student), except in those situations in which failure to release information would result in danger to the student or others, or where otherwise required by law. Whenever feasible, student assent is obtained prior to disclosure of his or her confidences to third parties, including disclosures to the student’s parents.

Standard I.2.5
School psychologists discuss and/or release confidential information only for professional purposes and only with persons who have a legitimate need to know. They do so within the strict boundaries of relevant privacy statutes.

Standard I.2.6
School psychologists respect the right of privacy of students, parents, and colleagues with regard to sexual orientation, gender identity, or transgender status. They do not share information about the sexual orientation, gender identity, or transgender status of a student (including minors), parent, or school employee with anyone without that individual’s permission.
Standard I.2.7
School psychologists respect the right of privacy of students, their parents and other family members, and colleagues with regard to sensitive health information (e.g., presence of a communicable disease). They do not share sensitive health information about a student, parent, or school employee with others without that individual’s permission (or the permission of a parent or guardian in the case of a minor). School psychologists consult their state laws and department of public health for guidance if they believe a client poses a health risk to others.
APPENDIX D

School Psychology Program
University of Wisconsin-Madison

SCHOOL PSYCHOLOGY PROGRAM PRACTICUM POLICY

I. Definitions

A. Required practica. This term is used to describe the practica required for all students by the School Psychology Program (i.e., beginning, clinic, and field practica). These hours are automatically approved as program-sanctioned hours (see below).

B. Non-required practica. This term is used in reference to all practica engaged in by School Psychology Program students that are not required by the School Psychology program, whether taken for credit or not. “Non-required practica” is being used in place of the term “non-course-based practica.” These practica require specific approval by the student’s advisor to be counted as program-sanctioned practicum hours (see below).

1. Advisor-credit practica. This term is being used for all practica that are taken for credit with the student’s advisor or temporary advisor.

2. Non-credit practica. This term is used for practica taken by students when they are receiving no credit for the practica but are seeking approval from the program to report the hours accrued as program-sanctioned practicum hours.

C. Program-sanctioned practicum hours. These are hours that are approved by the program for reporting as practicum hours on internship applications and other reporting of students’ program-approved activities.

D. Practicum hours as defined by APPIC. See Section IV of this document for additional details from https://portal.appicas.org/applicants2012/instruction/ins_exp_intervention.htm.

“You should only record hours for which you received formal academic training and credit or which were program-sanctioned training or program-sanctioned work experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases.”

II. General Practicum Policies
A. Students must be making satisfactory progress toward program benchmarks when requesting approval for participation in non-required practica.

B. Exceptions to A (above) will be at the discretion of the student’s advisor.

C. To report non-required practicum hours as practicum hours on internship applications or other reports of activities related to the School Psychology Program, students must have received approval of those hours as program-sanctioned hours.

III. Practicum Types and Specific Policies
   A. Required practica
      1. Required practicum hours
         a. Beginning practicum. Required hours: 125 (50 direct service)
         b. Clinic practicum. Required hours: 300 (100 direct service)
         c. Field practicum. Required hours: 600 (220 direct service)

      2. All practica are completed in clinical and field settings approved by the instructor.

      3. All Field Practica are completed in school settings.

      4. All practica must be supervised by licensed psychologists or licensed school psychologists.

      5. Students applying to competitive internship sites will need to acquire practicum hours beyond the hours required by the program. Students should aim to complete at least 1200 total hours of practicum with 500 intervention hours and 125 assessment hours across required and non-required practica before submitting internship applications.

B. Non-required practica
   1. General requirements
      a. All non-required practica should be taken for credit with the student’s advisor/temporary advisor unless there are extenuating circumstances (see non-credit practica below).

      b. All non-required practica must be supervised by licensed psychologists (strongly preferred) or licensed school psychologists.

      c. Students must obtain approval from their advisors for participation in non-required practica before beginning the practicum. Practicum approval forms with the site supervisors’ signatures must be submitted to students’
advisors no later than the semester before the practicum is to begin.

d. Once the advisor approves the form, the advisor transmits the form to the Program Director, who generates a letter to the student approving the practicum. A copy of the letter is placed in the student’s file.

2. Advisor-credit practica
   a. Students must submit Non-Required Practicum Approval to advisors no later than the semester before a practicum is to begin.
   
b. The number of credits taken for a particular non-required practicum is negotiated between the student and advisor.
   
c. All supervision of practicum activities is completed by the supervisor identified on the Non-Required Practicum Approval form.
   
d. The advisor is responsible for 1) monitoring completion of the practicum with the supervisor, 2) assigning a grade to the student at the completion of each semester of the practicum, and 3) verifying the student’s practicum hours in MyPsychTrack.

3. Non-credit practica
   a. Non-credit practica are taken only when there are circumstances that do not allow the student to take the practicum for credit with the advisor.
   
b. Examples of such circumstances include a student who is a dissertator and therefore cannot enroll in additional credits, a student who is already enrolled in the maximum number of credits, or a student whose site requires completion of an affiliation agreement that is under negotiation with UW and/or cannot be completed in a timely manner.
   
C. Students who take non-credit practica must have personal liability insurance. Students taking UW-Madison practica are technically exempt from this provision because they are covered by UW-Madison insurance, but personal liability insurance is still strongly recommended for all non-credit practica.

IV. Information from APPIC regarding practicum hours

1. You should only record hours for which you received formal academic training and credit or which were sanctioned by your graduate program as relevant training or
work experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Other sections of this application will allow you an opportunity to summarize your supervision experiences, anticipated practicum experiences and support activities. Other relevant experience that does not fit into the above definition can be described on your Curriculum Vitae.

2. The experiences that you are summarizing in this section are professional activities that you have provided in the presence of a client. Telehealth, for the purposes of the AAPI, focuses on two-way, interactive videoconferencing as the modality by which telehealth services are provided. In order to count the hours delivered using this technology the focus of the clinical application should include diagnostic and therapeutic services. Clinical applications of telehealth encompass diagnostic, therapeutic, and forensic modalities across the lifespan. Common applications include pre-hospitalization assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, psychotherapy and consultation. This does not include phone sessions or clinical supervision. All services must be appropriately supervised by a licensed clinician. Please note that not all states count these types of hours toward licensure and you should carefully review particular state regulations as needed.

3. A practicum hour is defined as a clock hour, not a semester/quarter hour. A 45-50 minute client/patient hour may be counted as one practicum hour.

4. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience. (For example, a Stress Management group might be classified as a group or as a Medical/Health-Related Intervention, but not both.) The categories are meant to be mutually exclusive; thus, any practicum hour should be counted only once.

5. Only include practicum experience accrued up to November 1 of the year in which you are applying for internship. You may describe the practicum experience that you anticipate accruing after November 1 in the section, “Summary of Doctoral Training.”

6. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients/patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number. Use your best judgment, in consultation with your academic training director, in quantifying your practicum experience.

7. Please report actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category.
8. For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours.
9. For the “# of different...” columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period for two hours per week counts as 20 hours and one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

Note regarding the recording of “consultation” activities: Consultation activities may count as practicum hours only to the extent that this activity involves actual clinical intervention with Direct consultation with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher) would be activity you would include in this “Intervention Experience” section. Consultation activities with other professionals regarding coordination of care (e.g., psychiatrist), without the client / patient present, should be counted in the “Support Activities” section.
Appendix E

NON-REQUIRED PRACTICUM APPROVAL FORM
Approved 7.13.15

School Psychology Program
University of Wisconsin-Madison

Student Name: ___________________________ Student Advisor ___________________________
Request number: ____________

A. General Information
1. Name of Practicum Facility (practicum site): ___________________________
2. Date request is being submitted: ___________________________
3. Semester(s) during which practicum will be completed: ______________
   *Beginning date: ___________________________
   *Ending date: ___________________________
4. Estimated total number of practicum hours to be completed: ______________
5. Are you taking this practicum for credit or no credit? __ Credit __ No credit
   If for credit, number of credits of 840 to be completed (typically 1-3): __________
6. Is the Practicum Facility paying you for your work? ___ Yes ___ No
7. Does the Practicum Facility require you to sign a contract or agreement?
   ___ Yes ___ No If yes, provide a copy with this proposal.

B. Student Progress in the School Psychology Program
1. Are you making satisfactory progress in the School Psychology Program?
   ___ Yes ___ No (If no, discuss practicum proposal with advisor before completing form)
2. What additional activities are you undertaking during the time of participation in the
   proposed practicum? (please list classes, dissertation activities, other research activities,
   other practica, work)
3. How many program-sanctioned practicum hours (required and non-required) have you
   accrued to date?
   Total _______ Direct service _______
C. **Description of Practicum Activity**

1. Provide a brief description of the practicum activity, including name and location of Practicum Facility and specific activities.

2. What is the objective or intended outcome of the practicum experience in terms of your professional development?

3. Identify the School Psychology competencies to be addressed.

4. Describe the supervision of the practicum.
   a. Name, title, and credentials of supervisor
   b. Describe the supervision (frequency, hours, format [individual or group]).
   c. Explain how supervision will facilitate the development of competencies listed in question #3.

5. How will your performance be evaluated?

C. **Practicum Facility Requirements**

1. What are the conditions of participation in the practicum (e.g., special training, applicable deadlines, and other conditions of participation)?

2. Indicate how/when you have met each condition. The student is responsible for meeting the requirements of the site.

**Signatures:**

Student: ___________________________ Date: ___________________________

Practicum Facility supervisor: ___________________________ Date: ___________________________

Student’s University advisor: ___________________________ Date: ___________________________

*After signing the document, the advisor transmits the form to the Program Director.*

*Approval is for dates specified on this form.*
Appendix F

Professional Organizations

American Psychological Association
Division of School Psychology
750 First Street, NE
Washington DC 20002-4242
(202) 336-5500

National Association of School Psychologists
4340 East West hwy., Suite 402
Bethesda MD 20814
(301) 657-0270

Wisconsin Psychological Association
625 West Washington Avenue
Madison WI 53703

Wisconsin School Psychology Association
815 West College Avenue
Waukesha WI 53186