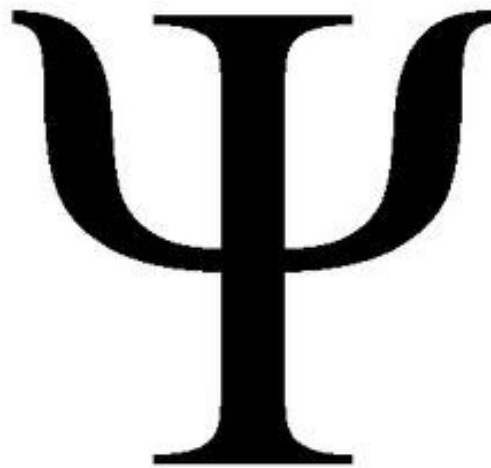


SCHOOL PSYCHOLOGY CLINIC

PRACTICUM HANDBOOK

POLICIES, PROCEDURES, AND GUIDELINES

SCHOOL PSYCHOLOGY PROGRAM



Department of Educational Psychology
School of Education
University of Wisconsin-Madison
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(Effective Fall 2018)

The Commission on Accreditation of the American Psychological Association awarded Re-Accreditation to the School Psychology Program in August 2013. American Psychological Association, Commission on Accreditation, 750 First Street, NE, Washington, DC 20002-4242I Phone: 202.336.5979.

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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-Researcher

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 As practitioners, graduates must be able to interpret and judge published and unpublished research and writing.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 health-service 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

Craig Albers, PhD
Program Director, Associate Professor, School Psychology Program

Jennifer Asmus, PhD
Professor, School Psychology Program

Kristy Kelly, PhD
Clinical Assistant Professor
Practicum Coordinator, School Psychology Program

S. Andrew Garbacz, PhD
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Katie Eklund, PhD
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Stephan Kilgus, PhD
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Teaching Assistant, School Psychology Program

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 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.

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.

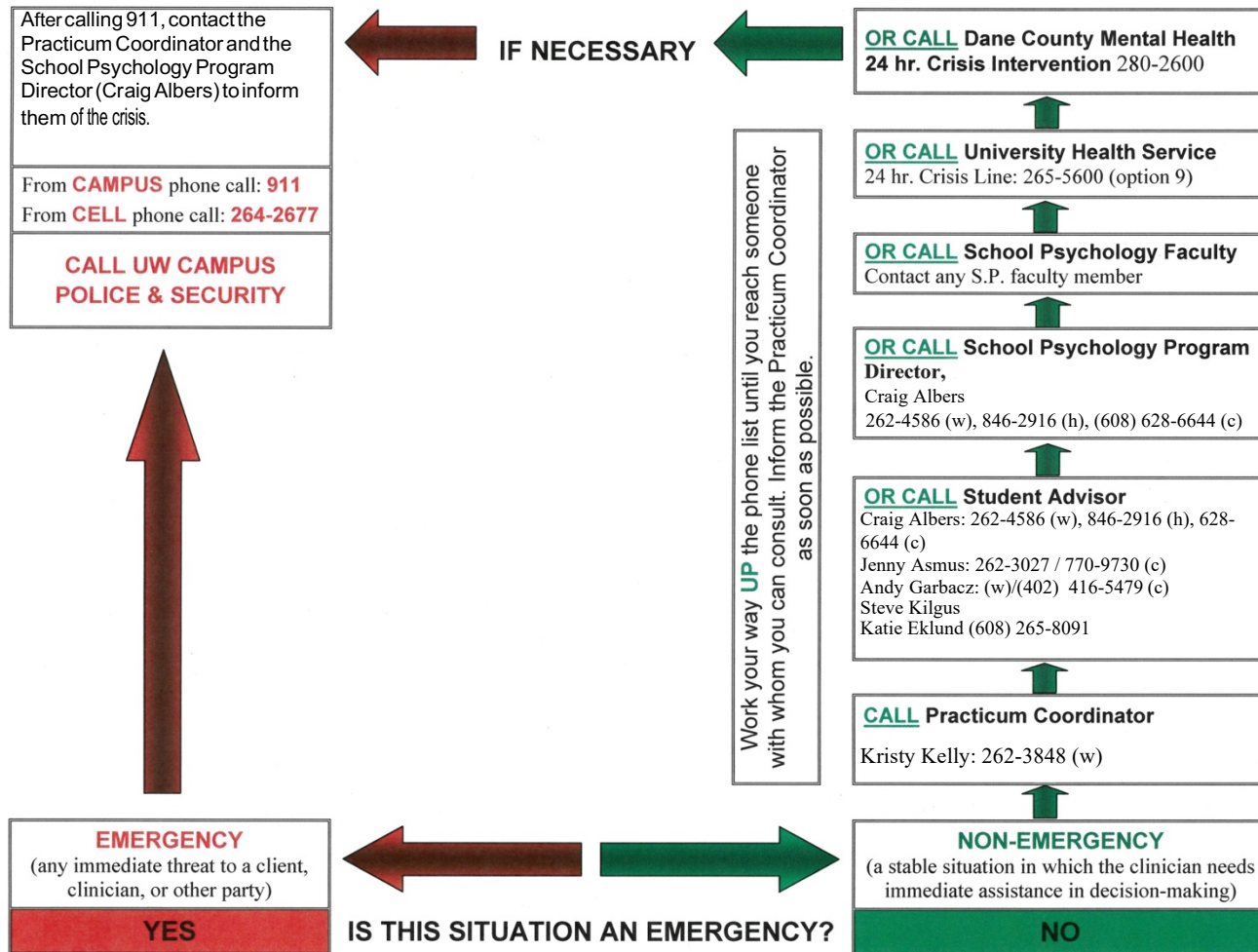
When the referral issue is a behavior problem, clinicians identify problem areas in terms of occurrence, existing patterns, antecedents, consequences, functions, previous treatments, and parental/teacher expectations. When the referral issue is an academic or social-emotional concern, clinicians rely 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.

EMERGENCY CONTACTS CLINICAL PRACTICUM IN SCHOOL PSYCHOLOGY



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 insure 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.

Table 1

Clinic Practicum Forms

	<u>Placed in Client File</u>	<u>Responsibility of SPTC Staff</u>	<u>Complete for Supervision</u>
ALL CLINIC SESSIONS			
Contact Log Sheet	XXXX		
Session Plan			ZZZZ
Session/Consultation/ School Visit Notes	XXXX		
Clinician Hours Log			ZZZZ
REFERRAL STAGE			
Parent Referral		XXXX	
SPTC Fee Schedule		YYYY	
Fee Agreement	XXXX		
INTAKE STAGE			
Authorization for Clinic Services	XXXX		
*Appointment Letter		YYYY	
Release, prior records	0000		
Report of Intake 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		YYYY	
Evaluation by the Child		YYYY	

*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.
 YYYY = 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:

Name of Parent(s):

Date of Birth:

Address:

Date of Report:

Age: Sex:

Telephone:

School:

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 confined to 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: individual and cultural diversity;
- Domain 2: professional behaviors, interpersonal skills, communication and reflective practice;
- Domain 3: ethical, legal, and professional standards;
- Domain 4: assessment;
- Domain 5: evidence-based prevention and intervention;
- Domain 6: indirect service delivery and collaboration;
- Domain 7: supervision;
- Domain 8: research, measurement, and evaluation;
- Domain 9: basic content areas in scientific psychology;
- Domain 10: scientific psychology in 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 *Clinic Practicum Supervisor Evaluation Form* in Appendix B.). Students are also given feedback after every client 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 5-point scale on the *Clinic Practicum Supervisor Evaluation Form* 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 *Clinic Practicum Supervisor Evaluation Form*).

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 *Clinic Practicum Supervisor Evaluation Form*.

Student Grievance Procedures

Grievance procedures include first addressing concerns directly with the individual(s) involved. If the student is uncomfortable making direct contact with the individual(s) or if the concern is not resolved satisfactorily through direct contact, the student should contact the Program Director. If the student is uncomfortable bringing the issue to the attention of the Program Director or if it relates to the Program Director, the student should contact the Chair of the Department of Educational Psychology. The sequence of events following contact with the Department Chair are outlined in the Department of Educational Psychology Graduate Student Handbook. In addition to procedures in the department, there are also administrative offices at the University level that have procedures for addressing concerns. University grievance procedures are described at <https://grad.wisc.edu/documents/grievances-and-appeals/>.

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

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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.
6. Ongoing revision of the School Psychology Training Clinic Practicum Handbook.
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.
6. Evaluation of efficacy of 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 _____

<i>Home Contact Information</i>	<i>School Contact Information</i>
Parent/Guardian _____ Street Address _____ City, State, ZIP _____ Phone _____	School Name _____ Street Address _____ City, State, ZIP _____ Phone _____

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.

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>

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

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.

Name of Therapist/Helping Agency

Dates Seen

_____	_____
_____	_____
_____	_____

Educational History

Please list your child's former schools (if applicable)

Name of School

Location (city)

Dates

Preschool _____

Elementary _____

Junior High _____

High School _____

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)?

<u>Service</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Service</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Test</u>	<u>Date</u>	<u>Results</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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?

<u>Disease</u>	<u>Age</u>	<u>Severity</u>	<u>Disease</u>	<u>Age</u>	<u>Severity</u>
Mumps _____			Allergies _____		
Measles _____			Earaches _____		
Chickenpox _____			Asthma _____		
_____			Pneumonia _____		
_____			Convulsions _____		
_____			Diphtheria _____		
_____			High Fevers _____		
_____			Meningitis _____		
_____			Hospitalization _____		
_____			Headaches _____		
_____			Surgery _____		

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**

Service Fees for Individual, Group, and Consultation Services:

Services:	UW Affiliated	Non-UW affiliated
Psychoeducational Evaluation	\$450	\$550
Preschool and Private School Admissions Assessment	\$200	\$300
Intervention Services - Individual (up to 12 intervention sessions (fewer than 10 sessions will be prorated))	\$350 (\$150 for clients who participate in intervention services following a clinic-based diagnostic evaluation)	\$450 (\$250 for clients who participate in intervention services following a clinic-based diagnostic evaluation)
Intervention Services - Group (8-12 group intervention sessions)	\$200 (\$100 for clients who participate in intervention services after a clinic-based diagnostic evaluation)	\$250 (\$150 for clients who participate in intervention services after a clinic-based diagnostic evaluation)
Parent Training/Consultation	\$200 (up to 2 meetings/year) \$350 (more than 2 meetings/year)	\$200 (up to 2 meetings/year) \$350 (more than 2 meetings/year)
School Consultation	\$250 (up to 2 meetings/year) \$400 (more than 2 meetings/year)	\$250 (up to 2 meetings/year) \$400 (more than 2 meetings/year)

Sliding fee schedules are available for these services if a family expresses financial need. Below are the guidelines for the sliding fee schedule.

Reduced Fee

Clients fees will be reduced by \$100.00 if the total income falls at or below the median income for Wisconsin as presented Table 1.

Table 1. Median Family Income

# IN FAMILY	INCOME
1	\$47,804
2	\$62,130
3	\$75,230
4	\$88,133
5	\$96,533
6	\$104,933

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.

Table 2.

# IN FAMILY	INCOME
1	\$28,682
2	\$37,278
3	\$45,138
4	\$52,880
5	\$57,920
6	\$62,960



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.

Client Fees

I agree to pay for the following services from the School Psychology Training Clinic:

_____ 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 _____. I understand that the full amount will be due at the time of the summary conference or in regularly scheduled installments throughout the duration of the case.

_____ 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 _____. I understand that the full amount will be due at the time of the summary conference or in regularly scheduled installments throughout the duration of the case.

_____ 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 _____. I understand that the full amount will be due at the time of the summary conference or 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.*)



Educational and Psychological Training Center

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

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

[Insert Date Here]

Mr./Ms. etc.
1234 Dreary Lane
City, Wisconsin, 53706

Dear Mr./Ms. etc.,

I am writing to confirm your appointment at the School Psychology Clinic for [insert appointment date and time here]. You will be meeting with [insert clinician name here].

The School Psychology Clinic waiting room is located in room 341 of the Educational Sciences Building, between Brooks and Mills Streets on West Johnson Street. **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 through the walkway to the EPTC/School Psychology Clinic waiting room.

Enclosed you will find a map showing the location of the Educational Sciences Building. We are in the process of trying to procure a parking permit for you. Unfortunately, we are not always able to get parking permits for clients; we will contact you before your appointment to let you know if we have been successful. If we cannot procure a parking permit, your best option is metered parking near the building. There are also major bus lines that drop off on both Johnson and University that are near the Educational Psychology building. After 4:30pm there is free parking in a lot behind the Zoology Research Building on the corner of North Charter Street. In terms of parking garages, there are a few available in the area that you may have to pay a fee to park in; Lot 80 (Union South Garage), Lot 17 (behind the Engineering building), Lot 7 (underneath Grainger Hall), and Lot 46 (on the corner of Lake and Johnson streets).

Please call me at (608) 262-3848 if you need additional assistance. We look forward to meeting with you on [insert appointment date and time here].

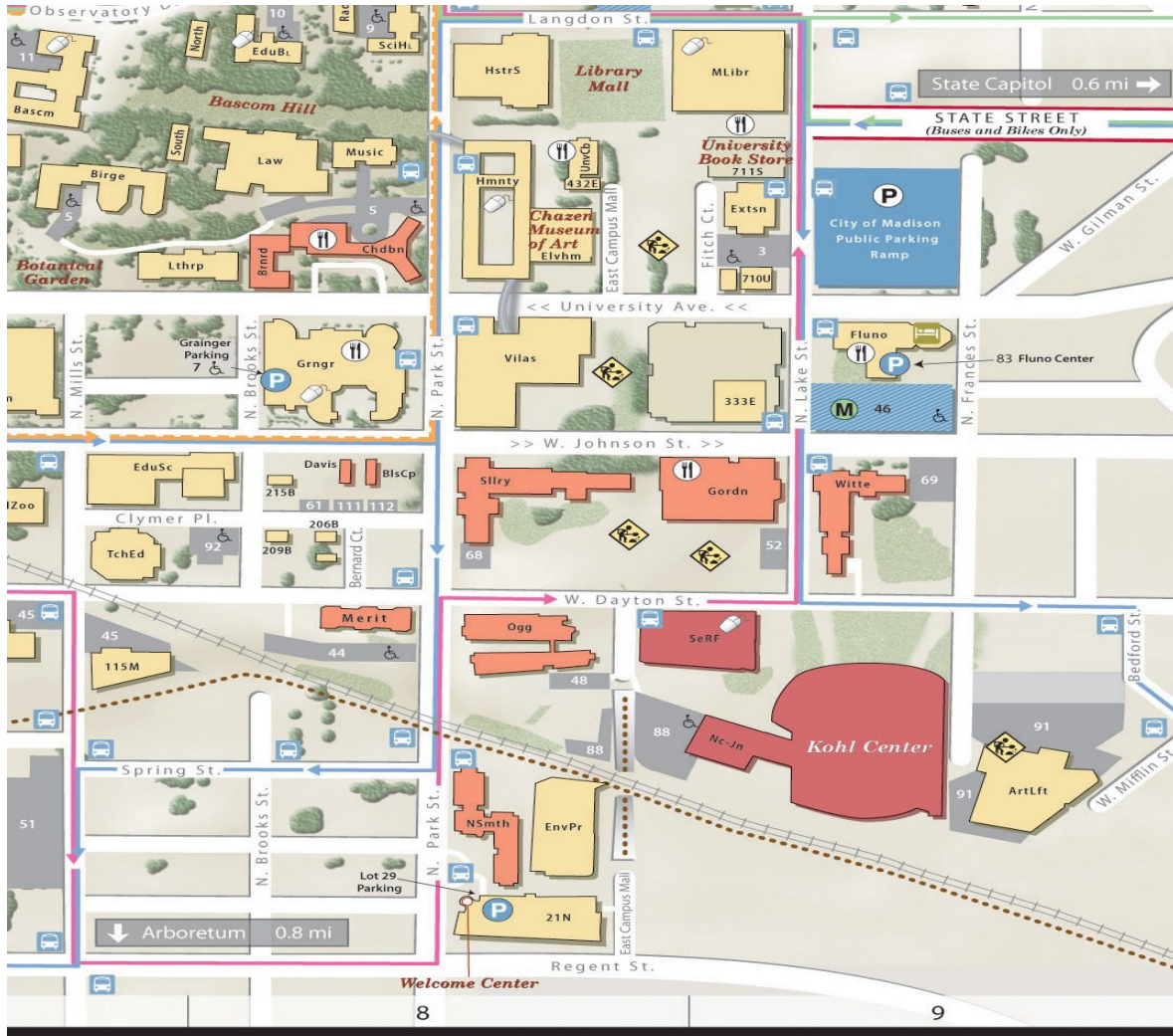
Sincerely,

Kristy Kelly, PhD
School Psychology Clinic Coordinator

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
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SPTC Clinical Director
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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/GuardianSignature: _____

Date _____



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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)



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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: _

<u>referral issues</u>	<u>projected goals</u>
1.	1.
2.	2.
3.	3.
4.	4.

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

Issues

_____ Hypothesis:

Assessment proposed:

_____ Hypothesis:

Assessment:

Hypothesis:

Assessment:

Hypothesis:

Assessment:

Hypothesis:

Assessment:

VI. Brief Summary

**Supervision: Planning a Client Session
Clinical Practicum in School Psychology**

Client Initials: Clinician(s):

Date of Session:

Client Session Objectives	Plan of Activities	Preparation Requirements	Questions/Concerns for Supervision

***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 need to be accomplished?

**SCHOOL PSYCHOLOGY TRAINING CLINIC
CLINICAL PRACTICUM IN SCHOOL PSYCHOLOGY
SESSION SUMMARY**

Client Name:

Date:

Clinician(s):

Description of Contact:

Who was seen?

Session Objectives	Actions Taken and Results

Summary Impression:

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 ApproachDetermine 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.):



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Teacher Report

Date: _____

Name of Student: _____

Grade: _____

Name of Teacher: _____

Subject: _____

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 | _____ lack of friends |
| _____ mathematics | _____ lonely |
| _____ spelling/writing | _____ shy |
| _____ quiz and test performance | _____ daydreaming |
| _____ attendance | _____ inappropriate language |
| _____ attention | _____ avoids school |
| _____ class participation | _____ mood |
| _____ study habits | _____ immaturity |
| _____ temper | _____ dishonesty |
| _____ self-control | _____ physical health |
| _____ reaction to discipline | _____ eating |
| _____ disposition | _____ lack of sleep |
| _____ lack of effort | _____ drug use |
| _____ gives up easily | _____ other |
| _____ attitude toward school | |
| _____ talking out | |
| _____ poor sport | |
| _____ fighting | |
| _____ perfectionism | |

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."



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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

How satisfied were you with:	Not at all Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
1. The wait for services after contacting the SPTC	1	2	3	4
2. The cost of services	1	2	3	4
3. The accessibility of parking near the SPTC	1	2	3	4

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

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

D. Evaluation of Clinical Services

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

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:

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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 !



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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!

CLINIC PRACTICUM SUPERVISOR EVALUATION FORM
Readiness for Field Practicum Rating Form

Trainee Name:	
Name of Placement:	Date Evaluation Completed:
Supervisor (include highest degree earned):	Licensed Psychologist/Licensed School Psychologist (circle one or both)
Dates of Training Experience this Review Covers:	

This form serves as an evaluation tool for the Clinic Practicum (840-001). The supervisor should conduct a summative evaluation of student competence on each item at the end of the semester. Students are expected to achieve a rating of 3 or higher to advance to the next level of practicum.

The following rating scale should be used for evaluation of student competence:

- 1 - Unsatisfactory: student's skills reflect insufficient mastery in this area; student needs additional course-based instruction in this skill
- 2 - Needs improvement: plans should be made to assure student gains extra practice in this skill prior to leaving the program
- 3 - Satisfactory: student's skills in this area are adequate for practice; student should continue to practice this skill under professional supervision
- 4 - Competent: student is comfortably independent in this skill
- 5 - Outstanding: student's skills in this area are exceptionally strong
- NA - Not Applicable: opportunity for this skill to be demonstrated was not provided

	and health service psychology.						
	Written and oral communications are informative and well-integrated to communicate with students, educators, parents, and fellow professionals.	1	2	3	4	5	NA
	Comprehends oral, nonverbal, and written communications to effectively inform case activities.	1	2	3	4	5	NA
Comments (Optional):							
3: Ethical, Legal, and Professional Standards	Considers how one's personal views may affect the understanding and application of ethical, legal, and professional guidelines.	1	2	3	4	5	NA
	Demonstrates understanding of contributions of history and systems, theory, and research to ethical, legal, and professional guidelines.	1	2	3	4	5	NA
	Behaves in accordance with professional, legal, and ethical guidelines in all professional activities.	1	2	3	4	5	NA
Practice Competencies							
4: Assessment	Explains basic principles and best practices that guide one's assessment activities at the individual and group level.	1	2	3	4	5	NA
	Identifies appropriate assessment methods for case activities that are linked to referral concerns and have treatment utility.	1	2	3	4	5	NA
	Conducts assessment with children and youth using assessment procedures based on measurement science.	1	2	3	4	5	NA
	Applies methods to screen, assess, and monitor social-emotional, behavioral, cognitive, adaptive, and academic functioning of children and youth based on measurement science, assessment goals, and diversity characteristics.	1	2	3	4	5	NA
		1	2	3	4	5	NA

	Interprets and communicates assessment results in accordance with research-based and professional standards to inform case conceptualization, classification, diagnosis, and intervention.					
Comments (Optional):						
5: Evidence-Based Prevention and Intervention	Utilizes basic principles and best practices to guide evidence-based prevention and intervention at the individual and group level.	1	2	3	4	5 NA
	Conceptualizes treatment goals and develops evidence-based prevention and intervention plans based on assessment findings for academic, behavior, social-emotional, mental health, and physical problems.	1	2	3	4	5 NA
	Uses data-driven methods to select prevention and intervention for academic, behavior, social-emotional, mental health, and physical problems specific to treatment goals and assessment findings.	1	2	3	4	5 NA
	Uses data-driven methods to implement prevention and intervention for academic, behavior, social-emotional, mental health, and physical problems specific to treatment goals and assessment findings.	1	2	3	4	5 NA
	Uses data-driven methods to evaluate prevention and intervention for academic, behavior, social-emotional, mental health, and physical problems specific to treatment goals and assessment findings.	1	2	3	4	5 NA
Comments (Optional):						
6: Indirect Service Delivery and Collaboration	Utilizes basic principles of indirect service delivery and collaboration at the individual and group levels.	1	2	3	4	5 NA
	Conceptualizes assessment, goal-setting, intervention, and evaluation through indirect service delivery and collaboration with key stakeholders at the individual and group levels.	1	2	3	4	5 NA
	Selects and appropriately implements indirect service delivery to assess, address, and prevent problems and promote well-being at the individual and group levels.	1	2	3	4	5 NA

Comments (Optional):						
7: Supervision	Promotes one's own professional practice through active participation and supervision as a trainee.	1	2	3	4	5 NA
	Identifies effective supervision models and practice.	1	2	3	4	5 NA
	Provides effective supervision to promote professional practice of others.	1	2	3	4	5 NA
Science Competencies						
8: Research, Measurement, and Evaluation	Applies theory, science, and techniques of psychological measurement.	1	2	3	4	5 NA
	Applies single-case designs to contribute to evaluate practice and contribute to the scientific and professional knowledge base.	1	2	3	4	5 NA
	Applies program evaluation methods and accountability systems in clinical work.	1	2	3	4	5 NA
9: Basic Content Areas in Scientific Psychology	Applies knowledge of affective, biological, cognitive, developmental, and social aspects of behavior.	1	2	3	4	5 NA
	Integrates two or more basic content areas in scientific psychology (i.e., affective, biological, cognitive, developmental, social) within practice to understand behavior.	1	2	3	4	5 NA
10: Schools and Schooling	Uses knowledge of effective teaching methods to inform client activities.	1	2	3	4	5 NA
	Uses knowledge of effective classroom environments to enhance academic learning clients.	1	2	3	4	5 NA
	Identifies school psychological service delivery systems that facilitate the learning and behavior of all learners.	1	2	3	4	5 NA
	Applies strategies to engage students' families and stakeholders to enhance learning and behavior of all learners.	1	2	3	4	5 NA

Please provide a summary rating of the student's performance in this practicum

1 2 3 4 5

Has the student demonstrated readiness for advancement to the next level of practicum training?

Yes No

Identify up to three goals for the student's continued professional development.

I verify that this evaluation is based in part on direct observation (either live or electronic) of the trainee. Yes/No

Supervisor Signature

Date



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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: _

Date Initiated: _____ Supervisor(s):_
 _____ Date Terminated: _

Date of Contact	(Choose One)				(Choose One)							Supervision Date and Duration	Clinician' s Initials
	Clinic Visit	School Visit	Phone Call	Other	Intake	Assessment	Treatment	Summary	Followup	Consultation	Scheduling		

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.
- ! See additional information at https://portal.appicas.org/applicants2012/instruction/ins_exp_intervention.htm

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 is 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 SPTC 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)

4.1 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.

4.2 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.

4.3 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.

4.4 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.

4.5 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.

4.6 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.

4.7 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.

6.1 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.

6.2 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 practicum. This term is used to describe a practicum required for all students by the School Psychology Program (i.e., beginning, clinic, and field practicum). These hours are automatically approved as program-sanctioned hours (see below).
- B. Non-required practicum. This term is used in reference to a practicum not required by the School Psychology Program, whether taken for credit or not. Non-required practicum (NRP) hours require specific approval by the student's advisor to be counted as program-sanctioned practicum hours (see below).
 - 1. Advisor-credit practicum. This term refers to NRP taken for credit (EP 840) with the student's advisor.
 - 2. Non-credit practicum. This term refers to NRP *not* taken for credit for which a student is 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

II. General Practicum Policies

- A. Students must be making satisfactory progress toward program benchmarks when requesting approval for participation in NRP.
- B. Exceptions to II.A. (above) will be reviewed by all School Psychology Program faculty.
- 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 from their program advisor.

III. Practicum Types and Specific Policies

- A. Required practicum

1. Required practicum hours (1025 hours; 370 direct service 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 required practica are completed in clinical and field settings approved by the instructor.
3. All Field Practicum hours are completed in school settings.
4. All required 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 1025 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 practicum

1. General requirements
 - a. A NRP should be taken for credit with the student's advisor unless there are extenuating circumstances (see non-credit practicum below).
 - b. A NRP must be supervised by a licensed psychologist (strongly preferred) or licensed school psychologist.
 - c. Students should meet with their advisors to discuss NRP options **prior to** applying for and/or taking steps to set up a practicum placement. NRP.
 - d. Students must obtain approval from their advisors for a NRP **before** beginning the practicum. **NRP approval forms with the site supervisors' dated signatures must be submitted to students' advisors no later than the last day of classes of the semester before the practicum is to begin (e.g., last day of class of Fall Semester for a Spring Semester NRP, last day of summer courses for a Fall Semester).**
 - e. Once the advisor approves the form (dated signature), the advisor transmits the form to the School Psychology Program Director, retains a copy, and provides a copy to the student. A copy of the signed form is also placed in the student's file.
 - f. Students may start logging practicum hours for the approved NRP on or after the date of signed *advisor* approval.
 - g. Students will be evaluated using the *Non-Required Plan and Evaluation Form*; site supervisors will complete this form, and students should submit to the advisor upon completion of each semester of the practicum. Note that failure to submit this form to your advisor at the conclusion of your practica will result in you not being able to count these

hours on your internship applications.

2. Advisor-credit practicum

- a. Students must submit a *Non-Required Practicum Approval Form* to advisors no later than the last day of classes of the semester before a practicum is to begin.
- b. Students may register for 1-3 credit hours for each semester of a NRP, depending on the number of hours that will be accrued during the practicum. Each credit hour corresponds to a total of 100 practicum hours with an upper limit of 300 hours (3 credits) per semester. The number of credits taken for a particular NRP 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 (a) communicating with and monitoring completion of the practicum with the supervisor, (b) developing a NRP plan and evaluation process (see *Non-Required Practicum Planning and Evaluation Form*, (c) requesting an individualized evaluation form to be completed by the supervisor (based, in part, on direct observation) near the end of each semester, (d) assigning a grade to the student for each semester of the practicum, and (e) verifying the student's practicum hours on Time2Track.
- e. The practicum supervisor is responsible for (a) communicating with the student's advisor, (b) providing regular direct face-to-face supervision with the student, and (c) completing the individualized evaluation form based, in part, on direct observation (either live or electronically) of the student. Note that failure to submit this form to your advisor at the conclusion of your practica will result in you not being able to count these hours on your internship application.

3. Non-credit practicum

- a. A non-credit practicum is 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 (a) who is a dissertator and therefore cannot enroll in additional credits, (b) who is already enrolled in the maximum number of credits, or (c) 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 a non-credit practicum **must** have personal liability insurance. Students taking practica for UW-Madison credit are technically exempt from this provision because they are covered by UW-Madison insurance, but personal liability insurance is required for all non-credit practica.

IV. Information from APPIC regarding practicum hours

https://portal.appicas.org/applicants2012/instruction/ins_exp_intervention.htm

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); this 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.

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 1-5 school psychology competency domains that will be addressed, and list the specific corresponding activities that will be facilitated during the practicum using the *Non-Required Practicum Plan and Evaluation Form*.
4. Describe the supervision of the practicum.
 - a. Name, title, and credentials of supervisor
 - b. Describe the supervision (frequency, hours, format [individual or group]). Regular face-to-face supervision is required.
 - c. Describe how the supervisor will provide direct observation during the experience (frequency, type).
 - d. Explain how supervision will promote development of competency in the domains listed in C.3.
5. Students will be evaluated using the *Non-Required Plan and Evaluation Form*; site supervisors will complete this form, and students should submit to the advisor upon completion of each semester of the practicum. Note that failure to submit this form to your advisor at the conclusion of your practica will result in you not being able to count these hours on your internship applications.

D. 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 will meet each condition. The student is responsible for meeting the requirements of the site.

Signatures:

Student: _____ Date: _____

Practicum facility supervisor: _____ Date: _____

Practicum supervisor phone: _____ email: _____

Student's university advisor: _____ Date: _____

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

NON-REQUIRED PRACTICUM PLANNING AND EVALUATION FORM
(for students entering the program in Fall 2017 or later)

Student: _____ Beginning Date: _____

Placement: _____ Ending Date: _____

Supervisor: _____

This form serves as both a plan and evaluation tool for a non-required practicum. Each student should work with both the site supervisor and his or her advisor to develop an appropriate plan for training before the practicum begins. In doing so, each student should indicate **up to five program domains** that will be addressed during the training by **bolding each one** that is identified. Students should then identify, with assistance from their site supervisor, key activities that will be accomplished/facilitated during the training. This plan should be reviewed during supervision meetings held at the practicum site regularly to guide training and ensure student goal attainment. Site supervisors should also conduct a summative evaluation of student competence in the identified domains at the end of the semester. Please note that supervisors are not required to evaluate other program domains (those not in bold type). This form should then be submitted to the student advisor for review and documentation. Failure to submit this form to your advisor at the conclusion of your practica will result in you not being able to count these hours on your internship applications.

The following rating scale should be used for evaluation of student competence:

- 1 - Unsatisfactory: student's skills reflect insufficient mastery in this area; student needs additional course-based instruction in this skill
- 2 - Needs improvement: plans should be made to assure student gains extra practice in this skill prior to leaving the program
- 3 - Satisfactory: student's skills in this area are adequate for practice; student should continue to practice this skill under professional supervision
- 4 - Competent: student is comfortably independent in this skill
- 5 - Outstanding: student's skills in this area are exceptionally strong
- NA - Not Applicable: opportunity for this skill to be demonstrated was not provided

Domain	Site-specific Activities	Evaluation Items	Rating
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	(student completes)		(site supervisor completes)					
1: Individual and Cultural Diversity		Demonstrates awareness of one's personal/cultural history, attitudes, and biases that may affect understanding and interacting with individuals different from oneself	1	2	3	4	5	NA
		Demonstrates ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews are different from one's own;	1	2	3	4	5	NA
		Demonstrates awareness of equity and/or disparity within and between individuals and groups.	1	2	3	4	5	NA
		Demonstrates understanding of current theory and research related to addressing diversity in all professional activities.	1	2	3	4	5	NA
		Applies knowledge and skills related to addressing issues of diversity and equity for individuals within specific contexts and in all professional activities.	1	2	3	4	5	NA
2: Professional Behaviors, Interpersonal Skills, Communication, and Reflective Practice		Demonstrates awareness of professional values and attitudes of health-service psychology, including respect for human diversity and social justice.	1	2	3	4	5	NA
		Demonstrates professional skills and characteristics needed for effective practice as health-service psychologists, including communication, interpersonal, and technology skills; and responsibility, adaptability, initiative, and dependability.	1	2	3	4	5	NA
		Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated to communicate with students, educators, parents, and fellow professionals.	1	2	3	4	5	NA

		Demonstrates self-awareness regarding one's personal and professional functioning to maintain and improve performance, well-being, and professional effectiveness.	1	2	3	4	5	NA
3: Ethical, Legal, and Professional Standards		Demonstrates awareness of how one's personal views may affect the understanding and application of ethical, legal, and professional guidelines	1	2	3	4	5	NA
		Demonstrates understanding of contributions of history and systems, theory, and research to ethical, legal, and professional guidelines.	1	2	3	4	5	NA
		Behaves in accordance with professional, legal, and ethical guidelines in all professional activities	1	2	3	4	5	NA
4: Assessment		Explains basic principles and best practices that guide one's assessment activities at the individual, group, and system levels.	1	2	3	4	5	NA
		Applies methods to screen, assess, and monitor social-emotional, behavioral, cognitive, adaptive, and academic functioning of children and youth based on measurement science, assessment goals, and diversity characteristics.	1	2	3	4	5	NA
		Interprets and communicates assessment results in accordance with research-based and professional standards to inform case conceptualization, classification, diagnosis, and intervention.	1	2	3	4	5	NA
5: Evidence-Based Prevention and Intervention		Explain basic principles and best practices that guide evidence-based prevention and intervention at the individual, group, and system levels.	1	2	3	4	5	NA
		Conceptualizes treatment goals and develops evidence-based prevention and intervention plans based on assessment findings for academic, behavior, social-emotional, mental health, and physical problems.	1	2	3	4	5	NA

		Uses data-driven methods to select, implement, and evaluate prevention and intervention for academic, behavior, social-emotional, mental health, and physical problems specific to treatment goals and assessment findings.	1	2	3	4	5	NA
6: Indirect Service Delivery and Collaboration		Explains basic principles and best practices that guide indirect service delivery and collaboration at the individual, group, and system levels.	1	2	3	4	5	NA
		Conceptualizes assessment, goal-setting, intervention, and evaluation through indirect service delivery and collaboration with key stakeholders at the individual, group, and system levels.	1	2	3	4	5	NA
		Selects and appropriately implements indirect service delivery to assess, address, and prevent problems and promote well-being at the individual, group, and system levels.	1	2	3	4	5	NA
7: Supervision		Demonstrates knowledge of supervision models and practices.	1	2	3	4	5	NA
		Promotes one's own professional practice through active participation and supervision as a trainee.	1	2	3	4	5	NA
		Provides effective supervision to promote professional practices of others.	1	2	3	4	5	NA
8: Research, Measurement, and Evaluation		Demonstrates knowledge and application of research methods and designs, including descriptive, single-case, quasi-experimental, and experimental designs to contribute to the scientific and professional knowledge base	1	2	3	4	5	NA

		Demonstrates knowledge of and apply the theory, science, and techniques of psychological measurement. Demonstrates knowledge of and applies (a) program evaluation methods and (b) accountability systems in applied settings.	1	2	3	4	5	NA
9: Basic Content Areas in Scientific Psychology		Demonstrates knowledge of affective, biological, cognitive, developmental, and social aspects of behavior.	1	2	3	4	5	NA
		Applies knowledge of affective, biological, cognitive, developmental, and social aspects of behavior.	1	2	3	4	5	NA
		Integrates two or more basic content areas in scientific psychology (i.e., affective, biological, cognitive, developmental, social) to understand behavior.	1	2	3	4	5	NA
10: Schools and Schooling		Demonstrate knowledge of effective teaching methods and how such methods can be used to affect the learning and behavior of all learners.	1	2	3	4	5	NA
		Demonstrates knowledge of effective classroom environments that enhance academic learning and behavior of all learners.	1	2	3	4	5	NA
		Demonstrates knowledge of school psychological service delivery systems that facilitate the learning and behavior of all learners.	1	2	3	4	5	NA
		Demonstrates knowledge of strategies to engage students' families and stakeholders to enhance learning and behavior of all learners.	1	2	3	4	5	NA

Qualitative Feedback (Please note any additional feedback you would like to share about the student's work in your site):

Hours Summary (Student should complete):

Number of Total Hours: _____

Number of Intervention Hours: _____

Number of Assessment Hours: _____

Number of Supervision Hours: _____

Number of Support Hours: _____

I verify that this evaluation is based in part on direct observation (either live or electronic) of the trainee.

Supervisor Signature

Date

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