

Off-Campus Practicum Site Form

Family Therapy Program

Texas Woman's University

Check One: _____ M.S. Check One: ___ 1st, ___ 2nd, ___ 3rd, ___ 4th semester practicum
_____ Ph.D. Application for: ___ SP ___ SU ___ FA Year _____

If students are working at more than one Off-Campus Site, a separate form must be completed for each site.

Student Information

Name _____ Night Phone (____) _____
Cell Phone (____) _____
Day Phone (____) _____
Address _____ Student ID _____
Street City State Zip Email _____

Practicum Site Information

Dates ____/____/____ through ____/____/____ Number of hours per week at practicum site _____
month day year month day year

Full Name of practicum site _____

Particular Department, if applicable _____

Site Address _____
Street City State Zip

Site Supervisor Phone _____ Site supervisor email _____

Type(s) of Settings – Check all that apply.

_____ Hospital _____ Non-profit agency/organization _____ MHMR _____ School

Other, specify _____

Site Supervisor Information

Name of site supervisor _____

Educational level (check one) ___ EdD ___ PhD ___ MS ___ MEd ___ MA ___ LCSW ___ Other- _____

Specific discipline (Family Therapy, Counseling, Psychology, Social Work) _____

License of supervisor: LMFT, # _____ LPC, # _____

AAMFT Approved Supervisor ___ TX LMFT-Supervisor _____ Other(specify) _____

ATTACH VITA OF SUPERVISOR

Time at Site

Practicums require approximately 20 hours per week.

	From	To	# of hours
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____

Practicum Experiences

Indicate the various experiences the student will be involved in and the approximate number of hours devoted to each per week.

- | | |
|---|--|
| _____ Family Therapy | _____ Couples/Marital Therapy |
| _____ Individual Therapy | _____ Practicum Supervision
individual/group/peer |
| _____ Intake Interviewing | _____ Case Conferences
Staff Meetings |
| _____ Group Therapy
co-leading/leading | _____ Other: |

Types of clients served at this site (include socio-economic status, age, race, gender, presenting issues, and other pertinent information). Please feel free to write in detail and/or add an additional page.

Treatment Philosophy. Does this site use systemic family therapy approaches to working with families, couples, individuals, and groups? Please describe the treatment approaches used, theory(ies) on which the approaches are based, approaches to supervision/training, etc. Please include any additional information pertinent to providing a family therapy practicum experience at this site (e.g., specific learning opportunities, special expectations of the students who will work with clients at this site, etc.).

After the student has completed this form, received approval for this site from her/his major advisor, and been accepted for Practicum at this site, he/she will turn in this form with the supervisor's vita attached, along with the signed Off-Campus Practicum Site Agreement form, to the Family Therapy Program Coordinator.

Revised 12-07