Attachment A

Field Categories:

- Race/Ethnicity
 - o African-American / Black / African Origin
 - o Asian-American / Asian Origin / Pacific Islander
 - o Latino-a / Hispanic
 - $\circ~$ American Indian / Alaska Native / Aboriginal Canadian
 - o European Origin / White
 - o Bi-racial / Multi-racial
 - Other (Specify)
- Sexual/Affectional Orientation
 - o Heterosexual
 - o Gay
 - o Lesbian
 - o Bisexual
 - o Queer
 - o Other (Specify)
- Disability
 - o Physical / Orthopedic Disability
 - o Blind / Visually Impaired
 - Deaf / Hard of Hearing
 - o Learning / Cognitive Disability
 - Developmental Disability (Including Intellectual and Cognitive Disabilities)
- Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that
 - significantly interfere with adaptive functioning)
 - Other (Specify)

Therapy and Assessment Experiences

A. Individual Therapy and/or Assessment Experience

Client # (Also indicate if client is inpatient)	Gender	Age	Race/ Ethnicity*	Sexual Orientation**	Disabilities***	Diagnosis Conceptualization	Hours

B. Couples

Couple	Genders	Ages	Races/ Ethnicities *	Sexual Orientations**	Disabilities***	Issue Addressed	Hours
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C. Group Title: ______ # of Hours Group Met: _____

Member	Gender	Race/ Ethnicity*	Sexual Orientation**	Disabilities***