

**STUDENT APPLICATION FOR
PRACTICUM IN SCHOOL PSYCHOLOGY**

Name: _____ **Student ID #:** _____

Phone #: _____ **University Email:** _____

Practicum Semester: _____ **Practicum Year:** _____ **Year in Program:** _____

Practicum Level: 7P:237 (First year)

7P:337 (Advanced)

Goal Areas for Practicum (List areas you would like to develop through practicum experience in order of preference: e.g., first priority is 1)

Assessment	Intervention	Consultation
__ Intelligence	__ Academic	__ Teacher
__ Achievement	__ Individual	__ Parent
__ Social/Emotional	__ Group Skills	__ Community
__ Functional/Behavioral	__ Behavioral	__ Integrated Services
__ Curriculum-Based	__ Prevention	__ Task Force

Special Considerations (Please note any additional interest areas or constraints)

Age/Grade Level: _____

Population: _____

Distance/Transportation: _____

School, Community or Clinic Setting: _____

Days Available: Monday Tuesday Wednesday Thursday Friday
 Full Day Full Day Full Day Full Day Full Day
(Availability must be for one full day or two half days)

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Specific Goals (Please list further criteria you would like considered in your placement.)

** Indicate goals anticipated that may assist in identifying potential sites and experiences

1. _____
2. _____
3. _____
4. _____
5. _____

Prior Experience (Please indicate skills you will bring to this site in terms of previous practica, clinical work, employment, professional experience, volunteer experience, and or course work.)

1. _____
2. _____
3. _____
4. _____
5. _____

Special Skills (Please indicate personal traits such as: bilingual skills, organizational skills and or any special training such as: ASL, Behavior Analyst Certification (BCBA or BCaBA, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____