Illinois State University

Graduate Programs in School Psychology

**PSY 590 Advanced Practicum Agreement**

This agreement is between the Graduate Programs in School Psychology at Illinois State and      , identified as the Practicum Site.       (Trainee), an advanced doctoral trainee in School Psychology, is assigned       (number) hours per week at the Practicum Site as part of the graduate course requirements for . The Practicum Site Supervisor is       (Site Supervisor). The Trainee and the Site Supervisor shall agree on the specific hours and days of work for this practicum assignment. Trainee will follow the Practicum Site’s academic or work calendar.

This agreement will be in effect for the semester beginning the week of       and ending the week of      . Trainees cannot register for this course until the approved PSY 590 Request and PSY 590 Agreement are submitted to the Graduate Programs Office and a course override is processed. Trainees must register for the course by the 10th day of classes for the semester.

I. The Practicum Site agrees to provide Trainee with the following:

1. Minimum of one hour of face-to-face supervision per week with the Practicum Site Supervisor.

II. Trainee and the Graduate Programs in School Psychology agree to provide the following:



III. The Graduate Programs in School Psychology agrees to provide:

1. individual or group supervision for a minimum of one hour per week;
2. a tuition waiver for the Site Supervisor consistent with University policy; and
3. Trainee with      .

All records of students observed, assessed, or treated at the Practicum Site, by the Trainee, shall remain the sole property of the Practicum Site and may not be copied, in any manner or form, or removed from the Practicum Site by the Trainee or Illinois State faculty without the express written consent of the Practicum Site. During this agreement and thereafter, Trainee and Illinois State University shall protect all information, records, and data pertaining to the Practicum Site, its students and staff from any unauthorized disclosure, unless required to do otherwise by law or court order.

Signatures

Please type your legal name to certify that the information submitted is accurate to the best of your knowledge. Please save and email this form as an attachment to the next person on the list after your name.

Advanced Doctoral Trainee:       Date:

Program Advisor:       Date:

Site Supervisor:       Date:

University Supervisor:       Date:

Trainee notified to register for PSY 590 (include date and initials):