Illinois State University

Graduate Programs in School Psychology

**PSY 590 Advanced Practicum Request**

The advanced doctoral trainee and the University supervisor must complete and sign this form. The trainee should obtain the signature of the advanced practicum supervisor or and the program coordinator. Trainees must also complete a PSY 590 Advanced Practicum Agreement. After the Graduate Programs Office receives the approved PSY 590 Request and PSY 590 Advanced Practicum Agreement, the Graduate Programs Office will process an override so the trainee can register for the course, and will notify trainee when they can register.

Doctoral Trainee:       UID #:

Semester:  fall  spring  summer Year:

Choose Course:

PSY 590A01 Advanced Practicum Intervention

PSY 590A02 Advanced Practicum Assessment

PSY 590A03 Advanced Practicum Supervision

PSY 590A04 Advanced Practicum Consultation/Program Evaluation

Identify the Practicum Supervisor:

Dr. Paula Allee-Smith, section 022

Dr. Brea Banks, section 002

Dr. Gary Cates, section 008

Dr. Karla Doepke, section 010

Dr. Adena Meyers, section 030

Dr. Mark Swerdlik, section 041

Dr. Shengtian Wu, section 042

Practicum Site:

Address:

City, State, and Zip Code:

Site Supervisor:

Supervisor’s Email Address (if available):

Telephone:

Briefly describe the advanced practicum and explain the trainee’s responsibilities (i.e., hours of work, types of activities):

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.

Doctoral Trainee:       Date:

Program Advisor:       Date:

Advanced Practicum Supervisor:       Date:

University Supervisor:       Date:

Program Coordinator:       Date: