



## Department of Psychology

### Practicum Student Contract

Instructions: Students and their supervisors should complete these forms together. This form must be submitted and approved by the Chair of the Practicum Committee prior to students starting their practicum.

**Today's Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Practicum Site:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**On-site supervisor:** \_\_\_\_\_ Licensed professional?  
 Yes  license type \_\_\_\_\_  
 No

**UNO supervisor:** \_\_\_\_\_ Licensed professional?  
 (Applicable if site is off-campus) Yes  license type \_\_\_\_\_  
 No

**Practicum Classification.** Students may complete practica either within the department (maximum 2 semesters) or outside of the department. Please mark the current practicum classification. Students should consult the student handbook on requirements for practicum classifications (<http://www.uno.edu/cos/psychology/documents/RULESREG2009.pdf> ).

UNO

Non-departmental

**New Practicum Site.** Is this contract for a student's first time working at this site or continuation of work (with same duties and same supervisor) at the student's current site?

New Site (*please complete all fields on next page*)

Continuation (*please skip to signatures on next page*)

**Description of Work.** Please complete all fields if this is a contract for a **NEW** practicum. If this is a continuation of a previous contract, please proceed to the **Signatures** section. Each practicum should include a minimum of 5 hours of hands-on training (e.g., client time, use of research skill) and one hour per week of supervision with their on-site supervisor. A three-credit practicum should equate to a total of 6-8 hours per week.

**1) Objectives of the work:**

**2) Goals of practicum (including specific skills to be learned) and plan to complete goals:**

**3) Expected weekly average of hands-on training (e.g., client time, use of research skill):** \_\_\_\_\_

**4) Total amount of time expected at practicum per week:** \_\_\_\_\_

**5) Supervisory plan:**

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**\*Signatures:**

On-Site Supervisor: \_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Off-Site (UNO) Supervisor: \_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Student: \_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**\*Note:** A signed contract must be submitted and approved **before** work can begin each semester.

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*For office use only*

Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Contract for (circle one): Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Course (circle one): PSYC 6191 (Dev) \_\_\_\_ PSYC 6891 (Bio) \_\_\_\_

Practicum Semester Number:  First  Second  Third  Fourth  Additional