

TRAINING ACTIVITIES REPORT

OFFICE OF CLINICAL TRAINING - SCHOOL OF PROFESSIONAL PSYCHOLOGY - WRIGHT STATE UNIVERSITY

Name of Trainee: _____

Month: _____ Year: _____

Facility/Program: _____

Name of Primary Supervisor: _____

Signature of Trainee: _____

Signature of Supervisor: _____

* * * SEE OTHER SIDE FOR DUE DATES * * *

THERAPY EXPERIENCE THIS MONTH

ADDITIONAL EXPERIENCE THIS MONTH

	<u>Total # Hours</u>	<u># Different Individuals, Couples, Families, or Groups NEW This Month</u>
Individual Therapy		
Adults	_____	_____
Adolescents	_____	_____
School-Age	_____	_____
Pre-school Age	_____	_____
Infants/Toddlers	_____	_____
Group Therapy (count as one unit)		
Adults	_____	_____
Adolescents	_____	_____
Children	_____	_____
Psychoeducational Groups	_____	_____
Family Therapy (count as one unit)	_____	_____
Couples Therapy (count as one unit)	_____	_____
Career Counseling		
Adults	_____	_____
Adolescents	_____	_____
Other: _____	_____	_____

	<u>Total # Hours</u>
Consultations Delivered to Another Agency/Organization/Unit	_____
Presentations/Program Development	_____
Medical/Health Related Intervention	_____
Drug/Alcohol Intervention	_____
Sports Psychology	_____
Outcome Assessment	_____
Systems Intervention	_____
Organizational Performance Improvement	_____
Supervision of Other Students	_____
Teaching	_____
Other Services: _____	_____
Assessment:	
Psychological Testing	_____
Psychological Report Writing	_____
Other Assessment (interview, observation, etc.)	_____

◆ Subtotal of Therapy Hours: _____

◆ Subtotal of Additional Experience Hours: _____

PSYCHOLOGICAL TESTING THIS MONTH

TEST NAME	# ADM/SCRD	# WRITTEN REPORT	TEST NAME	# ADM/SCRD	# WRITTEN REPORT	TEST NAME	# ADM/SCRD	# WRITTEN REPORT
Beck Dep Inv			Myers-Briggs			WMS-III		
Beh Cklists			PPVT			WPPSI-R		
CAT/Roberts/ TEMAS/TAT			Proj. Drawings			Other #1		
			Rorschach			Other #2		
MACI/MAPI			WAIS-III			Other #3		
MCFI			WISC-III/R			Other #4		
MMPI-A/MMPI-2			WJ-III/R			Other #5		

Other #1: _____ Other #2: _____ Other #3: _____ Other #4: _____ Other #5: _____

INTEGRATED REPORT WRITING THIS MONTH

How many carefully supervised integrated psychological reports have you written this month? An integrated report includes a history, an interview, and at least two tests from one or more of the following categories: personality assessments (objective and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the client.

- ◆ # of Adult Reports This Month: _____
- ◆ # of Child/Adolescent Reports This Month: _____
- ◆ # of Intake Interview Reports This Month: _____

SUPERVISION RECEIVED THIS MONTH

<u>Activity:</u>	<u>Total # Hrs.</u>
Face-to-Face/One-to-One Supervision:	_____
Group Supervision:	_____
Peer Consultation/Case Conference (does <u>not</u> include PT):	_____
◆ Subtotal of Supervision Received This Month:	_____

SUPPORT ACTIVITIES THIS MONTH

This item includes activities spent outside the counseling/therapy hour while still focused on the client/patient (e.g., chart review, writing progress notes, consulting with other professionals or trainees about cases, video/audio tape review, time spent planning interventions, staff meetings, team conferences, etc.)

- ◆ Subtotal of Support Activity Hours This Month: _____

GRAND TOTAL OF PRACTICUM HOURS

THIS MONTH: _____

This total should include only these 4 subtotals:

- Therapy Hours
- Additional Experience Hours
- Supervision Hours
- Support Activity Hours

NEW CLIENT DEMOGRAPHICS

Please indicate the number of NEW clients this month, whether seen individually or in a group. Count each client in every applicable category.

<u>Descriptor</u>	<u># New Males</u>	<u># New Females</u>
African-American	_____	_____
Appalachian	_____	_____
Asian-American/Pacific Islander	_____	_____
Caucasian	_____	_____
Latino-a/Hispanic	_____	_____
Native American	_____	_____
Biracial/Multiracial	_____	_____
Gay/Lesbian/Bisexual	_____	_____
Physical/Orthopedic Disability	_____	_____
Visually Impaired	_____	_____
Deaf/Hard-of-Hearing	_____	_____
Learning/Cognitive Disability	_____	_____
Developmental Disability	_____	_____
Other: _____	_____	_____

Complete a separate form for each site.

Submit this form to the Office of Clinical Training by the 10th of the following month.

Exceptions: Reports for November, March, May and August are due by the last day of Final Exams.