

The University of North Carolina at Chapel Hill
School Psychology Program
Doctoral 3rd & 4th Year Externship Field Placement Agreement

To be Completed by the Agency

This completed and signed document is to be received by the UNC-CH School Psychology Program before program approval can be granted for placement. Please contact the program externship coordinator if you have questions:

Externship Coordinator, School Psychology Program
School of Education, UNC-CH, CB# 3500
Chapel Hill, NC 27599-3500
(919) 966-5266

Student's Name: _____

I. AGENCY DESCRIPTION AND NATURE OF PLACEMENT

Name of School/Placement Agency ("Agency"): _____

Mailing Address: _____

Phone Number: (____) _____

Type of Setting: _____ (Please refer to *APA Setting Codes* on page 4)

Primary characteristics of students/clients served: _____

The Agency's theoretical orientation: _____

Services Provided: _____
(Please refer to *APA Service Codes* on page 4)

Types of Clients Served: _____

Student Placement Dates (Mo/Day/Year):
Begins: ____/____/____ Ends: ____/____/____

Number of days per week: ____ 1 day ____ 2 days ____ other: _____

Please note here any pre-requisite skills or knowledge expected of the student (e.g., specific assessment, intervention, or consultation knowledge or skills):

II. COORDINATION and SUPERVISION

Name of Agency Coordinator for Externship Placement:

Name(s), highest degree, and Credentials of Agency Supervising Psychologist(s)
(State/License, Certificate/Title):

_____ / _____ / _____

_____ / _____ / _____

Number of hours of supervision per day of training to be provided by Agency: _____

How many students are placed at your site? _____

III. TRAINING

Please specify the number of hours each week and the kinds of **training activities** (e.g., observations, modeling, seminars, case studies, simulations) to be provided:

Assessment: Hours _____ Activities (describe):

Intervention: Hours _____ Activities:

Consultation: Hours _____ Activities:

Evaluation: Hours _____ Activities:

Other: Hours _____ Activities:

School-related Service Component

Is the Agency a public school or school-based setting? ___ Yes ___ No

If no, please skip to section IV.

If yes, please identify the number of hours each week that the student will participate in services in a school, a school-related setting, in consultation to schools, or in school liaison.

Total school-related hours each week _____

Expected hours in: Assessment _____ Intervention _____
 Consultation _____ Evaluation _____
 Liaison _____ Other _____

Name of school system or school-related facility where these activities will take place: _____

No. days per week ___ ½ day _____ 1 day _____ 2 days

IV. STUDENT EVALUATION:

Communication between a doctoral training program and its field placement students is of critical importance to the overall development of competent new psychologists. The UNC-CH School Psychology Program believes that regular communication about student performance and progress must occur between the UNC-CH School Psychology Program faculty and the Agency staff, and that the content of this communication will contribute to regular evaluation of the student's progress.

Contact may be initiated at any time by either the UNC-CH School Psychology Program faculty or the Agency staff to discuss student progress.

The UNC-CH School Psychology Program faculty instructor will make on-site visits to meet with the Agency supervisor and the student. The student's overall grade for the externship will be awarded by the UNC-CH School Psychology faculty instructor, who takes into account the Agency supervisor's ratings and input, the student's involvement and performance in training seminars, dispositional qualities, and consideration of the student's overall performance.

The Agency agrees to provide prompt verbal and written information in a timely manner on any issues of concern related to the student's performance. The Agency agrees to provide the student and the UNC-CH School Psychology Program with written evaluations of performance, progress, and completion of all responsibilities using the form attached. Evaluations need to be received by the following dates to ensure the student will not receive a grade of Incomplete for the course. Evaluations may be sent via email, but a signed paper copy must be received by the UNC-CH School Psychology Program by the dates shown below.

First Semester (by December 5th)

Second Semester (by May 1st)

V. REQUIRED ON-CAMPUS MEETINGS:

All students attend required seminars on campus three times per semester (approximately monthly). The schedule of required seminars meetings will be provided to the student prior to the first week of classes. It is the student's responsibility to make the Agency aware of these required seminars and to resolve any scheduling conflicts that may arise.

By signing below, I hereby agree to the responsibilities and obligations stated herein.

UNC-CH School Psychology Program

Date

Agency

Date

Student

Date

Consent for Release of Information from Education Records

I hereby authorize UNC-CH School Psychology Program faculty to share information from my education records with Agency staff in order to facilitate evaluation of my qualification for placement and my performance.

Student

Date

APA CODES:

Activity Codes

1. Administration
2. Assessment
3. Consultation
4. Psychotherapy
5. Research
6. Supervision
7. Teaching
33. Other (e.g., community based intervention), please specify

Practicum Setting Codes

1. Community Mental Health Center
2. Health Maintenance Organization
3. Medical Center
4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System
12. University Counseling Center
13. Medical School
14. Consortium
33. Other (e.g., consulting), please specify