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Practice activities by hours or #s per week or month as applicable (approx.):			
a. Therapy cases	per	or N/A	
b. Diagnostic evaluations	per	or N/A	
c. Intakes	per	or N/A	
d. Research activities	per	or N/A	
e. Case presentations	per	or N/A	
f. Presentation activities	per	or N/A	
g. Professional presentations	per	or N/A	
h. Other activities	per	or N/A	
Practice supervision and training:			
a. Individual supervision	per	or N/A	

Additional Practicum Documentation ~~is~~ **MUST** be completed during the training period. Student will provide forms to their clinical supervisor(s).

Form	Submitted By	Deadline
WSIB Employer Form	Student	1 month from the Start Date
Clinical Placement Learning Contract	Student	End of the 2 ^d week of September
Clinical Placement Student Evaluation (x2)	Clinical Supervisor(s)	Mid-point and Endpoint as specified above
Clinical Placement Clinical Hours Summary	Student	2 wks after End Date
Clinical Placement Feedback (Internal use only)	Student	2 wks after End Date

Students and supervisors are encouraged to consult two relevant documents prepared by the Ontario Psychological Association (OPA): The OPA Bill of Rights for Supervisees, and the OPA Guidelines for Supervisee Responsibilities. These can be found on the OPA

The information recorded above is correct to the best of my knowledge. I will endeavor to uphold this contract throughout the training experience.

Changes in the contract prior to or during the time that it is in effect can be made if agreed upon by all parties. All changes should be made in writing on or attached to the original contract, and resubmitted to the Program Coordinator.

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