

University of Iowa School Psychology Program  
PSQF:7237/7337 Practicum in School Psychology

**PRACTICUM SUMMARY FORM**

Student: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Site: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Site description (include location, type of setting, characteristics of clients, and types of training experiences available).

**SUMMARY OF PRACTICUM HOURS**

Direct Contact (Face-to-Face with Student/Patient/Client)

Assessment:

Intervention:

Indirect Contact

Support:

Research:

Supervision

Individual:

Group:

**Total Hours**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_