

## Overview of Clinical Activities

**Student Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Program Level (i.e. MSc2):** \_\_\_\_\_

**Timeline – From Term/Year:** \_\_\_\_\_ **To Term/Year:** \_\_\_\_\_

*We have reviewed the criteria for program-sanctioned hours, believe that the clinical experiences will meet the criteria, and commit to fulfilling these criteria throughout the period of clinical experiences. The student's signature acknowledges that the student's commitment to this clinical work has been discussed with their Research Supervisor and approved.*

\_\_\_\_\_  
Student signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature \_\_\_\_\_  
Date

<b>Clinical/Research Supervisor Name</b>				
<b>Population seen i.e. adult, youth, families</b>				
<b># of Direct Hours</b>				
<b># of Support Hours</b>				
<b># of Individual Supervision Hours</b>				
<b>TOTAL HOURS</b>				
<b>Clinical/Research Supervisor signature confirmation of completion of hours indicated above</b>				
<b>Clinical/Research Supervisor signature date</b>				

Description of clinical activities to be completed/completed with each supervisor:

**Supervisor #1 – Name:** \_\_\_\_\_

**Supervisor #2 – Name:** \_\_\_\_\_

**Supervisor #3 – Name:** \_\_\_\_\_

**Supervisor #4 – Name:** \_\_\_\_\_

How the activities addressed a gap in my training

Indicate your primary reason for seeking out this placement:

List potential impacts of clinical experience on thesis research:

***Submit completed/signed form to PSYC Graduate Office for filing in student's graduate file***