

Department of Psychology Faculty of Arts and Sciences B550 Loeb Building 1125 Colonel By Drive

Ottawa, ON K1S 5B6 Canada

Tel: (613) 520-2644 Fax: (613) 520-3667

PRACTICUM IN PSYCHOLOGY (PSYC 5903/6903) STUDENT-AGENCY CONTRACT (2025-2026)

Dear Placement Supervisor:

We would like to take this opportunity to thank you for your support of the Practicum in Psychology (PSYC 5903/6903). You will be providing an important opportunity for a student to learn in an applied setting and will be making an important contribution to their degree program.

One of the first tasks involves collaborating with the student on the creation of a Student-Agency Contract. The Contract should outline the student's anticipated responsibilities, indicate the days and times of work, and specify methods of supervision and evaluation. Throughout this process, we have encouraged students to remember the skills they hope to acquire and refine. Clearly, a goal is to make the most of this unique experience and this should be reflected in the Contract.

Beyond the Contract, employers are also required to complete three additional forms pertaining to insurance coverage and basic health and safety awareness. It is the responsibility of the student to provide you with these forms and to ensure that we receive a copy of all completed documents before any practicum activities may begin. Students will be able to provide you with information pertaining to any official deadlines.

Please direct correspondence to practicumpsychology@cunet.carleton.ca.

Thanks again for your support of our students!

Sincerely,

Alexandra Creeden
Practicum Coordinator
Department of Psychology, Carleton University

Michael Wohl, Ph.D. Graduate Chair & Course Instructor Department of Psychology, Carleton University



Practicum in Psychology Student-Agency Contract

Student Name:					
Student email (at Carleton):					
Student Program (MA or PhD)					
Registration (Fall, Winter, or Summer):					
	•	903 (MA) and once for 6903 (PhD) and must complete the otherwise, no credit will be given for the course			
Placement Agency:					
Note: Students cannot complete their practicum at an agency where they are a paid employee					
Placement Supervisor(s):					
Placement Supervisor(s) Title/Role:					
Placement Supervisor(s) Credentials:					
Placement Supervisor(s) Contact Information:	Phone:				
	Email:				
1. STUDENT RESPONSIBILITIES	AND DUTIES				
Please provide the number of hours per week (or if you prefer, total hours) the student will be engaged in each activity and the details pertaining to such activities . Be as specific as possible. If the activity is not a component of the Practicum, please mark this as N/A.					
A) ASSESSMENT (OBSERVATION, DISCUSSION)					
HOURS:					
ACTIVITIES:					

B) TREATMENT (INDIVIDUAL, GROUP)
HOURS:
ACTIVITIES:
ACTIVITES.
C) CASE MEETINGS, ROUNDS, TEAM CONFERENCES
HOURS:
ACTIVITIES:
D) ADMINI DESCADOLI AND EVECUTIVE MEETINGS
D) ADMIN, RESEARCH AND EXECUTIVE MEETINGS HOURS:
ACTIVITIES:

E)	LITERATURE REVIEWS
HOURS:	
A CTIV/ITIE	
ACTIVITIE	:S:
F)	RESEARCH DESIGN AND METHODOLOGY
HOURS:	
ACTIVITIE	S:
G) I	DATA COLLECTION AND/OR ANALYSIS
HOURS:	
ACTIVITIE	S:

H)	REPORT	PREPARATION/WRITING
HOURS:		
ACTIVITI	ES:	
I)	OTHER A	ACTIVITIES
HOURS:		
ACTIVITI	ES:	
2 DAV	S AND TI	MES OF WORK
Z. DAT	AIND II	IVILS OF WORK

What are the starting and ending dates to the Practicum? What is the anticipated weekly schedule?

3. SUPERVISION

How will the student's placement activities be evaluated (written, verbal)? When (Day-to-Day, Weekly, End of Term)? By Whom (Supervisor, Other Staff)? Be as specific as possible.

4. OTHER RESPONSIBILITIES

Please list other specific tasks or expectations or attach a job description.

5. STATEMENT OF CONDUCT

l,name of student	a student in the Practicum in Psychology at			
Carleton University and a placement student at				
agree to abide by the standards and regulations of	name of agency my placement agency as well as those of Carleton			
University. I also agree to ensure the confidentiality of the information to which I will have access during my				
placement, in compliance with the instructions of my Placement Supervisor.				
6. SIGNATURES				
The undersigned have agreed on the objectives, responsibilities, statement of conduct, and other elements as outlined in sections 1-5 above.				
PLACEMENT SUPERVISOR SIGNATURE (AGENCY)	DATE			
STUDENT SIGNATURE	DATE			
PRACTICUM COORDINATOR SIGNATURE (CARLE	TON) DATE			

PRACTICUM COORDINATOR: Signature of this form by the Practicum Coordinator implies that sufficient detail has been provided in the contract to warrant credit being given for the course if the Placement Supervisor evaluates the student as performing satisfactory or better. In some cases documentation of completed work may be required. It is the responsibility of the student to ensure that such documentation is in place at the completion of the Practicum and bears the acknowledgement (signature) of the Placement Supervisor.