Practicum in Co

**Department of Psychology**

**Faculty of Arts and Sciences**

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**PRACTICUM IN COMMUNITY PSYCHOLOGY (PSYC 3901/3902)
STUDENT-AGENCY CONTRACT (2020-2021)**

Dear Placement Supervisor:

Thank you for supporting *Practicum in Community Psychology* (PSYC 3901/3902). You will be providing an important opportunity for a student to learn in an applied setting and making an important contribution to their degree program.

**The Beginning of the Practicum**Practicum activities may not begin until a variety of documents have been received and approved by the Carleton Psychology Practicum Coordinator. 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. The documents are as follows:

* ***Student-Agency Contract (completed by Student and Placement Supervisor).***This collaborative effort includes details around supervision, scheduling, learning outcomes, and the various duties and tasks to be performed by the student. A blank Contract appears below and is available in both PDF and Word formats.
* ***Letter to Placement Employers (completed by Placement Supervisor)****.* This form outlines the process for determining insurance coverage and includes a declaration acknowledging the responsibility to provide a safe environment, adequate supervision, and to report any workplace injuries to the University.
* ***Student Declaration of Understanding (completed by Student).*** This form outlines the insurance coverage that is provided to students and includes a declaration that students understand this coverage and the obligation to report any workplace injuries to the employer and the University.

**The End of the Practicum**

I’d like to draw your attention to 3 items that are relevant towards the end of the term:

* ***Field Evaluation Form (completed by the Placement Supervisor).*** We request that you complete a formal evaluation of student performance at the practicum setting.
* ***Practicum Report (completed by the Student).*** This assignment provides an opportunity for students to write about their agency, practicum activities, and personal reflections regarding what has been accomplished and learned.
* ***Practicum Showcase and Networking Event.*** Students will give a brief overview of their placement, what they learned, and what advice they would give to future practicum students. Placement supervisors will be invited to attend.

**Relevant Timelines**

To assist your planning, here is a list of relevant timelines:

|  |  |
| --- | --- |
| **ITEM** | **FALL TERM 2020/WINTER TERM** |
| First day of class (in-class session) | Sept. 10/Jan. 6 |
| First possible day of activities with the Agency | Sept. 11/Jan. 7 |
| Last day for students to submit Practicum documentation* *Student-Agency Contract*
* *Student Declaration of Understanding*
* *Letter to Placement Employers*
 | Sept. 23/Jan. 23 |
| Practicum Showcase (in-class session) | Dec. 9/April 9 |
| Practicum Report due | Dec. 9/April 9 |
| Field Evaluation due | Dec. 9/April 9 |

Thanks again for your support of our students. You are also welcome to visit our [Practicum website](https://carleton.ca/psychology/undergraduate/current-students/practicum-community-psychology/), which includes an information package for students and more. Please be in-touch with any questions.

Sincerely,

Joanna Pozzulo, Ph.D.

Professor and Chair,

Department of Psychology

Carleton University

(613) 520-2600 ext. 1412

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**Practicum in Psychology
Student-Agency Contract**

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME** | **TERM (Fall/Winter)** | **CONCENTRATION(IF APPLICABLE)** |
|  |  |  |
| **PLACEMENT AGENCY** |
| **AGENCY NAME** |  |
| **PLACEMENT AGENCY SUPERVISOR** | **NAME** |  |
| **POSITION TITLE** |  |
| **EMAIL** |  |
| **PHONE** |  |

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| **1. SUPERVISION** |
| **How will the student be supervised? Who will be providing feedback? How often will the student receive performance feedback? In what form will the feedback be communicated?** |
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| **2. SCHEDULE** |
| **Start date** |  | **End date** |  |
| **Estimated # hours per week**  |  | **Estimated total hours**  |  |
| **Typical schedule** |  |
| **Note:** Make sure to discuss how the Fall Break or Winter Reading Week will be handled. |

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| **3. LEARNING OUTCOMES** |
| **Learning outcomes are statements of what a learner is expected to know, understand, and/or can demonstrate after completing a process of learning. Please specify 3 learning outcomes and how they will be achieved. Both student and agency are encouraged to make the most of this experience.** |
| **A) By the end of this Practicum, the student will be able to:** |
|  |
| **This will be accomplished by performing the following tasks:** |
|  |
| **B) By the end of this Practicum, the student will be able to:** |
|  |
| **This will be accomplished by performing the following tasks:** |
|  |
| **C) By the end of this Practicum, the student will be able to:** |
|  |
| **This will be accomplished by performing the following tasks:** |
|  |
| **4. If there are additional learning outcomes, please specify them here, along with a description of how they will be accomplished.** |
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| **4. OTHER RESPONSIBILITIES** |
| **Please describe other duties or tasks that have not been previously identified.** |
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| **5. STATEMENT OF CONDUCT** |
| **I agree to abide by the standards and regulations of my placement agency, PSYC 3901/3902, and Carleton University. I agree to ensure the confidentiality of information to which I will have access during my placement, in compliance with the instructions of my Placement Supervisor. As a placement student, my actions reflect on Carleton University, the Department of Psychology, and myself. I take this responsibility seriously and will conduct myself accordingly.** |
| **STUDENT NAME** | **STUDENT SIGNATURE** | **DATE** |
|  |  |  |

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| **SIGNATURES** |
| The undersigned have agreed on the details pertaining to supervision, schedule, learning outcomes, and other responsibilities (sections 1-4).  |
| **STUDENT NAME** | **SIGNATURE** | **DATE** |
|  |  |  |
| **PLACEMENT SUPERVISOR NAME** | **SIGNATURE** | **DATE** |
|  |  |  |
| **PRACTICUM LEADER** | **SIGNATURE** | **DATE** |
| Dr. Joanna Pozzulo |  |  |

**Please submit all documentation to the Practicum Leader via the following:**