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 (2026-2027)

Dear Placement Supervisor:

I 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,

Johanna Peetz, Ph.D.
Graduate Chair & Course Instructor
Department of Psychology, Carleton University

Carleton University
Department of Psychology

Practicum in Psychology Student-Agency Contract

Student Name:		
Student email (at Carleton):		
Student Program (MA or PhD)		
Registration (Fall, Winter, or Summer):		
Note: Students can register only once for 5903 (MA) and once for 6903 (PhD) and must complete the Practicum when registered; 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:

C) CASE MEETINGS, ROUNDS, TEAM CONFERENCES

HOURS:

ACTIVITIES:

D) ADMIN, RESEARCH AND EXECUTIVE MEETINGS

HOURS:

ACTIVITIES:

E) LITERATURE REVIEWS

HOURS:

ACTIVITIES:

F) RESEARCH DESIGN AND METHODOLOGY

HOURS:

ACTIVITIES:

G) DATA COLLECTION AND/OR ANALYSIS

HOURS:

ACTIVITIES:

H) REPORT PREPARATION/WRITING

HOURS:

ACTIVITIES:

I) OTHER ACTIVITIES

HOURS:

ACTIVITIES:

2. DAYS AND TIMES 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

I, _____ a student in the Practicum in Psychology at
name of student
Carleton University and a placement student at _____,
name of agency
agree to abide by the standards and regulations of 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**
DEPARTMENTAL APPROVAL	**DATE**

DEPARTMENTAL APPROVAL: Signature of this form by a member of the Department of Psychology 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.