Department of Département
Educational and de psychopédagogie et
Counselling Psychology de psychologie du counseling

## SACP/CP Questionnaire for Field Work/Placement or Internship Site

The Department of Educational and Counselling Psychology's (ECP) mandate is to access field work/placement and internship sites for our Counselling Psychology and School Applied/ Psychology students that will provide them with a general psychotherapy experience. This encourages a variety of skills and modalities in the field of psychotherapy and assessment. Using this form, ECP's Director of Clinical Training (DCT) will assess all new and existing clinical sites for field work/placements and internship placements for doctoral students pursuing our degree programs.

AUTHORIZED PERSON FROM THE PLACEMENT SITE (DIRECTOR)					
Last Name, First Name	Full name of authorized person completing this form				
Title Position	Position  Title/position of authorized person				
	SITE CONTACT INFORMATION				
Name	Please insert legal name of Site				
Email Address					
Telephone Number					
Website					
Site Address	Province				
City	Postal Code				
	OFFICIAL SITE CONTACT				
Please provide the name an	OFFICIAL SITE CONTACT  d contact information of the official contact person whom students should contact when applying for a				
	placement at the site.				
Name					
Title/Position					
Email					
Phone Number					
CIME DETAIL C					
SITE DETAILS  Please indicate the number of student trainees you can accept each academic year					
Field work/placement					

SITE DETAILS (cont.)			
Please check all applicable boxes			
Population served and services provided:			
Individual	Adults		
Couple	Elders (65+)		
Family	Indigenous		
Pre-school (under 5)	LGBTQIA+		
Children (5-11)	Youth		
Youth (12-18)	Other		

	SITE EXPERIENCE				
Does the site	e provide any assessment experience?				
No	Yes – please specify the type:				
3 1' 11 3	This section refers to the experience students will gain at the site.				
	Assessment Experiences <u>(Check all that applies)</u>				
Autisr	m Spectrum Disorder evaluation				
ADHI	ADHD evaluation				
Psych	Psychoeducational evaluation				
Devel	opmental evaluations				
Intelle	Intellectual Disabilities evaluations				
Learn	Learning Disability evaluations				
Maltro	Maltreated populations/trauma assessments				
Risk a	Risk assessments				
Other	Other - Please specify:				
Applicable th	heoretical orientations <u>(Check all that applies)</u>				
Cogni	tive Behavioural Therapy (CBT)				
Existe	Existential-humanistic				
Psych	odynamic Therapy				
System	mic-interaction				
Other	Other - Please specify:				

Does the site take into consideration the student's previous experience when assigning clients to the
student?

Does the site provide any group/family therapy experience?

Does the site agree that all **field work/placement hours** will begin by September 1 and end by August 31, annually?

Does the site agree that all **internship hours** begin by September 1 and end by August 31, annually?

Н	low many	total	hours	can	your s	site p	rovide	e to
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Field work/placement students

PhD internships students

How many to	otal hours of <b>direct conta</b>	<b>ict with clients</b> can	your site provide to			
Field work/p	placement students		PhD internships students			
What is the u	usual <b>ratio</b> of supervision	received by studer	nts			
1 hour of sup	ervision per	direct client hours	s (Field work/placement)			
1 hour of sup	ervision per	direct client hours (Internship)				
Is the superv	rision offered as one cons	ecutive hour?				
Yes	No – please explai	n further:				
Are all super	visors licensed psycholog	gists?				
			accordance with the <u>Ordre des psychol</u> the <u>Manuel d'évaluation des programm</u>			
Yes	No – please speci <u>f</u>	v:				
(OPQ) (http			ite in-person, as per <u>l<b>'Ordre des psychol</b></u> that any telepsychology or therapy onlin	~		
Yes	No – please speci <u>f</u>	v:				
	CICNIAMIDE	ATTECTION				
	SIGNATURE	ATTESTION OF	AUTHORIZED SITE CONTACT			
By signing bel	low, I hereby acknowled	ge that I have com	pletely read and fully understand this a	locument. I affirn		

By signing below, I hereby acknowledge that I have completely read and fully understand this document. I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief.

Name	
Title/Position	
Signature	
Date	

Note: All supervisors must also complete the supervisor form