**Practicum Placement Description**

**Student**

Name:

Email address:

Phone number:

Mailing address:

**Referring School**

School name:

Faculty contact:

 Name:

 Email address:

 Phone number:

**Yale Placement**

Placement name:

Placement address:

Primary Faculty Supervisor:

 Name:

 Email address:

 Phone number:

**Placement Schedule**

Start date:

End date:

Weekly or monthly schedule:

Vacation time/policy:

Anticipated total number of hours (exclusive of vacation):

**Placement Content**

Educational Goals:

Educational Activities (clinical, research, in-service, rounds, etc.):

Type and amount of supervision:

**Additional Description** (if any)

**Signatures** (Student & Yale Primary Faculty Supervisor)**:**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yale Primary Faculty Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verifications** (Provided by the School Representative):

By signing below, the School Representative is agreeing to the placement described above and is verifying that the following requirements have been met:

1. The student is in good standing in a graduate program in the School.
2. The School is regionally accredited.
3. If the student is enrolled in a clinically oriented psychology program, it is a doctoral program that is APA accredited.
4. The School has Liability Insurance in the amounts specified in the Training Affiliation Agreement between the School and Yale ($1 million per occurrence; $3 million annual aggregate).
5. The School completed and the student passed a background check.
6. The Student has health insurance that will cover him/her while training at Yale.

School Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_