Psychological Clinical Science
UNIVERSITY OF TORONTO
SCARBOROUGH

Clinical Placement Learning Contract

- **To be completed by the student and clinical supervisor(s) by the end of the 2nd week of September**
- **For a practicum extension, a revised learning contract must be submitted to GDPCS at least one month prior to the original end date**

Please make copies of this contract when it is completed and signed:

1. **Original soft copy** to the **Program Coordinator** via email (cc: clinical-psych@utsc.utoronto.ca)
2. **Copies** of this form to your **Clinical Supervisor(s)**.
3. Student to **keep a copy** of this form for future reference.

*****DOWNLOAD AND SAVE A COPY OF THIS FORM BEFORE COMPLETING*****

MA Practica Completed	**Ph.D. Practica Completed**	
☐ CPS1803H	☐ CPS3999H	☐ CPS6999H
☐ CPS2999H	☐ CPS4999H	☐ CPS7999H

Student Full Name and Student Number:

Clinical Site/Agency:

Clinical Supervisor (on-site):

Clinical Co-Supervisor (on-site):

Clinical Supervisor (off-site, if applicable):

Clinical Co-Supervisor (off-site, if applicable):

Supervisor Criteria: Clinical supervisors of Doctoral students must be appropriately licensed doctoral level clinical psychologists (Ph.D., Psy.D.).

Training Details

Placement Start Date (mm/dd/yyyy):	Placement End Date (mm/dd/yyyy):	
Daily Hours (e.g. 9am-5pm):	Total Hours/Week:	Day(s) of the Week: MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐
Placement Mid-Term Evaluation Date:	Placement Final Evaluation Date: *(May 1st for placements that begin in September or September 1st for Summer placements. Off-cycle placements must be submitted a minimum 2 wks prior to the placement end date)*	

Mode of Delivery – please outline the mode of delivery of the placement (e.g. remote, in-person, hybrid, etc.):

Vaccination Policy – please describe below the practicum site's COVID-19 vaccination policy (a separate document may be appended):

Note: Any changes to the mode of delivery and/or vaccination policy must be communicated as soon as possible to the student and a revised Clinical Placement Learning Contract should be submitted to the program noting the amendment and agreement by the student.

Practice activities by hours or #s per week or month as applicable (approx.):				
a. Therapy cases	per	or N/A	☐	
b. Diagnostic evaluations	per	or N/A	☐	
c. Intakes	per	or N/A	☐	
d. Research activities	per	or N/A	☐	
e. Case presentations	per	or N/A	☐	
f. Presentation activities	per	or N/A	☐	
g. Professional presentations	per	or N/A	☐	
h. Other activities	per	or N/A	☐	
Practice supervision and training:				
a. Individual supervision	per	or N/A	☐	
b. Group supervision	per	or N/A	☐	
c. Live supervision	per	or N/A	☐	
d. Case conferences	per	or N/A	☐	
e. Seminars	per	or N/A	☐	
f. Staff meetings	per	or N/A	☐	
g. Other training	per	or N/A	☐	

Learning Objectives – developed by the student in collaboration with their clinical supervisor. Please provide a minimum of three objectives.

_____

_____

_____

_____

_____

_____

Additional Learning Experiences – Please include any additional training details/learning experiences relevant to this placement.

_____

_____

_____

_____

_____

Additional Practicum Documentation – MUST be completed during the training period. Student will provide forms to their clinical supervisor(s).

Form	Submitted By	Deadline
WSIB Employer Form	Student	1 month from the Start Date
Clinical Placement Learning Contract	Student	End of the 2nd week of September
Clinical Placement Student Evaluation (x2)	Clinical Supervisor(s)	Mid-point and End-point as specified above
Clinical Placement Clinical Hours Summary	Student	2 wks after End Date
Clinical Placement Feedback (Internal use only)	Student	2 wks after End Date

Students and supervisors are encouraged to consult two relevant documents prepared by the Ontario Psychological Association (OPA): The OPA Bill of Rights for Supervisees, and the OPA Guidelines for Supervisee Responsibilities. These can be found on the OPA website: http://www.psych.on.ca/Resources/OPA-Guidelines.

Required Signatures – Next Page

The information recorded above is correct to the best of my knowledge. I will endeavor to uphold this contract throughout the training experience.

Changes in the contract prior to or during the time that it is in effect can be made if agreed upon by all parties. All changes should be made in writing on or attached to the original contracts, initialed, and resubmitted to the Program Coordinator.

By signing below, I understand that I am training under my supervisor's license. I will act in compliance with the CPA Code of Ethics, including accurately recording all practicum hours and activities, and accurately maintaining clinical records. Additionally, when I am unsure of my ethical and professional responsibilities, I will communicate my concerns to my supervisors and my academic training department, always practicing good judgment and consulting as needed.

Student Signature	**Student Name**	**Date**

By signing below, I agree that the student's experience will be performed under my direction and professional responsibility as a supervisor. As a supervising clinician, I will adhere to the CPA Code of Ethics and other relevant practice guidelines (i.e., CPO), and agree that the above stated clinical activities are within my competence to supervise. I agree to discuss concerns about the student's performance with the student and with the student's academic training department, if indicated.

Clinical Supervisor Signature	**Clinical Supervisor Name**	**Date**

Clinical Co-Supervisor Signature	**Clinical Co-Supervisor Name**	**Date**

Please email a soft copy to the Program Coordinator (cc: clinicalpsych.utsc@utoronto.ca)

Reviewed by the Program Coordinator, Graduate Department of Psychological Clinical Science.

Program Coordinator Signature	**Program Coordinator Name**	**Date**