**WEEKLY RECORD OF CLINICAL EXPERIENCE**

PROVISIONAL PSYCHOLOGIST: SUPERVISOR:

PLACEMENT: 1 FROM: TO:

HOURS OF PLACEMENT (Total to date):\_\_\_\_\_\_ ( ) HOURS OF CLINICAL CONTACT (Total to date)\_\_\_\_\_\_ (\_\_ )

**CLINICAL EXPERIENCE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT** | **DIAGNOSIS / PRESENTING ISSUE** | **PROCEDURE / OUTLINE** | **OBSERVER/ OBSERVED** | **(J)OINT/**  **(A)LONE** | **HOW REVIEWED** |
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**OTHER EXPERIENCE**

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| **MEETINGS ATTENDED** | **DATE** | **DETAILS / COMMENTS** |
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| **INFORMAL CONTACT WITH OTHER STAFF** |  |  |
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| **STUDY TIME** |  |  |
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| **SUPERVISION** (visits, supervision time, teaching, etc.) |  |  |
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(to be checked and initialed at weekly supervision session)

DATE............................................... PROVISIONAL PSYCHOLOGIST’S INITIALS ...................................... SUPERVISOR'S INITIALS .........................................